

● ORIGINAL # 971400-TC

APPLICANT ACKNOWLEDGMENT CARD

Applicant Ms. Elidor, "Sunshine Variete Services"

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Yes.

Signature: Inatha Elidor

Title: "Sunshine Variete Services"

Date: 11-6-97

ACK THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LEN _____
- OPG _____
- ROH _____
- SEC 1
- WAS _____
- OTH _____

RECEIVED
NOV 10 1997

CMU

DOCUMENT NUMBER-DATE
1-565 NOV 10 97
FPSC-RECORDS/REPORTING

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

Yes

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

No

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.

No

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

No

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	<input type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input type="checkbox"/>