

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

ADDRESS _____

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office.

5. PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: STANLEY SCHNITTMAN

TITLE: OWNER

PHONE: 602-951-1391

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELED PAY TELEPHONE CERTIFICATES.

No.

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.
- _____

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

ARIZONA

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

~~_____~~

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

NONE

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

NONE

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.

NONE

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK ✓ THE SERVICES THAT WILL BE PROVIDED:

LOCAL



LONG DISTANCE



COIN



CALLING CARD



CREDIT CARD



OTHER, DESCRIBE



CREDIT ASSISTED

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 20

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY



FULL-TIME TECHNICIAN



PART-TIME TECHNICIAN



SERVICE/REPAIR/MAINTENANCE CONTRACT



OTHER DESCRIBE



13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

YES

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4 29 2 - 4 29 4 and - 4 29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)

YES

APPLICANT ACKNOWLEDGMENT FORM

Applicant STANLEY SCHWITTMAN

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

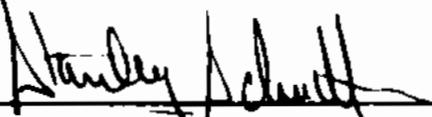
Signature: Stanley Schwittman

Title: Owner

Date: 2/12/98

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.

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837 06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION, ALSO I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

 Stanley Schmitt
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 1/12/98

State of Florida



Department of State

I certify from the records of this office that PUBLIC TELECOM is a Fictitious Name registered with the Department of State on February 12, 1998.

The Registration Number of this Fictitious Name is G98043000204.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 885.09, Florida Statutes.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirteenth day of February, 1998



CP28022 (7-88)

A handwritten signature in cursive script, reading 'Sandra B. Northam'.

Sandra B. Northam
Secretary of State

DEPOSIT

DATE

D7 17

FEB 26 1998

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

- 1. LEGAL NAME OF THE APPLICANT ~~XXXXXXXXXXXXXXXXXXXX~~
STANLEY SCHNITTMAN
- 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS ~~XXXXXXXXXXXXXXXXXXXX~~ PUBLIC TELECOM
- 3. ADDRESS OF THE APPLICANT(S)
STREET 12629 N. TATUM BLVD., #183
CITY PHOENIX
STATE & ZIP CODE ARIZONA 85032
- 4. TYPE OF ORGANIZATION (CHECK ONE)
 - A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:

DOCUMENTATION: No other documentation needed.
 - B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.
 - C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State.

98 FEB 26 AM 9 28
 MAIL ROOM
 RECEIVED

SCHNITTMAN FAMILY TRUST
 STANLEY OR BARBARA SCHNITTMAN TRUSTEE
 10017 N. 52ND PLACE
 PARADISE VALLEY, AZ 85253

5420

2/23 1998

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION \$ 100⁰⁰/₁₀₀
ONE HUNDRED 00 DOLLARS

ated outside of Florida,
 icant has authority to
 a Registered Agent.

BANK OF AMERICA - ARIZONA
 5414 BOWLEAVARD BRANCH 852
 4701 EAST SHEA BOULEVARD
 PHOENIX, AZ 85028
 FOR FLORIDA Payphone Service

Stanley Schmittman