

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

991686-TC

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable **application fee of \$100.00** to:

**Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

DEPOSIT
D 2 09

DATE
NOV 05 1999

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
NOV 05 1999
MAIL ROOM

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Communications
Bureau of Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

1. Name of company or name of individual (not fictitious name or d/b/a):

Chambless, Ltd.

2. Name under which applicant will do business (fictitious name, etc.):

D/B/a Flagship Shell

D/B/a Longstar Texco

3. Official mailing address:

c/o Bryan + assoc., P.A.
Street: 6550 North Federal Highway, Suite 340

P.O. Box: _____

City: Fort Lauderdale

State: Florida **Zip:** 33308-1400

4. Florida address:

Street: _____

P.O. Box: _____

City: _____

State: _____ **Zip:** _____

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: A94000000531

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name Registration Number: Flagship Shell # 29 95216000107
Longstar Service # 29 96276000176

8. F.E.I. Number (if applicable): 65-0477691

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: Joe A. Chambliss

Title: General Partner

Address: 201 N.W. 127th Avenue

City/State/Zip: Fort Lauderdale, Fl. 33325

Telephone No.: 954-772-7655 Fax No.: 954-772-7592

Internet E-Mail Address: N/A

Internet Website Address: NIA

10. Partnership (continued)

b. Name: Hunter Chambliss

Title: Limited Partner

Address: 1202 S.E. 11th Court

City/State/Zip: Fort Lauderdale, Fl. 33316

Telephone No.: 954-772-7655 Fax No.: 954-772-7592

Internet E-Mail Address: N/A

Internet Website Address: NIA

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: Hunter Chambliss

Title: Refer to #10 b

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Hunter Chambliss

Title: Refer to #10 b

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: NIA

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

g.m.B. Communications, Inc. - Company
Code # T F 264, Cert. # 3916 - This Application
is to request a new certificate and cancel
Cert. # 3916. g m B Communications, Inc. has
been dissolved.

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

Refer to # 13

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

None

b. Has applications pending to be certified as a pay telephone provider.

None

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, rules, or orders. Explain circumstances.

None

16. Please check (✓) the services that will be provided:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 13

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

PERSONALLY

FULL-TIME TECHNICIAN

PART-TIME TECHNICIAN

SERVICE/REPAIR/MAINTENANCE CONTRACT

OTHER (Describe) _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

Yes

No Explain: _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

Yes

No Explain: _____

APPLICANT FEE/TAX STATEMENT

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.

2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.

3. **SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.

4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

Hunter Chambliss
Print Name


Signature

PARTNER
Title

11/1/99
Date

954-772-7655
Telephone No.

954-772-7592
Fax No.

Address: C/O Bryan + assoc., P.A.
6550 N. Federal Highway, Suite 340
Ft. Lauderdale, Fl. 33308

****ACKNOWLEDGMENT****

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

Hunter Chambliss
Print Name

[Signature]
Signature

PARTNER
Title

11/1/99
Date

954-772-7655
Telephone No.

954-772-7592
Fax No.

Address: Clis Bryan + Assoc., P.A.
6550 N. Federal Highway, Suite 340
Jt. Lauderdale, Fl. 33308

****APPLICANT ACKNOWLEDGMENT****

Applicant: Chambliss, Ltd.

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

Hunter Chambliss
Print Name


Signature

PARTNER
Title

11/1/99
Date

954-772-7655
Telephone No.

954-772-7592
Fax No.

Address: C/O Bryan + Assoc., P.A.
6550 N. Federal Highway, Suite 340
Ft. Lauderdale, Fl. 33308

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



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99 NOV -5 AM 8:40
MALR@COM

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Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

DEPOSIT DATE
D200 NOV 05 1999

- ◆ If you have questions about completing the form, contact:

CHAMBLISS LTD
ALLOCATED EXPENSE
6550 NORTH FEDERAL HWY, SUITE 340
PLANTATION, FL 33308

DATE 11-3-99

PAY TO THE ORDER OF Florida Public Service Commission

One hundred & no/100

First Union National Bank

REDACTED

Application to provide pay telephone service

FOR Application Fee - Chambliss, Ltd.

\$ 100.00

13678 NOV 3 1999

BRANCH 00347

SECURITY FEATURES

CSG RECORDS/REPORTING