••						
	DOSIT TREAS. REC. DATE DEPOSIT TREAS. REC. DATE					
	C241 AUG 1 & '91 DEPOSIT TREAS, REG. D.					
	ORIGINAL PAY TELEPHONE APPLICATION					
	910857-7					
۱.	(A) THE LEGAL NAME OF THE APPLICANT AND, (B) THE NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS.					
	Maurice A. Driscoll and Catherine Driscoll (LEGAL NAME OF APPLICANT)					
	Maurice A. Driscoll and Catherine M. Driscoll (NAME TO BE SHOWN ON CERTIFICATE)					
No. And States	ADDRESS OF THE APPLICANT(S). (STREET NAME AND NUMBER, POST OFFICE BOX, CITY, STATE, AND ZIP CODE). IF MAILING ADDRESS DIFFERS FROM ABOVE, PROVIDE THAT ALSO.					
	APPLICANT(S) ADDRESS MAILING ADDRESS					
	5307 Palmetto Pt. Dr. Same					
	Palmetto, FL 34221					
	APPLICANT IS (CHECK ONE) [] (A)PARTNERSHIP [] (B) CORPORATION OR [29] (C) INDIVIDUAL DOING BUSINESS					
	[ ] (D)DOING BUSINESS UNDER A FICTITIOUS NAME					
	PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUTES 865.09 (1083), IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE).					
	IF APPLICANT IS A CORPORATION (1) PROOF OF INCORPORATION: (2) IF INCORPORATED OUTSIDE OF FLORIDA, PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA, AND (3) NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.					

6. IF APPLICANT IS A PARTNERSHIP, LIST ALL PARTNERS. IF APPLICANT IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS. PLEASE SUPPLY TITLE, NAME, AND ADDRESS.

Owner, Maurice A. Driscoll, 5307 Palmetto Pt. Dr., Palmetto, FL 34221

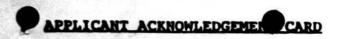
Co-Owner, Catherine M. Driscoll, (address same as above)

Form PSC/CMU 32 (1/87, amended 8/1/89) Page 2 of 3 Required by Commission Rule No. 25-24.511

DOCUMENT NUMBER-DATE 08157 AUG 13 1991 PSC-RECORDS/REPORTING

TE 1					
	THE ANSWER TO 7 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND TIFICATE NUMBER.				
COM	PHONE NUMBER, NAME, AND TITLE OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR ISSION CONTACTS: : Maurice or Catherine Driscoll TITLE:				
FCC	PART 68 REGISTRATION NUMBER(S) FOR ALL INSTRUMENTS:				
AS	593M-72155-CX-E MANUFACTURED BY: AT&T				
FIRS	OSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE				
AN EXPLANATION OF HOW THE INSTRUMENTS INSURE AVAILABILITY TO ALL LONG DISTANCE COMPANIES IN THE AREA:					
Ye	s, I will give access to all long distance companies in the area.				
(00)	IPLETE, SIGN.)				
	Maurice A. Driscoll , Owner , ATTEST TO TH				
ı	(TITLE)				
ACCL CURF SERV	THE AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE TICE. I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE				
	ICE. I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE IMUM \$25.00 PER CALENDAR YEAR) AND GROSS RECEIPTS TAX. FURTHERMORE, I AGREE				

0257C(51-52)



Applicant Maurice and Catherine Driscoll

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

Signature XXX Maurice A. Imacoly Title Owners Cottering Manager Date 71 . . 7 August 1991 Date \_

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.

	C241	TREAS. HEL		માં છે. માંગ આ ગામ છે.
	아이 방송을 사람이 귀구하는 것이다.	AY TELEPHONI		<u></u>
(A) THE LEGAL MANE O HILL DO BUSINESS. Naurico A. Driecoli		m Cant		IDER HHICH THE APPLICANT
(LEGAL NAME OF APPLIC				
Haurice A. Driscoll (NAME TO BE SHOW ON	and the second	e M. Driscol	1.	na na mana katana na mana katana na mana na mana katana na mana katana katana na mana katana katana katana kata
ADDRESS OF THE APPLI	CANT(S). (ST	REET NAME AN	D NUMBER, P	OST OFFICE BOX, CITY,
A MARINE MARINE AND A MARINE		ADDRESS DIF	ana a sa mangangan sa	BOVE, PROVIDE THAT ALSO.
APPLICANT(S) ADDRESS 5307 Palmetto Pt. D			MAILIN	G ADDRESS
Palmetto, PL 34221				an a
			-	an a
APPLICANT IS (CHECK ( [ ] (A)PARTHERSHIP	[ ] (B) CORPI		UN	DIVIDUAL DOING BUSINESS DER HIS/HER OHN NAME.
( ) (D)DOING BUSINES: PLEASE PROVIDE PROOF STATUTES 865.09 (108) COPY OF THE COUNTY BU	OF REGISTRAT	ION OF FICTI ABLE. (ATTA	TIOUS NAME	AS REQUIRED BY FLORIDA OF PROOF OF PUBLICATION OR
PLEASE PROVIDE PROOF STATUTES 865.09 (108) COPY OF THE COUNTY BI IF APPLICANT IS A COL OUTSIDE OF FLORIDA.	OF REGISTRAT 3), IF APPLIC USINESS OCCUP RPORATION (1) PROOF FROM TH	ION OF FICTI ABLE. (ATTA ATIONAL LICE PROOF OF IN E FLORIDA SE	TIOUS NAME CH A COPY O NSE). CORPORATION CRETARY OF	AS REQUIRED BY FLORIDA OF PROOF OF PUBLICATION OR 1: (2) IF INCORPORATED STATE THAT APPLICANT HAS S OF FLORIDA REGISTERED
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And a second	
Dear Mr. ! Deall: DATE 8/13/91	7
RE: Docket No	2
This will acknowledge receipt of application for certificate to provide pay telephone services for MAURICE A. DRISCOLL AND	•
CATHERINE M. DRISCHL.	
which has been filed as of this date. Appropriate staff members will be advised.	
STEVE TRIBBLE, Clerk BY:	-
1	