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(813) 223-5351

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
96 APR -5 AM 8 26
MAIL ROOM

LEROY ALLEN (1902-1975)
ROBERT FRANK (1924-1988)
JOHN R. TRINKLE, JR. (1928-1991)

AUTOMATIC TELECOPIER
(813) 229-6682

April 3, 1996

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

960446-TS

Re.: Hillsborough County Aviation Authority;
Application For Authority to Provide Shared Tenant Service.

Dear Sir or Madam:

On behalf of the above referenced entity, we submit the following items:

1. Application For Authority to Provide Shared Tenant Service; and
2. An application fee of \$100.00

We request that, in addition to issuing a Certificate of Authority To Provide Shared Tenant Service, you furnish us with information regarding future reporting requirements and fees.

Please feel free to call me with any questions.

Very truly yours,

ALLEN, DELL, FRANK & TRINKLE


Carlos A. Rodriguez

CAR/kmc

DOCUMENT NUMBER-DATE
03992 APR -5 1996
FPSC-RECORDS/REPORTING

APR 05 1990

FLORIDA PUBLIC SERVICE COMMISSION

960446-75

APPLICATION FOR AUTHORITY TO PROVIDE SHARED TENANT SERVICE

Name of Provider: HILLSBOROUGH COUNTY AVIATION AUTHORITYAddress of Provider: * P. O. Box 22287

(Street)

Tampa

(City)

FL

(State)

33622

(Zip)

Address of Building being served:

Tampa International Airport

(Street)

Tampa

(City)

FL

(State)

33607

(Zip)

Type of Switching Equipment: NEC 2400 ICSNumber of current local access lines installed: 16

How will you protect the security of the customer's deposits and advance payments? (Please check one)

- ☒ a. I will not collect deposits nor will I collect payments for service more than one month in advance.
- ☐ b. I will file with the Commission and maintain a surety bond in an amount equal to the current balance of deposits and advance payments in excess of one month.

Provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida and/or is in compliance with the fictitious name statute.

I, James E. Free, Jr.

(Name)

Senior Director
Finance and Administration

(Title)

attest to the fact that I will comply with the current Commission requirements regarding the provision of shared tenant telephone service and I will abide with all of the Commission requirements. I also understand that I must apply for a separate IXC (Interexchange Carrier) certificate if I resell long distance service to my clients. I further understand that a \$100.00 non-refundable application fee must accompany this application.

[Signature]
(Signature of Owner/Chief Office of Provider)

Telephone No. (813) 870 - 8702March 11, 1990

(Date)

* Certificate will be sent to this address unless otherwise requested in writing.

FORM PSC/CMU 37 (4/91)

APR 05 1996

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR AUTHORITY TO PROVIDE SHARED TENANT SERVICE

Name of Provider: HILLSBOROUGH COUNTY AVIATION AUTHORITY

Address of Provider: * P. O. Box 22287 (Street) FL 33622 (State) (Zip)

Address of Building being served: Tampa (City) FL 33607 (State) (Zip)

Tampa International Airport (Street)

Type of Switching Equipment: NEC 2400 ICS

Number of current local access lines installed: 16

How will you protect the security of the customer's deposits and advance payments? (Please check one)

☒ a. I will not collect deposits nor will I collect payments for service more than one month in advance.

☐ b. I will file with the Commission and maintain a surety bond in an amount equal to the current balance of deposits and advance payments in excess of one month.

Provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida and/or is in compliance with the fictitious name statute.

I, James E. Free, Jr. (Name)

Senior Director
Finance and Administration

83-656
631



Hillsborough County Aviation Authority
TAMPA INTERNATIONAL AIRPORT
OPERATIONS & MAINTENANCE FUND

SUN BANK
TAMPA AIRPORT BRANCH
TAMPA INTERNATIONAL AIRPORT
TAMPA, FLORIDA 33607

CHECK NUMBER	DATE
004060	03/13/96

004060

AMOUNT
\$*****100.00

*****100DOLLARS AND 00CENTS

PAY
TO
THE
ORDER
OF

FLORIDA PUBLIC SVCE COMMISSION
2540 SHUBARD OAK BLVD.
TAMPA, FL. 32399-0867

HILLSBOROUGH COUNTY AVIATION AUTHORITY
James E. Free, Jr.