NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Fobert T. Semansky ADDRESS OF THE APPLICANT(S) STREET 1263 UAN DALE AVE. CITY Species Hill STATE & ZIP Florida 34608 TYPE OF ORGANIZATION (CHECK ONE) X. NONN NAME. MORUMENTATION: No other documentation needed. DOCUMENTATION: No other documentation needed. P. PARTNERSHIP: [] DOCUMENTATION: Attach a copy of the partnership agreement, and with the name and address of all partners. [] DOCUMENTATION: Attach proof that articles of incorporation how the florida Secretary of State's Office. [] DOCUMENTATION: I] DOCUMENTATION: [] DOCUMENTATION: [] DOCUMENTATION: [] DOCUMENTATION: [] DOCUMENTATION: Attach proof that articles of incorporation how the florida secretary of State's Office. filed with the Florida secretary of State's Office. [] DOCUMENTATION: Attach proof from the Florida and provide name an of Florida Registered Agent. MAME	ANT WILL DO BUSINESS WAN DAIE AVE. H:11 DA 3460E CONE) NESS UNDER HIS/HER: Iocumentation needed. I] opy of the partnership agreement, and a life of that articles of incorporation have be cretary of State's Office. If incorporat proof from the Florida Secretary of State th operate in Florida and provide name and addre A FICTITIOUS NAME: A FICTITIOUS NAME: I] That fictitious name has been registered with	Robert T. SEMANSKY D	461 .		FEB 1
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01611 FEB 135 FPSC-RECORDS/REPORTING

PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS: HEAD. NEL. HADON Robert DATE SEMANSK! NAME: FB 13 97 TITLE: Owner / Presider 1 352-686-2167 PHONE: HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN ø. 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 CANCELLED PAY TELEPHONE CERTIFICATES. Wever been glanted or denied certificite is State of FIA. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE 1. CERTIFICATE HOLDER AND CERTIFICATE NUMBER. 8/. LIST THE STATES IN WHICH THE APPLICANT: IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE Ŋ. - Not curathe providing Tele. Some. Non HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE ₿. PROVIDER. Nowe - No pending certificated HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. ¢. EXPLAIN CIRCUMSTANCES. vere bur denued Non authority To genote pay Tale.

FORM PSC/CHU 32 (R3-93) PAGE 3 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

ø. HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF HAS TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES. NON 10 Penallii insure PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR g. INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS. None D PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED: 10 LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE y. IN THE FIRST YEAR: 6 HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE? 12. PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER, DESCRIBE

FORM PSC/CHU 32 (R3-93) PAGE 4 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

18. 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. 5 14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.) es

FORM PSC/CHU 32 (R3-93) PAGE 5 OF 6 REGULAED BY CONVISSION RULE NO. 25-24.511 1, 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.

APPLICANT SIGNATURE OF OWNER/CHIEF 0F OF DATE:

FORM PSC/CHU 32 (R3-93) PAGE 6 OF 6 REQUIRED BY COMMISSION BULE ND. 25-24.511 APPLICANT ACKNOWLEDGEMENT CARD

Applicant FoberT T. SemANSKY

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

Signatur	P	A Vie	Semansky)
				/
Title Qu	unen/	Presiden 1	2	
Date	121	11/97	V	

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.

×.	LEGAL NAME OF THE APPLICANT	DEPOSIT THEAS. HEC. DATE D461 Medane FEB 13'97.
	Robert T. SEMANSKY	
7.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINES	S
1.	Robert T. Semansky	
ž.	ADDRESS OF THE APPLICANT(S)	
See. 1	STREET 1263 UAN DALE AM	
	CITY SPRING Hill STATE & ZIP FLORIDA 34608	
•	STATE & ZIP FLORIDA 34608	
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