

PLEASE READ!!!

**FLORIDA PUBLIC SERVICE COMMISSION
Info on the enclosed Application Form
Certificate to Provide Pay Telephone Service
Within the State of Florida**

- ◆ **The attached application form is used for an original application for a certificate to provide pay telephone service within the State of Florida**
- ◆ **The completed application plus two copies and a \$100 non-refundable application fee, along with the enclosed Applicant Acknowledgment Card has to be submitted before the processing will begin**
- ◆ **If the answer to question #2 on the application is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.**
- ◆ **Once a certificate has been granted regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.**
- ◆ **When completing the application respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.**
- ◆ **Use a separate sheet for each answer which will not fit the allotted space**
- ◆ **If you have any questions about completing the form contact the Certification Section at (850) 413-6556**
- ◆ **Once completed, the original plus two (2) copies of the attached application along with \$100 application fee, are to be submitted to**

**Florida Public Service Commission
Betty Easley Bldg, c/o Records & Reporting
2540 Shumard Oak Boulevard
Capital Circle Office Center
Tallahassee, FL 32399-0850**

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D7197
FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT DUANE M DAVIS

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS DIPLOMA
DUANE M DAVIS

3. ADDRESS OF THE APPLICANT(S)
STREET 12951 HoneySuckle Rd
CITY Ft. Myers
STATE & ZIP CODE Fla. 33912

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's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent

NAME: _____

ADDRESS _____

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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:

DUANE M DAVIS

TITLE:

OWNER

PHONE:

941-768-3512

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

8. LIST THE STATES IN WHICH THE APPLICANT

A IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

NO

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

NO

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

NO

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.

NO

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED

LOCAL	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input checked="" type="checkbox"/>
CREDIT CARD	<input checked="" type="checkbox"/>
OTHER, DESCRIBE	

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR 15

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

PERSONALLY	<input checked="" type="checkbox"/>
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

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

Quane M Davis

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 2/27/98

APPLICANT ACKNOWLEDGMENT

Applicant DUANE M. DAVIS

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

Signature: DUANE M. DAVIS

Title: OWNER

Date 2/27/98

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.

DEPOSIT

DATE

ATTACHMENT B

D719 - MAR 08 1998

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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980319-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

DUANE M. DAVIS

3. ADDRESS OF THE APPLICANT(S)

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CITY Ft. Myers

STATE & ZIP CODE Fla. 33912

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DUANE DAVIS
12951 HONEYSUCKLE RD.
FT. MYERS, FL 33912

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2/27 98

63-243/870
717

Pay to the order of

Fla. Public Service Commission \$ 100.00

one hundred + 00/100

Dollars

NationsBank | U.S.A.

Member FDIC Equal Housing Lender
Member Bank of Florida, N.A.

DELTA® SECURE MEMBER

For

LISCENSE

Duane Davis