

DEPOSIT

ATTACHMENT B

D726

MAR 12 1998

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT DAVID S.F. YAN

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS 980 356 -

YAN COMMUNICATION

3. ADDRESS OF THE APPLICANT(S)
STREET 1008 WHALEBONE BAY DR.

CITY KISSIMMEE

STATE & ZIP CODE FL 34741

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: N/A.

ADDRESS _____

58 MAR 11 PM 12 09
MAIL ROOM

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: DAVID S.F. YAN

TITLE: OWNER

PHONE: 407-846-1888

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, NEVER APPLY BEFORE

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/A

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

NO

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	<input checked="" type="checkbox"/> 911 FREE LOCAL DIRECTORY ASSISTANCE

TELEPHONE NUMBER OF PERSON RESPONSIBLE FOR REPAIRS OR REFUND:

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

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

PERSONALLY	<input type="checkbox"/>
FULL-TIME TECHNICIAN	<input type="checkbox"/>
PART-TIME TECHNICIAN	<input type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input checked="" type="checkbox"/>
OTHER DESCRIBE	<input type="checkbox"/>

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.)

WILL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS, PLUS ABOVE NUMBER 800 ACCESS, NON EQUAL ACCESS AREA 102880 MAY BE TRANSLATED TO 800 TO DIRECTLY ACCESS AT&T, OTHERWISE WHERE 800 IS NOT AVAILABLE, I SHALL ROUTE TO THE LEC OPERATOR FOR TRANSFER TO AT&T, INSTRUCTION CARD SHALL SO INDICATE, NO SALE SOLICITATION SHALL BE ALLOWED DURING INTERVAL BETWEEN END USER AND CONNECTION WITH THE INTERCHANGE CARRIER.

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 WILL COMPLY TO 4.29.2 WILL PROVIDE MINIMUM CLEAR SPACE OF 30" X 48", THE
REQUIRE FLOOR SPACE INCREASE TO 36" WHEN THE ENCLOSURE EXTEND MORE THEN
24" FROM THE FACE OF THE PHONE, HIGH FORWARD REACH ALLOWED SHALL BE 48",
MINIMUM LOW FORWARD REACH SHALL BE UNOBSTRUCTED NO LESS THEN 15", RAMP
MINIMUM WIDE 36" SLOPE 1:12.

4.29.4 PROTRUDING OBJECT: TELEPHONE WITH THEIR LEADING EDGES BETWEEN 27" TO 80" ABOVE THE FINISHED FLOOR SHALL PROTRUDE NO MORE THEN 4" INTO WALLS HALLS, CORRIDORS, PASSAGEWAYS OR AISLES, CORRIDOR SHOULD HAVE 32" MINIMUM CLEAR WIDE PASSAGE.

4.29.8 CORD LENGTH, SHOULD PROVIDE EQUIPMENT WITH A HANDSET CORD LENGTH OF 29".

WILL INSTALL 4" POST IN FRONT OF PAY PHONE TO STOP CAR RUN OVER TO PERSON USING PAY PHONE.

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.

A handwritten signature in black ink, appearing to be "John A. Smith", written over a horizontal line.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 3-9-98

APPLICANT ACKNOWLEDGMENT

Applicant DAVID S.F. YAN

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

Signature: 

Title: OWNER

Date: 3-9-98

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

D726

MAR 12 1998

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT DAVID S.F. YAN

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

YAN COMMUNICATION

3. ADDRESS OF THE APPLICANT(S)

STREET 1008 WHALEBONE BAY DR.

CITY KISSIMMEE

STATE & ZIP CODE FL 34741

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 beenfiled 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.

58 MAR 11 1998
MAIL ROOM

**LUCKYANO CORPORATIONS D/B/A
VINE STREET CHEVRON**
3040 W. VINE STREET
KISSIMMEE, FL 34741

3019

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION

DATE 3-9-98

\$ 100⁰⁰/₁₀₀

ONE HUNDRED & 00/100

DOLLARS

COLONIAL BANK
2710 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FLORIDA 34744

FOR Application fee