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215 SOUTH MONROE STREET
2ND FLOOR
TALLAHASSEE, FLORIDA 32301

(850) 222-3533
FAX (850) 222-2126
E-Mail:

REPLY TO:
P.O. BOX 10095
TALLAHASSEE, FL 32302-2095

DEPOSIT

DATE

D779 - MAY 26 1998

May 24, 1998

Florida Public Service Commission
Division of Communications
Certificate & Compliance Section
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0866

980680-TX

Re: Application for Authority to Provide (ALEC)
Alternative Local Exchange Service Within the State
of Florida

Dear Sir/Madam:

Enclosed please find an original application for Authority to Provide (ALEC) Alternative Local Exchange Service Within the State of Florida, six copies and a check in the amount of \$250.00 for the application fee. You will also find a copy of this letter enclosed. Please date-stamp this copy to indicate that the original was received and return a copy to me.

If you have any questions regarding this matter, please feel free to contact me. Thank you for your assistance in processing this filing.

Respectfully,


Barbara D. Auger

BDA/kab

Enclosures: As noted

RECEIVED

MAY 21 1998

DOCUMENT NUMBER-DATE CMU

05725 MAY 26 98

FPSC-RECORDS/REPORTING

RECEIVED
MAY 21 10 05 AM '98
REGISTRATION
ROOM

STATE OF FLORIDA

Commissioners:
JULIA L. JOHNSON, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JOE GARCIA
E. LEON JACOBS, JR.



DIVISION OF COMMUNICATIONS
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

Dear Prospective Applicant:

Enclosed you will find the application forms to provide:

- | | | |
|-------------------------------------|------|---|
| <input checked="" type="checkbox"/> | ALEC | Alternative Local Exchange Company; |
| <input type="checkbox"/> | IXC | Interexchange Telecommunications Service; |
| <input type="checkbox"/> | AAV | Interexchange Telecommunications Service with
Alternative Access Vendor Service; |
| <input type="checkbox"/> | OSP | Interexchange Telecommunications Service with
Operator Service Provider Service; |
| <input type="checkbox"/> | STS | Shared Tenant Service; |
| <input type="checkbox"/> | MLDA | Multi-Location Discount Aggregator
Telecommunications Service Provider. |

Other attachments include relevant information and requirements.

Upon receipt of the completed forms staff will analyze the material and prepare a recommendation to be presented to the Commission. Following its decision, you will be advised of the outcome. If your application is approved you must follow all applicable rules. If your application is not approved you will be notified of further requirements.

Should you have any questions, please do not hesitate to call me at (850) 413 - 6586.

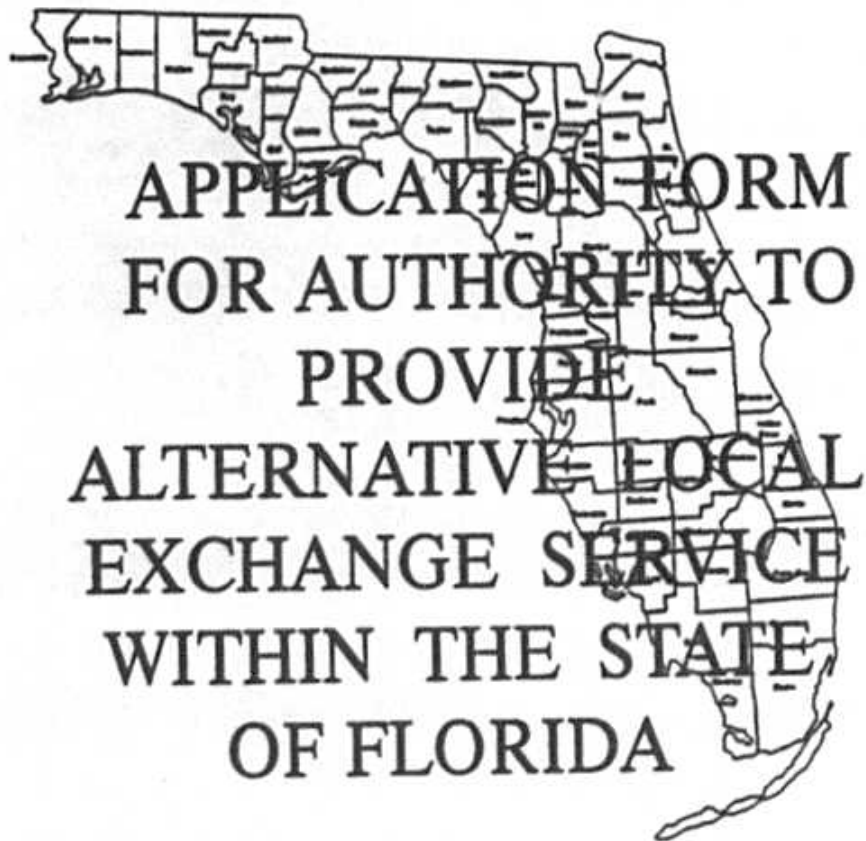
Sincerely,
Handwritten signature of Thomas E. Williams III in black ink.

Thomas E. Williams III, Engineer
Bureau of Service Evaluation



**** NOTE ****

The application and associated rules contained in this application are subject to change.



**APPLICATION FORM
FOR AUTHORITY TO
PROVIDE
ALTERNATIVE LOCAL
EXCHANGE SERVICE
WITHIN THE STATE
OF FLORIDA**

FLORIDA PUBLIC SERVICE COMMISSION
CAPITAL CIRCLE OFFICE CENTER - 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

APPLICATION FORM

for

AUTHORITY TO PROVIDE (ALEC) ALTERNATIVE LOCAL EXCHANGE SERVICE WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

- ◆ This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing alternative local exchange certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee.
- ◆ Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Communications
Certification & Compliance Section
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0866
(850) 413-6600

- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$250 made payable to the Florida Public Service Commission at the above address.

APPLICATION FORM

1. This is an application for (check one):

Original authority (new company)

Approval of transfer (to another certificated company)

Example, a certificated company purchases an existing company and desires to retain the original certificate authority.

Approval of assignment of existing certificate
(to a noncertificated company)

Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

Approval for transfer of control (to another certificated company)

Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant:

KNOLGY of Florida, Inc.

3. Name under which the applicant will do business (d/b/a):

4. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: Not Applicable

APPLICATION FORM

8. State whether any of the officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

None of the officers, directors, or ten largest stockholders
have previously been adjudged bankrupted, mentally incompetent
or found guilty of a felony or of any crime. Also there are
currently no actions from which these situations could occur.

9. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: S80206

10. Please provide the name, title, address, telephone number, Internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

Bruce Schoonover, Jr. - Director of Business Development

1241 O.G. Skinner Drive, West Point, Georgia 31833

Telephone: 706-645-3966 Facsimile 706-645-1446

E Mail Address: bschoono@knology.com

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

Georgia and Alabama

APPLICATION FORM

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Original authority (new company)

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KNOLOGY of Florida, Inc.

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4. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: Not Applicable

APPLICATION FORM

5. A. National mailing address including street name, number, post office box, city, state, zip code, and phone number.

P. O. Box 510
West Point, Georgia
706-645-3966

- B. Florida mailing address including street name, number, post office box, city, state, zip code, and phone number.

13200 Panama City Beach Parkway
Panama City Beach, Florida 32407
850-235-1113

6. Structure of organization: Check appropriate box(s)

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Foreign Partnership
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other, Please explain _____

7. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity.

Not applicable; Applicant's structure is a corporation

APPLICATION FORM

8. State whether any of the officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

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Telephone: 706-645-3966 Facsimile 706-645-1446

E Mail Address: bschoono@knology.com

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

Georgia and Alabama

APPLICATION FORM

12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial.

NO

13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for penalty.

NO

14. Please indicate how a customer can file a service complaint with your company.

If needed, a customer can file a service complaint:

1. In person, at the address listed in response to item 5B on this application. 2. On the telephone at the phone number listed in response to item 5B on this application. 3. Or, in writing at

the address listed in response to item 5B on this application.

15. Please complete and file a price list in accordance with Commission Rule 25-24.825.(Rule attached)

See Attachment One

16. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide alternative local exchange service in Florida.

A. Financial capability.

Regarding the showing of financial capability, the following applies:

The application should contain the applicant's financial statements for the most recent 3 years, including:

APPLICATION FORM

1. the balance sheet
2. income statement
3. statement of retained earnings.

Further, a written explanation, which can include supporting documentation, regarding the following should be provided to show financial capability.

1. Please provide documentation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. Please provide documentation that the applicant has sufficient financial capability to maintain the requested service.
3. Please provide documentation that the applicant has sufficient financial capability to meet its lease or ownership obligations.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should attest that the financial statements are true and correct.

- B. Managerial capability.
- C. Technical capability.


(If you will be providing local intra-exchange switched telecommunications service, then state how you will provide access to 911 emergency service. If the nature of the emergency 911 service access and funding mechanism is not equivalent to that provided by the local exchange companies in the areas to be served, described in detail the difference.)

APPLICATION FORM

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange service in the State of Florida. I have read the foregoing and declare that to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083".

Official:  5/14/98
Signature Date

Title: Director - Business (706) 645-3966
Development Telephone Number

Address: 1241 O.G. Skinner Drive
West Point, Georgia 31833

25-24.825 Price List.

(1) Prior to providing service, each company subject to these rules shall file and maintain with the Commission a current price list which clearly sets forth the following information for basic local telecommunications services, as defined in s. 364.02(2), F. S. If basic local telecommunications service is offered on a package basis, the following information must be provided for the package:

- (a) current prices,
- (b) customer connection charges,
- (c) billing and payment arrangements, and
- (d) levels of service quality which the company holds itself out to provide for each service.

(2) At the company's option, price list information in paragraph (1) above and other information concerning the terms and conditions of service may be filed for services other than basic local telecommunication services.

(3) A price list revision must be physically received by the Commission's Division of Communications at least one day prior to its effective date.

(4) Price lists must be on 8 ½ by 11 inch paper in loose-leaf form and must utilize an ongoing page identification system which will allow for the identification of inserted and removed pages. The color of paper on which price lists are filed must be amenable to being clearly photocopied on standard photocopy equipment.

(5) Complete information concerning a company's service offerings, rates and charges, conditions of service, service quality, terms and conditions, service area, and subscribership information identified by local exchange company exchange must be made available to Commission staff upon request.

Specific Authority: 350.127(2)

Law Implemented: 364.04, 364.337(5), F.S.

History: New 12/26/95.

ATTACHMENT ONE

KNOLOGY of Florida, Inc.

Application to Provide Interexchange Service within the State of Florida

9.C.1

None of the officers, directors, or ten largest stockholders have previously been adjudged bankrupt, mentally incompetent or found guilty of a felony or of any crime. Further, there are currently no actions from which these situations could occur.

9.C.2

No officers, directors, partners or stockholders have previously been in any other certificated telephone company.

PENNINGTON, MOORE, WILKINSON, BELL & DUNBAR, P.A.
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 ATTORNEYS AT LAW
 P.O. BOX 10095
 TALLAHASSEE, FLORIDA 32302

NationsBank
NationsBank of Florida, N.A.
 TALLAHASSEE, FLORIDA 32301

018911

NO. 018911 DATE 05/20/98

VERDOR NO. 00202280

PAY
 TWO HUNDRED FIFTY AND 00/100 DOLLARS*****

AMOUNT \$*****250.00

TO THE ORDER OF
 Public Service Commission
 Gunter Building
 2540 Shumard Oak Blvd.
 Tallahassee, FL 32399

OPERATING ACCOUNT

Cynthia S. Tunniff

REG
 MAY 26 1998
 DOCUMENT NUMBER 05725
 MAY 26 1998
 FPSC-RECORDS/REPORTING