

DEPOSIT

DATE

D014

SEP 30 1998

FLORIDA PUBLIC SERVICE COMMISSION

DIVISION OF COMMUNICATIONS

BUREAU OF SERVICE EVALUATION

Name under which applicant is doing business, etc. (981240-TC)

APPLICATION FORM

A For

AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE

WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

- A. This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgement Card, and a non-refundable application fee of \$100.00 to:

Florida Public Service Commission
 Structure of Division of Records and Reporting
 2540 Shumard Oak Blvd.
 Tallahassee, Florida 32399-0850
 Tel: (904) 413-6770
 Fax: (904) 413-6770

- E. If you have questions about completing the form, contact:

Florida Public Service Commission
 (a) Division of Communications
 Bureau of Certification and Evaluation
 2540 Shumard Oak Blvd.
 Tallahassee, Florida 32399-0850
 Tel: (904) 413-6600
 Fax: (904) 413-6600

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FORM PSC/CNU 32 (8/98)

Required by Commission Rule Nos. 25-24.510 and 25-24.511

DOCUMENT NUMBER-DATE

70755 SEP 30 8

FPSC-RECORDS/REPORTING

1. Name of company:

Coastal Pay Process, Inc.

2. Name under which applicant will do business (fictitious name, etc.):

Coastal Pay Process, Inc.

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

2384 SW Fern Circle
Fort St. Louis, FL 34953

4. Florida address (including street name & number, post office box, city, state, and zip code):

2384 SW Fern Circle
Fort St. Louis, FL 34953

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other, _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: 9780000 82649

7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) Florida Fictitious Name registration number: N/A

8. FEID Number (if applicable): Pending / SS# 590-01-3133

9. **If individual, provide;**

Name : N/A
Title : _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

10. **If applicant is a partnership, provide name, title and address of all partners and a copy of the partnership agreement.**

a. Name : N/A
Title : _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

b. Name : N/A
Title : _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name : Albert B. Moore

Title : President

Address: 2324 SW Fern Circle

City/State/Zip: Port St Louis, MO 6434953

Telephone No.: 561-398-1550 Fax No.: 561-337-6175

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Official Point of Contact for the ongoing operations of the company:

Name : Albert B. Moore

Title : President

Address: 2324 SW Fern Circle

City/State/Zip: Port St Louis, MO 6434953

Telephone No.: 561-398-1550 Fax No.: 561-337-6175

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name : Albert B. Moore

Title : President

Address: 2324 SW Fern Circle

City/State/Zip: Port St Louis, MO 6434953

Telephone No.: 561-398-1550 Fax No.: 561-337-6175

Internet E-Mail Address: _____

Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, director, or any stockholder has been previously 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, provide explanation.

No

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

No

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

15. List the states in which the applicant:

a. is currently providing pay telephone service:

N/A

b. has applications pending to be certificated as a pay telephone provider:

N/A

c. has been denied authority to operate as a pay telephone provider. Explain circumstances:

N/A

d. has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances:

N/A

16. Please check (✓) the services that will be provided:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER (Describe)

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 20-30

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe)

19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.) (✓) Yes () No

Explain: _____

20. Will each of the pay telephones to be installed 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 () No

**** APPLICANT ACKNOWLEDGMENT STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .1% of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

W M
Signature

9/19/98
Date

President
Title

561-398-1550
Telephone No.

Address: 2304 SW Fern Circle

561-398-6175
Fax No.

Port St. Lucie, FL 34953

ATTACHMENTS:

- A - Affidavit
- B - Applicant Acknowledgment

**** APPENDIX A ****

AFFIDAVIT

By my signature below, I, the undersigned owner/officer, 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.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$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 name or address listed in the application within 10 days of the change.

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."

UTILITY OFFICIAL:

Signature: 

Date: 9/18/98

Printed Name: Allen March

Title: President

Address: 2304 SW Fern Circle

561-398-6175
Fax No.

St. Louis, FL 34953

**** APPENDIX B ****

APPLICANT ACKNOWLEDGMENT

Applicant: Coastal Pay Phones, Inc.

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

Signature: 

Date: 9/18/98

Printed Name: Albert Moore

Title: President

Address: 2384 SW Fern Circle

Tel: No. 561-399-1650

Pt St. Louis, FL 34953

Fax No. 561-337-6175

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

D 0 1 4 M

SEP 30 1998

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

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 Bureau of Certification and Evaluation
 2540 Sharnard Oak Blvd.

99-0850

TOTAL LEGAL CARE PROCESSING
 2400 BE MIDPORT RD., STE. 200
 PORT ST. LUCIE, FL 34882

63-916/670
31 OCT 1993

1255

DATE 9/28/98

PAY TO THE ORDER OF FL Public Service Comm. \$ 100.00

One hundred

DOLLARS

25-24.511

First National
BANK AND TRUST COMPANY

DOCUMENT NUMBER-DATE

10755 SEP 30 98

FPSC-RECORDS/REPORTING

MEMO: License Fee Credit Pay Phone, Inc. *Auth m*