

DEPOSIT DATE
D O S S NOV 30 1998 DEPOSIT DATE
** FLORIDA PUBLIC SERVICE COMMISSION NOV 30 1998

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

981751-TC

APPLICATION FORM
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
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

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

Florida Public Service Commission
Division of Communications
Bureau of Certification and Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

MAIL ROOM
FORM PSC/CMU 32 (8/98)
Required by Commission Rules Nos. 25-24.510 and 25-24.511

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

DOCUMENT NUMBER-DATE

13371 NOV 30 98

FPSC-RECORDS/REPORTING

981751-1C

1. Name of company;

SHEFFIELD SYSTEMS, INC.

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

N/A

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

5601 W. 120th STREET
ALSIP, ILLINOIS 60803

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

N/A

5. Structure of organization;

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

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

(a) Florida Secretary of State Corporate registration number: N/A

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): 36-3405169

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 : DENISE STALEY
Title : CONTROLLER
Address: 5601 W. 120th STREET
City/State/zip: ALSIP, ILLINOIS
Telephone No. (708)489-6800 Fax No. (708)489-0256
Internet E-Mail Address: _____
Internet Website Address: _____

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

Name : CATHY CASSON
Title : CHIEF FINANCIAL OFFICER
Address: 5601 W. 120th STREET
City/State/zip: ALSIP, ILLINOIS
Telephone No. (708)489-6800 Fax No. (708)489-0256
Internet E-Mail Address: _____
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name : JULIE HREBIC
Title : CUSTOMER SERVICE REPRESENTATIVE
Address: 5601 W. 120th STREET
City/State/zip: ALSIP, ILLINOIS 60803
Telephone No. (708)489-6800 Fax No. (708)489-0256
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.

N/A

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:

ILLINOIS, NEW YORK, NEW JERSEY, NEVADA, MICHIGAN,
WISCONSIN, INDIANA, OHIO

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

CONNECTICUT

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

NONE

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

NONE

16. 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)	<u>THIRD PARTY BILLING</u>

THIS COMPANY PROVIDES ABOVE SERVICES WHEN
RELATED TO "PAY TELEPHONE SERVICES" ONLY.

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: TO BE DETERMINED

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)

TO BE DETERMINED

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

**** 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 names or addresses 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: Joseph J. Amendala

Date: 11/27/98

Printed Name: JOSEPH J. AMENDALA

Title: PRESIDENT

Address: 5601 W. 120th STREET
ALSIP, ILLINOIS, 60803

(708) 489-0256
Fax No.

**** APPENDIX B ****

APPLICANT ACKNOWLEDGMENT

Applicant: SHEFFIELD SYSTEMS, 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: Joseph J. Amendala Date: 11/27/98

Printed Name: JOSEPH J. AMENDALA

Title: PRESIDENT

Address: 5601 W. 120th STREET Tel. No. (708) 489-6810
ALSIP, ILLINOIS 60103 Fax No. (708) 489-0256

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
D038 NOV 30 1998 DEPOSIT DATE
** FLORIDA PUBLIC SERVICE COMMISSION NOV 30 1998

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

981751-TC

APPLICATION FORM
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
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

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

DOCUMENT NUMBER - DATE
1337 | NOV 30 98
REC-RECORDS/REPORTING

THE FACE OF THIS CHECK HAS A SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF THE WORD VOID IS VISIBLE

SHEFFIELD SYSTEMS
5601 West 120th Street
Apt. 18-104 40603
(708) 488-8800

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO
CHICAGO, ILLINOIS 60604
2-77710

019517
019517

*ONE HUNDRED DOLLARS AND NO CENTS

DATE: 11/27/98 AMOUNT: *****100.00*

PAY TO THE ORDER OF: FLORIDA PUBLIC SERVICE COMMISSION

FPSC

Joseph J. [Signature]