

APPLICATION

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

DIVISION OF COMMUNICATIONS **BUREAU OF SERVICE EVALUATION**

APPLICATION FORM for **AUTHORITY TO PROVIDE (PATs)** **PAY TELEPHONE SERVICE** **WITHIN THE STATE OF FLORIDA**

981863-TC

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses 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.
- ◆ Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgment 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

- ◆ 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

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

Initials of person who forwarded check:

AA

DOCUMENT NUMBER-DATE

14066 DEC 15 88

FPSC-RECORDS/REPORTING

APPLICATION

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: G96207000180

8. **F. E. I. Number** (if applicable): _____

9. **If individual**, provide:

Name: ELIZABETH I. ECKEL

Title: OWNER

Address: 4802 PIMICO TRAIL

City/State/Zip: TALAHASSEE, FL. 32308

Telephone No.: 893-3188 Fax No.: 893-3188

Internet E-Mail Address: DECKEL@TOWNBEACON.COM

Internet Website Address: _____

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

(a.) Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

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Internet E-Mail Address: _____

Internet Website Address: _____

(b) Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

(a) The application:

Name: ELIZABETH J. ECKEL

Title: OWNER

Address: 4802 PIMLICO TRAIL

City/State/Zip: TALLAHASSEE, FL.

Telephone No.: 893-7744 Fax No.: 893-3188

Internet E-Mail Address: DECKEL@TOWNBEACHN.COM

Internet Website Address: _____

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

Name: ELIZABETH J. ECKEL

APPLICATION

Title: OWNER
Address: 4802 PIMLICO TRAIL
City/State/Zip: TALLAHASSEE, FL 32308
Telephone No.: 893-7744 Fax No.: 893-3188
Internet E-Mail Address: DECKEL@TOWNBEACON.COM
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: ELIZABETH I. FCKEL
Title: OWNER
Address: 4802 PIMLICO TRAIL
City/State/Zip: TALLAHASSEE, FL 32308
Telephone No.: 893-7744 Fax No.: 893-3188
Internet E-Mail Address: DECKEL@TOWNBEACON.COM
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.

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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, or 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 other states in which the applicant:

a. Is currently providing pay telephone service.

NONE

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

NONE

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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, rules, or orders. Explain circumstances.

NO

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: 15

APPLICATION

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(13), F.A.C.).

Yes () No

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:

Elizabeth J. Eckel 12-14-98
Signature: _____ Date

ELIZABETH J. ECKEL
Printed Name: _____

OWNER 12-14-98
Title: _____ Fax No.

4802 PIMICO DR.
TAWAHASSEE, FL. 32308
Address: _____

APPLICANT ACKNOWLEDGMENT

Applicant: ELIZABETH J. ECKEL

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

Signature: Elizabeth J. Eckel **Date:** 12-15-98

Printed Name: ELIZABETH J. ECKEL

Title: OWNER

Address: 4802 PIMICO DR

TALLAHASSEE, FL

Telephone No. 850-893-7744

Fax No. 850-893-3188

THIS ACKNOWLEDGMENT FORM 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.

State of Florida



Department of State

I certify from the records of this office that SOUTHEAST INTELECOM is a Fictitious Name registered with the Department of State on July 25, 1996.

The Registration Number of this Fictitious Name is G96207000180.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capitol, this the
Twenty-sixth day of July, 1996



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 26, 1996

SOUTHEAST INTELECOM
4802 PIMLICO DR.
TALLAHASSEE, FL 32308

Subject: SOUTHEAST INTELECOM

REGISTRATION NUMBER: G96207000180

This will acknowledge the filing of the above fictitious name registration which was registered on July 25, 1996. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (904) 487-6058.

Fictitious Name Section
Division of Corporations

Letter No. 696A00036182