

APPLICATION

990035-TC

1 Name of company:

CALL-A-WAY

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

above

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

20110-4 GOLDEN PANTHER
ESTERO,
FLORIDA 33928

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

above

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: _____

DOCUMENT NUMBER-DATE

00343 JAN-88

Florida PSC RECORDS/REPORTING

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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: _____

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

9 If individual, provide:

Name: VICKI R. DOE

Title: SELF

Address: 20110-4 GOLDEN PANTHER DR.

City/State/Zip: ESTERO

Telephone No.: 941-947-5527 Fax No.: 941-947-8289

Internet E-Mail Address: DEER DOES@AOL.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.: _____

APPLICATION

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers.

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

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

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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.

NO NE

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

APPLICATION

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

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

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)	<input type="checkbox"/>

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: In 1998 - 7 phones

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

**** APPLICANT FEE/TAX STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 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:

_____ Signature	_____ Date
_____ Title	_____ Telephone No
Address:	_____

Fax No.	_____

ATTACHMENTS:
A - Affidavit
B - Applicant Acknowledgment

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: _____

_____ Date

Printed Name: _____

Title: _____

_____ Fax No

Address: _____

DEPOSIT
D058

DATE
JAN 08 1999

RECEIVED
JAN 8 1 29 PM '99
ADMINISTRATION
MAIL ROOM

****APPENDIX B****

APPLICANT ACKNOWLEDGMENT

Applicant: Vicki R. DOE

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

Signature: Vicki R. Doe Date: 12/28/98

Printed Name: Vicki R. DOE

Title: Owner

Address: 20110-4 Golden Panther Dr.
Ester, FL 33928

Telephone No. 941-947-5527

Fax No. 941-947-8289

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.

DEPOSIT
D058

DATE
JAN 08 1999

RECEIVED
JAN 8 1 29 PM '99
ADMINISTRATION
MAIL ROOM

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Estero, FL 33928

Telephone No. 941-947-5527

Fax No. 941-947-8289

GERALD L. DOE
VICKI R. DOE
20110-4 GOLDEN PANTHER DR. 941-947-5527
ESTERO, FL 33928

Date: 1/6/99 319
62-135/670 13

Pay to the Order of Florida Public Service Commission 100⁰⁰/₁₀₀
One hundred Dollars

COLONIAL BANK
Coastal Office
Estero, Florida

Vicki Doe

**NO RETURNED
S BEGINS.
ATE BEING**

DOCUMENT NUMBER - DATE
00343 JAN -88
FPSC-RECORDS/REPORTING