

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**

990069-TC

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**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

APPLICATION

1. Name of company: (75) 1/25/99  
Frank Starling Touchtel Communications  
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).  
Frank Starling  
3022-F Stanford Rd.  
Panama City, FL. 32405

4. Florida address (including street name & number, post office box, city, state, and zip code):  
Frank Starling  
3022-F Stanford Rd.  
Panama City, FL. 32405

5. Structure of organization:  
 Individual (75) 1/25/99       Corporation  
 General Partnership       Limited Partnership  
 Other, \_\_\_\_\_

6. **If incorporated in Florida**, provide proof of authority to operate in Florida: (75) 1/25/99  
(a) Florida Secretary of State Corporate registration number: 599A 00002646

## 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: N/A

8. F. E. I. Number (if applicable): N/A

9. If individual, provide:

Name: Frank Starling

Title: owner

Address: 3022-F Stanford Rd.

City/State/Zip: Panama City, FL. 32405

Telephone No.: 850-769-2340 Fax No.: 850-784-9488

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. If 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.: \_\_\_\_\_

## APPLICATION

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: \_\_\_\_\_

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

(a) The application:

Name: Frank Starling

Title: owner

Address: 3022-F Stanford Rd.

City/State/Zip: Panama City, FL. 32405

Telephone No.: 850-769-2340 Fax No.: 850-784-9488

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

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

Name: Frank Starling

## APPLICATION

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

## APPLICATION

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  
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: ONE Hundred (100)

# 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)

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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: \_\_\_\_\_

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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:**

Frank Stirling 1/19/99  
Signature Date

Owner 850-769-2340  
Title Telephone No.

Address: 3022-F Stanford Rd  
Panama City, FL. 32405

Fax No. 850-784-9488

- 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: Frank Starling Date: 1/19/99

Printed Name: Frank Starling

Title: Owner Fax No. 850-784-9488

Address: 3022-F Stanford Rd.  
Panama City FL. 32405

**APPLICANT ACKNOWLEDGMENT**

Applicant: Frank Starling

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

Signature: Frank Starling Date: 1/19/99

Printed Name: Frank Starling

Title: owner

Address: 3022-F Stanford Rd.  
Panama City, FL. 32405

Telephone No. 850-769-2340

Fax No. 850-784-9488

**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.**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 20, 1999

FRANK STARLING  
3022-F STANFORD RD.  
PANAMA CITY, FL 32405

The Articles of Incorporation for TOUCHTEL COMMUNICATIONS INC. were filed on January 20, 1999 and assigned document number P99000005693. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

**PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.**

**A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.**

**A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.**

**SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.**

Should you have any questions regarding corporations, please contact this office at the address given below.

Tracy Smith, Document Specialist  
New Filing Section

Letter Number: 599A00002646

# State of Florida



## Department of State

I certify from the records of this office that TOUCHTEL COMMUNICATIONS INC. is a corporation organized under the laws of the State of Florida, filed on January 20, 1999.

The document number of this corporation is P99000005693.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1999, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Twentieth day of January, 1999



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State

DEPOSIT                      DATE  
D066                      JAN 20 1999  
APPLICATION

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

**DIVISION OF COMMUNICATIONS**  
**BUREAU OF SERVICE EVALUATION**

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2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770

FRANK L. STARLING                      INVESTORS MONEY MANAGEMENT                      103

DATE                      50-1291/219

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

One Hundred & 00/100                      DOLLARS

WATERHOUSE SECURITIES, INC.  
WATERHOUSE NATIONAL BANK  
Jersey City, New Jersey 07310

MEMO                      Certification/checked                      Frank Starling

ct:

66

DOCUMENT NUMBER-DATE  
00724 JAN 20 1999  
FPSC-RECORDS/REPORTING