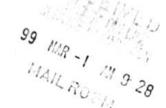
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MAR 0 1 1990

APPLICATION



* * FLORIDA PUBLIC SERVICE COMMISSION **

DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

990226-TC

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

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 ail 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 <u>application fee of \$100,00 to</u>:

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

FORM PSC/DMU 32 (PATs) (8/56) Required by Commission Hulo Nos. 25-24-510 and 25-24.511 DOCUMENT NUMBER-DATE

02622 MAR-18

| which applicant will do bus | ness (fictitious name, etc.): |
|--|-------------------------------|
| Tim UEnding | |
| Official mailing address (including street and zip code). | |
| 2420 DW 141 ST 0 | DA LOCKA FI |
| Florido addesas das esta | |
| Florida address (including street name & code): 2420 Aw 141 ST 0, 33054 | PALOCKA EI |
| 33054 Structure of organization: | () Corporation |
| 33054 Structure of organization: | DA LOCKA 1=1 |

| 7. | If using fictitious name-d/b/s, 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 | tf individual, provide: |
| | Name: Fim VEnding Timothy Youns |
| | Title: Operater |
| | Address: 2420 NW 141 ST |
| | City/State/Zip: OPALOCKA FI 33054 |
| | Telephone No.: 35 -953-1109 Fax No.: |
| | 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: |
| | Title: |
| | Address: |
| | City/State/Zip: |
| | Telephone No.: Fax No.: |

FORM PEC/ONU 32 (PATs) (8/86) Required by Commission Rule Nos. 25-24-610 and 26-24.511 Page 3 of 11

| | ine: Operater | | | |
|--------|--|--|--|--|
| | Address: 2420 NW 141 ST | | | |
| | City/State/Zip: OPA LOCK A FI | | | |
| | Telephone No.: 305 953 - 110 9 Fax No.: | | | |
| | Internet E-Mail Address: | | | |
| | Internet Website Address: | | | |
| (c) | Complaints/Inquiries from customers: | | | |
| | Name: Same | | | |
| | Title: | | | |
| | Address: | | | |
| | City/State/Zip: | | | |
| | Telephone No.: Fax No.: | | | |
| | Internet E-Mail Address: | | | |
| | Internet Website Address: | | | |
| | ate if applicant or any subsidiary, partner, officers, director, or any stockholder evicusly adjudged bankrupt, mentally incompetent, or found guilty of any felony me, or whether such actions may result from pending proceedings. | | | |
| If so, | provide explanation. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

FORM PSCICNEU 32 (PATs) (MBS)
Required by Commission Right Not: 25-24-510 and 25-24-511 Page 5 of 11

| | Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever granted or denied a pay telephone certificate in the State of Florida? (This includes a read canceled pay telephone certificates.) If yes, provide explanation and list the ficate holder and certificate number. |
|---|--|
| | NO |
| | |
| , | Is the applicant or any subsidiary, partner, officer, director, or any stockholder a idiary, partner, or officer in any other Florida certificated pay telephone company? If give name of company and relationship. If no longer associated with company, give on why not. |
| | NO. |
| | |
| 5 | List other states in which the applicant: |
| | a. is currently providing pay telephone service. |
| | |
| | b. Has applications pending to be certificated as a pay telephone provider. |
| | Was No |

FORM PSC/CMU 32 (PATs) (806) Required by Commission Rule Nos. 25-24-510 and 25-24-511 Page 6 of 11

| c.c:rcumst | Has been denied aut ances. | nority to operate as a pay telep | phone provider. Explain $\mathcal{N}\mathcal{O}$ |
|-----------------|--|---|--|
| | | | |
| d. statutes. | rules, or orders Explain | enalties imposed for violations or circumstances. | |
| 6. Ple | ease check (√) the service | s that will be provided: | |
| | LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER (Describe) | 98880 | |
| 7. Pro | posed number of pay tele | phone instruments the applicar | nt plans to install/operate |

FORM PSC:CMJ 32 (PATs) (BRS)
Required by Commission Rule Nos. 25-24-510 and 25-24-511 Page 7 of 1:

| 18. H | low does the applicant intend t | o service and maintain e | ach payphona (J) (chack all |
|------------|---|--|--|
| that app | oly) | | |
| | PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAIN OTHER (Describe) | N | a a a a a a a a a a a a a a a a a a a |
| | | | |
| | Vill each of the pay telephones tance carriers via 10XXX+0, 10 5), F.A.C.) (Yes () No | to be installed provide ac 10XXX_950-XXXX, and | ccess to all locally available 1-800? (See Rule 25- |
| | Explein: | | |
| 20. W | fill each of the pay telephones | o be installed and | |
| Facilities | ill each of the pay telephones to 8 of the American National State Accessible and Usable by Phy. RDS)(See Rule 25-24.515(13), | Indard Specifications for sically Handicanned Rec | Banking D. Hall |
| | WITH THE | () No | |

PORM PSC/CMU 32 (PATs) (806) Required by Commission Rule Nos. 25-24-510 and 25-24 511 Page 8 of 11

" APPLICANT FEE/TAX STATEMENT "

- REGULATORY ASSESSMENT FEE: I understand that all telephone companies
 must pay a regulatory assessment fee in the amount of <u>15 of one percent</u> 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.
- 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
- SALES TAX: I understand that a seven percent sales tax must be paid on intra and interstate revenues.
- APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

| | the your | 2/26/99 |
|----------|---------------------|--------------------------------|
| | | Date |
| Oper. | me f | 305 953 - 1109 Telephone No |
| Address: | 2420 NW 141 ST | _ |
| | 2420 NW 141 ST | 33054 |
| | | |
| ex No. | | |
| TTACHMEN | NTS: Acknowledgment | |

6.4

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FOREM PSC:CMU 32 (PATs) (BASS) Required by Commission Rule Nos. 25-24-510 and 25-24.511 Page 9 of 11

Floride PSC

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" 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."

| Jim | athy young | 2/26/99 |
|----------------------------------|----------------|---------|
| Signature: | | Date |
| | HHY YOUNG | |
| | | |
| Printed Na | me: | |
| | me:/ | |
| | me:/ | Fax No. |
| Title: | 2420 NW 141 ST | Fax No. |
| Printed Na Title: Address: | me:/ | Fax No. |

APPENDIX B

APPLICANT ACKNOWLEDGMENT

| I acknowledge receipt and understanding of the Florid | E Public Service Commission |
|---|-----------------------------|
| Rules and Requirements relating to my provision of Pay Tele | pnone Service. |
| rinted Name: TimoTHY Young | |
| itle: Operater | |
| ddress: 24 30 NW 141 57 | |
| ODA LOCK# F1 33054 | |
| | |
| | |
| elephone. No. 305-953-1109 | |
| x No | |

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION REFORE THE CERTIFICATION PROCESS REGINS.
FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

FORM PSC/CRU 32 (PATe) (608) Required by Commission Rule Nos. 25-24-510 and 25-24-511 $Page 11\ cf 11$

| | Internet E-Mail Address: |
|-----|--|
| | Internet Website Address: |
| (b. | Name: Timothy Young |
| | Title: Operater |
| | Address: 2420 NW 141 ST |
| | City/State/Zip: OPA LOCKA F/ |
| | Telephone No.: 305 953-1109 Fax No.: |
| | Internet E-Mail Address: |
| | Internet Wahalia Add |
| Who | |
| Who | internet Website Address: will serve as liaison to the Commission with regard to the following? The application: |
| | will serve as liaison to the Commission with regard to the following? The application: Name: |
| | will serve as liaison to the Commission with regard to the following? The application: Name: |
| | will serve as liaison to the Commission with regard to the following? The application: Name: |
| | will serve as liaison to the Commission with regard to the following? The application: Name: |
| | will serve as lieison to the Commission with regard to the following? The application: Name: |
| | will serve as liaison to the Commission with regard to the following? The application: Name: |
| | will serve as lieison to the Commission with regard to the following? The application: Name: |

FORM PSCICNU 12 (PATs) (MSS)
Required by Commission Rule Nos. 25-24-510 and 25-24.511 Page 4 of 1:

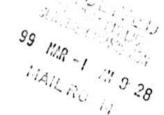
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| UNITED STATES POSTAL SERVICE. POSTAL | MONEY | ORDER 15-800 |
|---|--------------------------------|----------------------------------|
| 83000168638 9902 | sr 330 | 547 *700*00 |
| Urcay of Certification AF-value | 2014 FRANCISCO ASSESSED TO THE | <u>/* 99100800⊈</u> |
| Syo Shumard Oak Blud albhassee FT 37399-0850 | Timothy | Young |
| 6 0.0 NO UNIO | ODALO MEGOTIABLE | ONLY IN THE U.S. AND POSSESSIONS |

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