

DEPOSIT

DATE

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D159

JUN 28 1999

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

990826-TL

ADMINISTRATION  
MAIL ROOM

Applicant: Michael Sorrell, MSPAYPHONE

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

Michael W. Sorrell  
Print Name

[Signature]  
Signature

Owner  
Title

6/16/99  
Date

(850) 962-3683  
Telephone No.

(850) 962-5228  
Fax No.

Address: MS Payphone Repair  
105 Mackery wds Rd  
Sopchoppy, FL 32358

CHAROLETTE SORRELL  
P.O. BOX 188  
SOPCHOPPY, FLORIDA 32358  
(850)962-3683

63-1313/831  
3

854

Date 6/20/99

Pay to the Order of FL Public Service Com. \$ 100.00  
One Hundred + 00/100 Dollars

**Citizens Bank**

Generations Gold Member

~ Wakulla ~  
Crawfordville, FL 32327

Charlotte R. [Signature]

For \_\_\_\_\_

⑆063113138⑆0854 300273306⑆

**COMPLETED AND BEFORE THE SO WILL RESULT**

DOCUMENT NUMBER-DATE

07780 JUN 28 99

FPSC-RECORDS/REPORTING

1. Name of company or name of individual (not fictitious name or d/b/a):  
M.S. Payphone Repair

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

3. Official mailing address:  
Street: 105 Mackery woods Rd  
P.O. Box: \_\_\_\_\_  
City: Sopchoppy  
State: Fl Zip: 32358

4. Florida address:  
Street: 105 Mackery woods Rd  
P.O. Box: \_\_\_\_\_  
City: Sopchoppy  
State: Fl Zip: 32358

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:  
Florida Secretary of State  
Corporate Registration Number: \_\_\_\_\_

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name  
Registration Number: \_\_\_\_\_

8. F.E.I. Number (if applicable): \_\_\_\_\_

9. If individual, provide:

Name: Michael W. Sorrell

Title: OWNER

Address: 10

City/State/Zip: Sopchoppy, FL 32358

Telephone No.: 850-962-3683 Fax No.: 850-962-5228

Internet E-Mail Address: MSPayphone@netally.com

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

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

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

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

10. Partnership (continued)

b. Name: \_\_\_\_\_  
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: Michael W. Sorrell  
Title: owner  
Address: 105 Mackery wds Rd  
City/State/Zip: Sopchoppy FL 32358  
Telephone No.: (850) 962-3083 Fax No.: (850) 962-5228  
Internet E-Mail Address: MSPayphone@netlally.com  
Internet Website Address: \_\_\_\_\_

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Michael W. Sorrell  
Title: owner  
Address: 105 Mackery wds Rd  
City/State/Zip: Sopchoppy FL 32358  
Telephone No.: (850) 962-5228 Fax No.: 850 962 5228  
Internet E-Mail Address: MS Payphone @ netlally.com.  
Internet Website Address: \_\_\_\_\_

12.

Indicate if applicant or any subsidiary, partner, officers, directors, 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

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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

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15. List other states in which the applicant:

a. Is currently providing pay telephone service.

N/A - providing only in the  
state of FL.

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

NO

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: 5

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 installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
  - No Explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
  - No Explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## \*\*ACKNOWLEDGMENT\*\*

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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:

Michael W. Sorrell  
Print Name

  
Signature

owner  
Title

6/16/99  
Date

(850) 962-3683  
Telephone No.

(850) 962-5228  
Fax No.

Address: Ms. Payphone Repair  
105 Mackery wds Rd.  
Sopchopay, FL 32558  
\_\_\_\_\_  
\_\_\_\_\_



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ADMINISTRATIVE MAIL ROOM

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Print Name

[Signature]  
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Title

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Address: MS Payphone Repair  
105 Mackery wds Rd  
Sopchoppy, FL 32358

**THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**

Form PSC/CMU-32 (02/99)  
Required by Commission Rule Nos. 25-24.510 & 25-24.511  
File Name: cmu-32.doc