



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: July 10, 2000

TO: Blanco Bayo, Director, Division of Records and Reporting

FROM: Toni J. McCoy, Regulatory Analyst, Division of Communications

SUBJECT: Open Docket No. 000709-TC

Please add the attached letter and revised Pages 5 and 6 of the PATS application to the docket file.

Call me if you have any questions, I can be reached at 850/413-6532.

Thank you.

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STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
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LILA A. JABER



DIVISION OF REGULATORY
OVERSIGHT
DAN HOPPE, DIRECTOR
(850) 413-6480

Public Service Commission

RECEIVED

June 22, 2000

JUN 30 2000

Florida Public Service Commission
Division of Regulatory Oversight

Mr. Larry E. Sherman
3223 Beach View Way
Melbourne Beach, FL 32951

RE: Larry E. Sherman d/b/a Brevard Payphone Systems
Pay Telephone Application/Docket No. 000709-TC

Dear Mr. Sherman:

The Commission has received your application for a Pay Telephone Certificate of Public Convenience and Necessity. In order for your certification request to be processed, please comply with the following:

- 1) The application you submitted was incomplete. Please complete the highlighted areas on the attached page and return it to my attention. You may fax a copy to me at 850/413-6533 to expedite your certification, but I will still need the originals mailed in for your Docket File.

If you have any questions, please call me at 850/413-6532. Please respond to this correspondence by July 7, 2000 or your application will be recommended for denial.

Sincerely,

Toni J. McCoy
Regulatory Analyst
Certification

1001
The Reason #s 12+15
Were left blank is...
IT IS ASKING IF THERE ARE
CIRCUMSTANCES -- NOT A YES OR NO
FORM IS COMPLETE
Enclosures

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: No

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 certified as a pay telephone provider.

None

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) _____