

FILED<sup>3</sup>

JUN 16 2003

Missouri Public Service Commission

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

In the matter of the application of Shawn Shelton for certificate of service authority to provide private pay telephone service within the State of Missouri

APPLICATION FOR CERTIFICATE OF SERVICE AUTHORITY TO PROVIDE PRIVATE PAY TELEPHONE SERVICE IN THE STATE OF MISSOURI

PLEASE PRINT OR TYPE:

1. NAME OF APPLICANT: Shawn Shelton

DATE OF APPLICATION: 6-11-03

ADDRESS OF PRINCIPAL PLACE OF BUSINESS: Street: SHELTON SALES, 204 N. 10TH ST., City: POPLAR BLUFF, MO 63901, State: (573) 686-9150, Phone: ( )

If the Commission or Staff has questions about this Application, they should contact: Name: Shawn, Address: SHELTON SALES, 204 N. 10TH ST., POPLAR BLUFF, MO 63901, Daytime Phone: (573) 686-9150

APPLICANT IS:

- INDIVIDUAL DOING BUSINESS UNDER OWN NAME (checked)
INDIVIDUAL DOING BUSINESS UNDER FICTITIOUS NAME
PARTNERSHIP
MISSOURI CORPORATION
CORPORATION - NOT MISSOURI

~ IMPORTANT ~

PAGES 2, 3, AND 4 MUST BE ATTACHED AND APPLICATION MUST BE SIGNED AND NOTARIZED ON PAGE 4 TO BE PROCESSED. IF APPLICANT IS A PARTNERSHIP OR CORPORATION, APPLICATION MUST BE SIGNED BY AN AUTHORIZED MEMBER OR CORPORATE OFFICER, NOTARIZED, AND SIGNED BY APPLICANT'S ATTORNEY.

APPLICATION SHOULD BE MAILED TO BOTH:

Missouri Public Service Commission
P.O. Box 360
Jefferson City, MO 65102
(Original and 14 copies)

Office of the Public Counsel
P.O. Box 7800
Jefferson City, MO 65102
(One copy)

Revised 02/03/98

2. Applicant proposes to provide private pay telephone service in the State of Missouri under the jurisdiction of the Missouri Public Service Commission (Commission) pursuant to Section 392.410 and 392.520 C.C.S.C.S. HB 360 and which is referred to therein as customer owned coin telephone telecommunications service, but will herein be referred to as private pay telephone service, and requests certificate of service authority to install, operate, control, manage and maintain private pay telephone(s).
3. Applicant requests that this certificate of service authority be made applicable to additional locations which may be served by the Applicant in the future.
4. As a provider of private pay telephone service, I agree that my private pay telephone equipment (hereafter "equipment") shall have the following operational characteristics and I agree to abide by the following terms:
  - a. Users of the equipment shall be able to reach the operator without charge and without the use of a coin.
  - b. Any intrastate operator services provider employed shall hold a certificate of service authority from this Commission, and shall have on file with the Commission approved tariffs for the provision of operator services to traffic aggregators.
  - c. Users of the equipment shall be able to reach local 911 emergency service, where available, without charge and without using a coin or, if 911 is unavailable, there shall be a prominent display on each instrument of the required procedure to reach local emergency service without charge and without using a coin.
  - d. The equipment shall be mounted in accordance with all applicable Federal, State, and local laws for disabled and/or hearing impaired persons.
  - e. The equipment shall allow the completion of local and long distance calls.
  - f. The equipment shall permit access to directory assistance.
  - g. There shall be displayed in close proximity to the equipment in 12 Point Times Bold print the name, address and telephone number of the private pay telephone service provider, the procedures for reporting service difficulties, the method of obtaining customer refunds and the method of obtaining long distance access. If applicable, the notice shall state that one-way calling only is permitted. If an alternative operator service (AOS) provider is employed, the private pay telephone service provider shall display such notice as is required by this Commission.
  - h. The equipment shall be registered under Part 68 of the rules of the Federal Communications Commission's registration program.
  - i. The equipment shall not block access to any local or interexchange telecommunications carrier.
5. I understand and agree that the certificate of service authority will permit me to provide only private pay telephone service in the State of Missouri and will not authorize me to provide any other telecommunications services regulated by the Commission.
6. I understand that the certificate of service authority to provide private pay telephone service is not transferable.
7. I understand that providing pay telephone service without a certificate of service authority or in violation of the terms and conditions prescribed for the provision of such service may subject me to penalties as provided for by law.
8. I agree to provide a complete list of served locations if this information is requested by the Commission Staff.

I further agree to notify the Commission, in writing, if I cease to provide private pay telephone service in the State of Missouri or if my address or phone number changes at my principal place of business.

Unless and until otherwise ordered by the Commission, I agree to pay my annual apportioned share of general regulator expenditures that are charged to telephone companies pursuant to Section 386.370 RSMo.

I understand and agree that I will be responsible to the local exchange telephone company for payment of all toll and local charges originating from or accepted at the private pay telephone(s).

I understand and agree that charges for private pay telephone service will be assessed in accordance with the appropriate tariff of the local exchange telephone company providing access.

WHEREFORE, Applicant requests the Commission to grant its certificate of service authority to Applicant to install, operate, control, manage and maintain private pay telephone service in the State of Missouri as described above.

SIGN HERE: Shawn Shelton

PRINT or  
TYPE NAME: Shawn Shelton

ADDRESS: 204 N. 10<sup>th</sup> St  
Poplar Bluff MO 63901

PHONE: (573) 686-9150

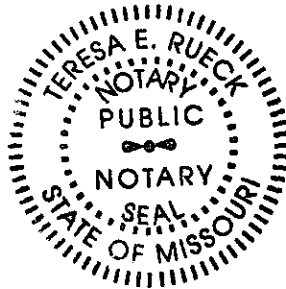
STATE OF Missouri )  
COUNTY OF Butler ) ss

Comes now before me Shawn Shelton and states that (s)he  
(Name of person signing Application)

Shawn Shelton of Shawn Shelton Applicant herein, and  
(Title of person signing Application) (Name of Applicant)

further states that the information contained in this Application is accurate to the best of her/his knowledge and belief.

Subscribed and sworn to before me this 11<sup>th</sup> day of June, 2003.



Teresa E Rueck  
(Notary Public)

My Commission expires: 6-11-06

ATTORNEY'S SIGNATURE BLOCK (for Partnership or Corporation)

SIGN HERE: \_\_\_\_\_

PRINT or  
TYPE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MISSOURI  
BAR #: \_\_\_\_\_

PHONE: \_\_\_\_\_