

BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI

FILED³

MAY 05 2003

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

Missouri Public
Service Commission

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

PLEASE PRINT OR TYPE:

Angelique Whitson
1. NAME OF APPLICANT (DBA) UNIQUE CREATIONS

4/22/03
DATE OF APPLICATION

ADDRESS OF PRINCIPAL PLACE OF BUSINESS:
Street P.O. BOX 25854

If the Commission or Staff has questions about this
Application, they should contact:

City Saint Louis

Name: Angelique Whitson

State Missouri, 63136

Address: P.O. BOX 25854

Phone (314) 498-9061/895-5852

St. Louis, MO 63136

Daytime Phone (314) 895-5852/498-9061

APPLICANT IS:

INDIVIDUAL DOING BUSINESS UNDER OWN NAME

INDIVIDUAL DOING BUSINESS UNDER FICTITIOUS NAME (Attach a copy of registration of fictitious name
with Secretary of State) Unique Creations (see attachment for detail requested info.)

PARTNERSHIP (Attach copy of partnership agreement - Missouri Bar Attorney must file the application)

MISSOURI CORPORATION (Attach certified copy of Articles of Incorporation and Certificate of Incorporation
from Secretary of State - Missouri Bar Attorney must file the application)

CORPORATION - NOT MISSOURI (Attach certificate of authorization to do business in Missouri from
Secretary of State - Missouri Bar Attorney must file the application)

~ 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.

9. 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.
10. 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.
11. 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).
12. 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:

Angelique Whitson

PRINT or
TYPE NAME:

Angelique Whitson

ADDRESS:

*P.O. BOX 25854
St. Louis, Mo 63136*

PHONE:

(314) 895-5852 / 498-9061

STATE OF Missouri
COUNTY OF St. Louis

ss

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

President of Angelique Whitson 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 22 day of April, 2003.



KATHRYN ANN SMITH
St. Louis County
My Commission Expires
October 17, 2006

Kathryn Ann Smith
(Notary Public)

My Commission expires: 10-17-2006

ATTORNEY'S SIGNATURE BLOCK (for Partnership or Corporation)

SIGN HERE: _____

PRINT or
TYPE NAME: _____

ADDRESS: _____

MISSOURI
BAR #: _____

PHONE: _____

430361

X _____



State of Missouri
Matt Blunt, Secretary of State

Corporations Division
P.O. Box 778, Jefferson City, MO 65102

James C. Kirkpatrick State Information Center
600 W. Main Street, Rm 322, Jefferson City, MO 65101

Registration of Fictitious Name

(Submit in duplicate with filing fee of \$7)

(Must be typed or printed)

*Order Post Office
Box fee for all
correspondence
purpose*

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. (Chapter 417, RSMo)

The undersigned is doing business under the following name, and at the following address:

Business name to be registered: Unique Creations Unique Creations
Business Address: 5314^E KNOLL CREEK P.O. Box 25854
(P.O. Box alone not acceptable)
City, State and Zip Code: ST LOUIS, MO 63042 ST LOUIS MO 63136

The parties having an interest in the business, and the percentage they own are (if a business entity is owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed):

Name of Owners, Individual or Business Entity	Street and Number	City and State	Zip Code	If listed, Percentage of ownership must equal 100%
<u>Angelique Whitson</u>	<u>P.O. Box 25854</u>	<u>ST LOUIS,</u>	<u>MO 63136</u>	
<u>5314^E KNOLL CREEK</u>				
<u>Saint Louis, MO 63042</u>				

In Affirmation thereof, the facts stated above are true:
(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo 1986.)

Angelique Whitson Angelique Whitson 4/23/03
(Authorized Signature) (Printed Name) (Date)

(Authorized Signature) (Printed Name) (Date)

(Authorized Signature) (Printed Name) (Date)

FILED

APR 23 2003

Matt Blunt
SECRETARY OF STATE

FOR OFFICIAL USE ONLY	
Check #	_____
Amount:	_____
Filer's Initials:	<u>AW</u>