

BEFORE THE PUBLIC SERVICE COMMISSION  
OF THE STATE OF MISSOURI

FILED  
APR 16 1994  
MISSOURI  
PUBLIC SERVICE COMMISSION

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

TA-94-326

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

PLEASE PRINT OR TYPE:

Wesley Robinson  
1. NAME OF APPLICANT

April 13, 1994  
DATE OF APPLICATION

ADDRESS OF PRINCIPAL PLACE OF BUSINESS:

Street 4562 Dr Martin  
L. King Jr. Dr.  
City St. Louis  
State Missouri 63113  
Phone (314)

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

Name: Wesley Robinson  
Address: 4720 Seattle  
St. Louis, MO. 63121  
Daytime Phone: (314) 534-472

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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)  
☐ PARTNERSHIP (Attach copy of partnership agreement)  
☐ MISSOURI CORPORATION (Attach certified copy of Articles of Incorporation and  
Certificate of Incorporation from Secretary of State)  
☐ CORPORATION - NOT MISSOURI (Attach certificate of authorization to do business  
in Missouri from Secretary of State)  
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- IMPORTANT -

PAGES 2, 3, 4, AND 5 MUST BE ATTACHED AND APPLICATION MUST BE SIGNED AND NOTARIZED ON PAGE  
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)

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 Sections 392.410 and 392.520 C.C.S.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) as described on page 2 hereof.

Proposed Number of Telephones 1

PROVIDE THE FOLLOWING INFORMATION FOR PROPOSED PRIVATE PAY TELEPHONE LOCATIONS(S).

ATTACH ADDITIONAL SHEETS IF NEEDED

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LOCATION NO. 1:

Street Address: 4562 Dr. Martin L. King Dr.

City: St. Louis, Missouri 63113

Type of Building: Restaurant/Cocktail Lounge (Describe Premises, e.g., Restaurant, Airport, etc.)

Local Phone Company: Southwestern Bell

Operator Services Provider that would handle "O-" calls: Cherry Communications

Operator Services Provider that would handle "O-" calls: \_\_\_\_\_

Number of Pay Phones Applicant proposes to provide at this location: 1

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LOCATION NO. 2:

Street Address: none

City: \_\_\_\_\_

Type of Building: \_\_\_\_\_ (Describe Premises, e.g., Restaurant, Airport, etc.)

Local Phone Company: \_\_\_\_\_

Operator Services Provider that would handle "O-" calls: \_\_\_\_\_

Operator Services Provider that would handle "O-" calls: \_\_\_\_\_

Number of Pay Phones Applicant proposes to provide at this location: \_\_\_\_\_

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LOCATION NO. 3:

Street Address: none

City: \_\_\_\_\_

Type of Building: \_\_\_\_\_ (Describe Premises, e.g., Restaurant, Airport, etc.)

Local Phone Company: \_\_\_\_\_

Operator Services Provider that would handle "O-" calls: \_\_\_\_\_

Operator Services Provider that would handle "O-" calls: \_\_\_\_\_

Number of Pay Phones Applicant proposes to provide at this location: \_\_\_\_\_

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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. The maximum charge for a local call shall not exceed that permitted by the Commission, which is currently \$.25 per local call.
  - b. Users of the equipment shall be able to reach the operator without charge and without the use of a coin.
  - c. 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.
  - d. 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.
  - e. The equipment shall be mounted in accordance with all applicable Federal, State, and local laws for disabled and/or hearing impaired persons.
  - f. The equipment shall allow the completion of local and long distance calls.
  - g. The equipment shall permit access to directory assistance.
  - h. 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 services (AOS) provider is employed, the private pay telephone service provider shall display such notice as is required by this Commission.
  - i. The equipment shall be registered under Part 6B of the rules of the Federal Communications Commission's registration program.
  - j. The equipment shall not block access to any local or interexchange telecommunications carrier.
5. I agree that unless and until the Commission provides otherwise, I will submit annual reports to the Commission to advise of all locations served by my equipment and other information required by the Commission. I agree to provide those annual reports by April 15 of each year.
6. 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.

7. I understand that certificate of service authority to provide private pay telephone service at the locations described in this Application is not transferable.
8. 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.
9. I agree to notify, by letter, the Commission of any additional locations where private pay telephone service is offered within 30 days of their installation.
10. I further agree to notify, by letter, the Commission if, for any reason, I cease to provide private pay telephone service in the State of Missouri.
11. Should there be any changes regarding the provision of operator services, I understand and agree to provide the Commission the name and full address of such operator services provider as well as the telephone number of the business office where the management of such provider can be reached.
12. 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.
13. 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).
14. 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: Wesley Robinson

PRINT or  
TYPE Name: Wesley Robinson

Address: 4720 Seattle  
St. Louis, Mo. 63121

Phone: (314) 389-1740

STATE OF Missouri )  
COUNTY OF St. Louis ) ss

Comes now before me Wesley Robinson and states that ~~he~~ is  
(Name of person signing Application)

Wesley Robinson of Wesley Robinson Applicant  
(Title of person signing Application) Name of Applicant

herein, and 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 14th day of April, 1994.

BEVERLY D FIELDS  
NOTARY PUBLIC STATE OF MISSOURI  
ST LOUIS COUNTY  
MY COMMISSION EXP AUG. 10, 1997  
Beverly D Fields  
Notary Public

My Commission expires: August 10, 1997

ATTORNEY'S SIGNATURE BLOCK (for Partnership or Corporation)

SIGN Here: \_\_\_\_\_

PRINT or  
TYPE Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_