

BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI

FILED³

OCT 08 2004

Missouri Public
Service Commission

In the matter of the application of)
BARB SONNIER)
)
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. BARB SONNIER
NAME OF APPLICANT

DATE OF APPLICATION

ADDRESS OF PRINCIPAL PLACE OF BUSINESS:

Street: 2140 N. Old Mill Rd.

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

City: BROOKLINE
State: MO 65619

Name: BARB SONNIER
Address: 2140 N. Old Mill Rd, BROOKLINE, MO
65619

Phone: 417-725-5502

Daytime Phone: 417-725-5502

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 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.

Revised 6/19/2003

APPLICATION SHOULD BE MAILED TO BOTH:

Missouri Public Service Commission
P.O. Box 360
Jefferson City, MO 65102
(Original and 8 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 Section 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).
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.

Revised 6/19/2003

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:

Barb. Sonnier Barb. Sonnier

PRINT or
TYPE NAME:

BARB. SONNIER

ADDRESS:

2140 N. Old Mill Rd.

BROOKLINE mo. 65619

PHONE:

417-725-5502

STATE OF Missouri
COUNTY OF Christian

ss

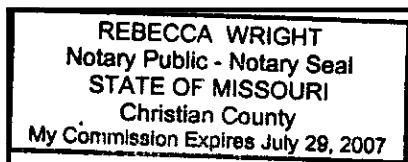
Comes now before me Barbara Sonnier and states that (s)he
(Name of person signing Application)

of Barbara Sonnier, (DBS) Applicant herein, and (Title
(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 Sept 2004

Rebecca Wright



(Notary Public)

My Commission expires: 7/29/07

ATTORNEY'S SIGNATURE BLOCK (for Partnership or Corporation)

SIGN HERE: _____

PRINT or
TYPE NAME: _____

ADDRESS: _____

MISSOURI
BAR #: _____

PHONE: _____

Revised 6/19/2003



CONFIRMATION

Friday, July 30, 2004 13: 4:19

The following is important registration information about your account. Print the information as a record of your tax registration. The Missouri Department of Revenue will send your Missouri tax identification number by regular mail or e-mail within 14 days. If you are registering for sales/use tax and you have to submit a bond or additional information is necessary, **you will not be given a license until your bond is correctly submitted** to the Missouri Department of Revenue. Please be sure to attach a copy of your online registration confirmation page, when submitting your bond to the department. **For acceptable bond types, click on the following link:**
<http://www.dor.mo.gov/tax/business/register/forms/>.

The Division of Employment Security will contact you by mail for unemployment tax purposes. An employer is not liable to pay unemployment tax until they have met certain thresholds for wages paid or workers employed in Missouri. Based on the information submitted, if you are determined to be a liable employer, the Division of Employment Security will send a letter containing your unemployment tax number and any applicable reporting forms. If you are determined not to be liable, the division will follow up in the future to secure updated information. If you have any questions concerning your unemployment tax registration, please contact the Division of Employment Security.

If you have a question regarding your registration, please refer to your confirmation number when contacting either agency about your registration.

Registration Information:

Confirmation Number: 0421292529
Owner Name: Barb Sue Sonnier
Trade Name or DBA: DBS

Filing Frequencies:

The Missouri Department of Revenue will provide filing frequency information for each tax type registered.

Bond Information:

If you registered for sales or vendor's use tax, you will be required to submit a sales tax bond before we can issue your sales tax license. Information about the bonding requirement appears below. If you are required to submit a bond, use the link provided on the following page to download bond payment options and use the information provided in "Help" to calculate your bond. When submitting the bond to the Missouri Department of Revenue, please be sure to attach a copy of this page, **showing your confirmation number.**

Sales/Use Tax Bond: [HELP](#)

Required

Sales Tax Rate(s):

Download a Sales Tax Rate
Chart for each Location:

CHRISTIAN County

Continue

State of Missouri

MISSOURI RETAIL SALES LICENSE

LICENSEE:

DBS
2140 N OLD MILLS RD
BROOKLINE STATION
SONNIER BARB SUE

MO 65619

LICENSE ISSUED:

AUGUST 27, 2004

SONNIER JAMES RAY

MISSOURI TAX IDENTIFICATION NUMBER: 18848010

THE ISSUANCE OF THIS LICENSE IS CONTINGENT UPON THE LICENSEE'S COMPLIANCE IN ALL RESPECTS WITH THE REQUIREMENTS OF CHAPTER 144, RSMO, AND THE RULES PROMULGATED THEREUNDER.

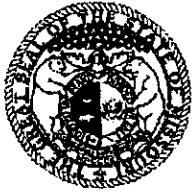
THIS LICENSE IS VALID UNTIL CANCELLED AND SURRENDERED BY THE LICENSEE OR REVOKED BY THE DIRECTOR OF REVENUE.

THIS LICENSE MUST BE PROMINENTLY DISPLAYED IN THE PLACE OF BUSINESS.

DIRECTOR OF REVENUE

Carl R. Fischer

THIS LICENSE IS NOT ASSIGNABLE OR TRANSFERABLE



State of Missouri
Matt Blunt, Secretary of State

File Number: 200427890155
X00614215
Date Filed: 10/04/2004
Expiration Date: 10/04/2009
Matt Blunt
Secretary of State

Registration of Fictitious Name

This fictitious name filing shall expire 5 years from the date filed unless a renewal filing is submitted within 6 months prior to the expiration date.

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: DBS
Business address: 2140 N. Old Mill Rd.
City, State and Zip Code: Brookline MO 65619

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% |
|---|---------------------|----------------|----------|---|
| Barbara Sue Sonnier | 2140 N. Old Mill Rd | Brookline MO | 65619 | |

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)

Barbara Sue Sonnier

(Authorized Signature)

Barbara Sue Sonnier

owner

(Authorized Party Relationship)