

FILED

MAY 22 2001

BEFORE THE PUBLIC SERVICE COMMISSION
OF THE STATE OF MISSOURI

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

TA-2001-645

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

PLEASE PRINT OR TYPE:

PAYPHONES OF AMERICA NORTH
1. NAME OF APPLICANT

4-23-01
DATE OF APPLICATION

ADDRESS OF PRINCIPAL PLACE OF BUSINESS:
Street 420 BARON RD.

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

City SPFLD

Name: BILL OR TONI TOLLEY

State IL 62704

Address: 420 BARON RD.

Phone (217) 787-7195

SPFLD, IL 62704

Daytime Phone () 217-787-7195

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.

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:

PRINT or
TYPE NAME:

ADDRESS:

PHONE:

Toni M. Tolley
TONI M. TOLLEY
420 BARONS RD
SPRINGFIELD, IL. 62704
217-287-7195

PAYPHONES OF AMERICA NORTH
420 BARONS RD.
SPRINGFIELD, IL 62704

STATE OF ILLINOIS)

COUNTY OF Sangamon)

ss

Comes now before me Toni M. Tally and states that (s)he
(Name of person signing Application)

owner of Payphones of America North 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 30th day of April, 2001.

OFFICIAL SEAL
CRYSTAL DVORAK
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. APR. 3, 2002

Cystal Dvorak
(Notary Public)

My Commission expires: 4-3-02

ATTORNEY'S SIGNATURE BLOCK (for Partnership or Corporation)

SIGN HERE: _____

PRINT or
TYPE NAME: _____

ADDRESS: _____

MISSOURI
BAR #: _____

PHONE: _____



State of Missouri
Matt Blunt, Secretary of State

390532
No. X _____

Corporations Division

Registration of Fictitious Name

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

(Must be typed or printed)

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

We, the undersigned, are doing business under the following name, and at the following address:

Business name to be registered:

Pyphones of America North

Business Address:

(P.O. Box alone not acceptable)

City, State and Zip Code:

420 Barons Rd

Spfld IL 62704

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 | State and Zip Code | If listed, Percentage of ownership must equal 100% |
|---|----------------------|-----------------|--------------------------|--|
| <u>Ten. Tally</u> | <u>420 Barons Rd</u> | <u>Spfld IL</u> | <u>62704</u> | <u>100</u> |
| | | | | |
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| | | | | |

Return to: Secretary of State
Corporations Division
P.O. Box 778
Jefferson City, Mo. 65102

(Over)

FILED

MAY 11 2001

Matt Blunt
SECRETARY OF STATE

The undersigned, being all the parties owning interest in the above company, being duly sworn, upon their oaths each did say that the statements and matters set forth herein are true.

Individual
Owners
Sign Here

{ X Terry M. Tolley X
X _____ X
X _____ X

If
Business Entity
Is
Owner,
Authorized
Person
Execute
Here

{ _____
Business Name

Authorized Signature Printed Name Title

State of ~~Missouri~~ ILLINOIS } ss
County of Carle

I, Crystal Dvorak, A Notary Public, do hereby certify that on 4-30-01
month/day/year

personally appeared before me Toni M Tolley, and being duly sworn by me, acknowledged that
he/she signed as his/her own free act and deed the foregoing document in the capacity therein set forth and declared that the statements
therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

(Notarial Seal or Stamp)

OFFICIAL SEAL
CRYSTAL DVORAK
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. APR. 3, 2002

Crystal Dvorak
Notary Public

My commission expires

4-3-02

My County of Commission

Sangamon