FILED

DEC 13 1999

BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

Missouri Public Service Commission

In the matter of the application of Cha Tay Resacker doa) Tohn Tay Communication) for certificate of service authority) to provide private pay telephone) service within the State of Missouri)	A-2000-367					
AUTHORITY TO PROVIDE	RTIFICATE OF SERVICE PRIVATE PAY TELEPHONE TATE OF MISSOURI					
PLEASE PRINT OR TYPE:						
ohn Jay Rosacker don John Jay Communication 1. NAME OF APPLICANT	December 10,1999 DATE OF APPLICATION					
ADDRESS OF PRINCIPAL PLACE OF BUSINESS; Street 4118 Woodbury Ct N-	If the Commission or Staff has questions about this Application, they should contact:					
<u></u>	Name: John Jay Rosacker					
City Topeka	Address: 4118 Woodbuny & N-					
State KS 66606	Topeka KS 66606					
Phone (785 296 -0342	Daytime Phone (78)5 - 291 0342					
***************************************	***************************************					
APPLICANT IS:						
INDIVIOUAL DOING BUSINESS UNDER OWN N	IAME					
INDIVIDUAL DOING BUSINESS UNDER FICTITI with Secretary of State)	OUS NAME (Attach a copy of registration of fictitious name					
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)						
~ <u>IMPO</u>	PRTANT ~					
PAGES 2, 3, AND 4 MUST BE ATTACHED AND APPLICATION OF PROCESSED. IF APPLICANT IS A PARTNERSH BY AN AUTHORIZED MEMBER OR CORPORATE OFFICIATIONNEY.	ATION MUST BE SIGNED AND NOTARIZED ON PAGE 4 IIP OR CORPORATION, APPLICATION MUST BE SIGNED CER, NOTARIZED, AND SIGNED BY AFPLICANT'S					
APPLICATION SHOUL	D BE MAILED TO BOTH:					
Missouri Public Service Commission	Office of the Public Counsei P.O. Box 7800					
P.O. Box 360 Jefferson City, MO 65102	Jefferson City, MO 65102					
(Original and 14 copies)	(One copy)					

1

Revised 02/03/98

- 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).
- 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:
 - Users of the equipment shall be able to reach the operator without charge and without the use of a coin.
 - Any intrastate operator services provider employed shall halp 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 une-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:

PRINT or
Type NAME:

John Joy Rosacker

ADDRESS:

4118 Woodbury Gt M

Tupe kanks 66606

PHONE:

STATE OF Kuns	ws.				
COUNTY OF Show	nee		ss		
Comes now befo	·· - · · · ·	ohn Jay (Name of perso			and states that (s)he
	<u> </u>	of John	Jay Kon	eper	, Applicant herein, and
(Title of person signing	Application)		(Name of Ap	plicant)	
further states that the infor				-	
Subscribed and	sworn to before	me this <u>10</u>	the day of 1	December	<u> 1999</u> .
HAROLD A. I Notary Public - State My Appt. Expires My Commission expires:	of Kansas	20-02		Madde (Notary	Public)
	SIGN HERE: PRINT or TYPE NAME	:		artnership or Corp	
	PHONE:				
