# BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

In the matter of the Application for a )

) (Name of Applicant)

certificate of service authority to provide ) Case No. Shared Tenant Services within )

# APPLICATION FOR CERTIFICATE OF SERVICE AUTHORITY TO PROVIDE SHARED TENANT SERVICES

**IN THE STATE OF MISSOURI**

**PLEASE PRINT OR TYPE**

1. Name of Applicant: Date of Application: Name:

Date of Application:

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Address of Principal Place of Business: Contact Person Who Can Respond

Questions from the Commission:

Street

Name

Address

City

State Zip Telephone ( )

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. 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 the Secretary of State.)(Missouri Bar Attorney must file the Application.)

Corporation-Not Missouri. (Attach certificate of authorization to transact business in Missouri from Secretary of State.)(Missouri Bar Attorney must file the Application.)

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Applicant proposes to provide Shared Tenant Services (STS) in the State of Missouri under the jurisdiction of the Missouri Public Service Commission (Commission) pursuant to Sections 392.410 and 392.520, RSMo. 1996. Applicant requests Certificate of Service Authority to install, own, operate, control, manage and maintain Shared Tenant Services as described on the attached continuation sheets.

Number of locations to be served: (Attach one continuation sheet for each location to be served.)

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Applicant agrees that the Certificate of Service Authority will authorize provision only of Shared Tenant Services in the State of Missouri and does not authorize the provision of any other telecommunications services.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Applicant agrees to notify tenants in advance of subscribing to STS that local exchange access may not be immediately available if STS is terminated at the location.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Applicant Agrees to notify the Commission if STS is discontinued at a location, and state the date notice was given to the Local Exchange Company.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Applicant requests that this Certificate of Service Authority be made applicable to additional locations, which may be served by the Applicant in the future. However, the Applicant must update paragraph four (4) of this Applicant and file additional continuation sheets at least sixty (60) days prior to the anticipated establishment of STS at each additional location. The Applicant recognizes that this paragraph eight (8) in no way constitutes a waiver of the single building or less requirement.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Applicant agrees to provide annual reports to the Commission listing all premises served and other information required by the Commission.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Applicant agrees to comply with all Commission rules and regulations which are applicable to providers of Shared Tenant Services.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Applicant understands that an authorization to provide Shared Tenant Services is not transferable.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Applicant understands that providing Shared Tenant Services without a Certificate of Service Authority, or in violation of the terms and conditions prescribed for the provision of such service, may subject the Applicant to penalties as provided by law.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Applicant further agrees to notify the Missouri Public Service Commission if, for any reason, Applicant ceases to provide Shared Tenant Services in the State of Missouri.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Unless and until otherwise ordered by the Commission, Applicant agrees to pay its annual apportioned share of general regulatory expenditures that are charged to telephone companies pursuant to Section 393.370, RSMo. 1996.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Applicant agrees to cooperate with Staff in providing additional information which may be needed to process this applicant. In addition, Applicant agrees to maintain the information listed on Page 3 hereto, and understands that it maybe required to supply that information to the Commission or its Staff at a later date.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. The original Application and eight (8) copies should be mailed to:

Missouri Public Service Commission Governor Office Building

200 Madison Street

P.O. Box 360

Jefferson City, MO 65102

Or, an electronic copy may be filed as prescribed by 4 CSR 240-2.045, by accessing the commission’s Internet web site and following the instructions for electronic filing.

One copy should be mailed to:

Office of the Public Counsel

P.O. Box 7800

Jefferson City, MO 65102

One copy should be mailed to the Local Exchange Company(ies) which would serve the Shared Tenant Services location.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. If Applicant foresees any problem in retaining and/or providing the following information to the Commission, please put an X in front of the letter and explain the problem or provide comments in the space following the item. Attach additional sheets if necessary.

* A. A complete description of all proposed telecommunications services to be offered at each location.
* B. A complete description of any non-telecommunications services offered at each location.
* C. A copy of the contract(s) the Applicant intends to use with its tenants.
* D. A copy of the contract(s) the Applicant intends to sign with the Local Exchange Company.
* E. A description of the type of STS technology to be used at each location. (i.e., type of PBX, partitioned, etc.)
* F. An annual listing of any STS related complaints from tenants which would also specify the nature of the complaint.
* G. Description of the form of interconnection used to provide toll service to tenant. (e.g., direct trunks to the interexchange carrier.)
* H. A copy of the notice used by the Applicant to notify tenants that local exchange access line service may not be immediately available if STS is terminated at the location.
* I. Rates charged by the Applicant at each location.
* J. The total number of tenants and corresponding stations served at each location.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Location to be served:

(Street Address)

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Description of premises:

(Offices, hospital, etc.)

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Name and address of Building Owner:

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. If Applicant is not the Building Owner, has Applicant received formal authorization from the Building Owner(s) to provide STS? Yes No

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Does a Local Exchange Company own the building's Riser Cable? Yes No
   1. Name and Address of Owner of the Riser Cable:
   2. Does the inside wiring conform with the Local Exchange Company's standards?

Yes No

* 1. Would the Local Exchange Company have access to cabling to serve tenants requesting direct services from them?

Yes No

* 1. Would the owner of the cable charge the Local Exchange Company for the use of this cabling?

Yes No

* 1. If so, what would be the maximum rate?

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

1. Consistent with the Commission's treatment of other certificated Shared Tenant Services providers, Applicant requests that the following statutes and regulations be waived.

|  |  |
| --- | --- |
| 392.220 | File tariffs with the Commission. |
| 392.230 | Charges for short and long distance service. |
| 392.370(4) | Submission of cost information. |
| 392.370(5) | Application of 392.220 and 392.230 for transitionally competitive services. |

|  |  |
| --- | --- |
| 392.390(3) | Separations reports. |
| 392.500 | Changes in rates. |
| 392.240(1) | Rates-reasonable average return on investment. |
| 392.270 | Property Valuation. |
| 392.280 | Depreciation rates. |
| 392.290 | Issuance of stocks and bonds. |
| 392.310 | Issuance of stocks and bonds. |
| 392.320 | Issuance of stocks and bonds. |
| 392.330 | Issuance of stocks and bonds. |
| 392.340 | Reorganization. |

4 CSR 240-10.020 Income on depreciation fund investments. 4 CSR 240-3.545(2)(C) Posting exchange rates in central office.

4 CSR 240-30.040 Uniform system of accounts.

4 CSR 240-33.030 Inform customers of lowest priced services. 4 CSR 240-33.040(5) Finance fee.

1. The undersigned requests waiver of Rule 4.017 for good cause. By signing this form, I hereby certify that neither I, nor any other members of this filing party, has had communications with a Commissioner, Commissioner Advisor, Regulatory Law Judge, or any member of their support team in the one hundred fifty (150) days prior to the filing date of this application regarding any substantive issue included in this filing.

Wherefore, Applicant requests the Missouri Public Service Commission to grant its certificate of Service Authority to Applicant to install, own, operate, control, manage and maintain shared tenant services in the State of Missouri as described above.

Sign here: Print or type name and address:

State of )

)

County of )

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Comes now before me , and states that (s)he is

(Name of person signing the application)

of

(Title of person signing the application) (Name of Applicant)

Applicant

herein, and further states that the information contained in this Application is accurate to the best of his/her information and belief.

Sign here: Subscribed and sworn to before me this day of

(Notary Public)

My commission expires

**\*\* IMPORTANT \*\***

Application must be signed and notarized to be processed. Continuation sheet(s) and pages 1, 2, 3, and 4 must be attached.

Appropriate documentation from the Secretary of State must be included.

A Missouri Bar attorney must file applications for corporations and partnerships.