

APPLICATION FOR TELECOMMUNICATIONS PERMIT

CITY OF FLORENCE, MISSISSIPPI

Name of Applicant: _____

Address: _____

Telephone Number: _____

IF NON-REAL PERSON:

Name and Address for Service of Process: _____

Name and Address of Officer or Agent who is to be primary contact: _____

Name and Address for Service of Process: _____

Name of people holding more than 5% of outstanding voting shares, if corporation: _____

Name of each General Partner, if limited partner holds more than 5% equity interest, name such limited partner:

ALL APPLICANTS COMPLETE:

Provide a description of the telecommunication services to be provided: _____

Types of wires, fiber and/or other facilities to be used or located in the public rights of way:

Are the subject facilities owned by the applicant: _____

If the subject facilities are not owned by the person or entity making this application, please attach a copy of the Agreement or legal instrument granting the applicant the right to use such facilities.

Provide a map setting forth the specific public rights of way in which the applicant proposes to locate the subject facilities, or which the applicant otherwise proposes to use. This map shall identify where the subject facilities are proposed to be located above ground and where the subject facilities are proposed to be located underground. Identify the portion of the public rights of way (North side, South side, under sidewalk, under road bed, etc.) on which the subject facilities are proposed to be located:

Please attach proof of all required regulatory approvals, permits, authorizations, and licenses for the offering of provision of telecommunications services from Appropriate Federal and State authorities.

Please attach copies of the most recent financial statements of the applicant.

APPLICANT SIGNATURE