

**OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION**

ORIGINAL

No. _____

Docket _____

ICC Office Use

Only
(Applicant's Name) :
:
Application for a certificate of :
(local, interexchange, and/or wireless) :
Authority to operate as a (reseller :
and/or facilities based carrier) of :
telecommunications services :
in (list specific area) in the :
State of Illinois. :

15-0251

CHIEF CLERK'S OFFICE
2015 MAR 31 P 3:34
ILLINOIS COMMERCE COMMISSION

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**

GENERAL (To be completed by All Applicants)

Applicant's Name (including d/b/a, if any) FEIN # 46-3261020

Google North America Inc.

Address: Street 1600 Amphitheatre Pkwy
City Mountain View State/Zip CA 94043

Note: Assumed business names must be provided if and only if registered with the Illinois Secretary of State's Office.

Authority Requested: (Mark all that apply)

Interexchange Service (Authorities: See Sections 13-401, 13-403 and 13-404 of the IPUA)

- Facilities Based Prepaid Interexchange Service
- Facilities Based Non-Prepaid Interexchange Service
- Resold Prepaid Interexchange Service
- Resold Non-Prepaid Interexchange Service
- Interexchange Public Pay Telephone Service

Local Exchange Service (Authorities: See Sections 13-401, 13-404, and 13-405 of the IPUA)

- Facilities Based Prepaid Local Exchange Service
- Facilities Based Non-Prepaid Local Exchange Service
- Resold Prepaid Local Exchange Service
- Resold Non-Prepaid Local Exchange Service

_____ Local Exchange Public Pay Telephone Service

Cellular Radio/Wireless Telephone Service (*Authorities: See Section 13-401 of the IPUA*)

_____ FCC Permitted or Licensed Prepaid Cellular Radio/Wireless Telephone Service

_____ FCC Permitted or Licensed Non-Prepaid Cellular Radio/Wireless Telephone Svc.

_____ Resold Prepaid Cellular Radio/Wireless Telephone Service

Resold Non-Prepaid Cellular Radio/Wireless Telephone Service

_____ Other Telecommunications Services (Specify) (*Authorities: See Section 13-401 of the IPUA*)

3. For each service that the Applicant is requesting authority to provide, please specify the area or areas of the State for which the applicant is seeking authority to provide such service and the services (as designed in question 2 above) that will be provided in each area.

Requesting authority to provide resold non-prepaid wireless telephone service for the entire state of Illinois

Contact Information - Please provide contact information, including name(s), address(es), telephone number(s), and e-mail address(es), for personnel or entities responsible for the areas below:

Issues related to processing this application;

Designated agent (*Note: Applicants must have an Illinois In-State Designated Agent listed. An additional Out-of-State Designate Agent is permitted, but not required.*)

Illinois Corporation Services Company
801 Adlai Stevenson Drive
Springfield, IL 62703

Business Operations (*Note: The contact numbers reported in this questionnaire are intended to be used by the ICC Staff to contact the Applicant as issues arise. They are not intended to be contact numbers used by customers or the general public. If separate contacts apply for different issue areas, please report the separate numbers by issue below.*)

Applicants)

Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in narrative form, in the form of resumes of key personnel, or a combination of these forms.

Please attach a current organization chart.

List officers of Applicant.

_____	_____
_____	_____
_____	_____

4. Does the Applicant currently, or has it in the past, held a certificate from the Illinois Commerce Commission?

_____ YES NO

Does the Applicant currently, or has it in the past, provided service under any other name in Illinois?

_____ YES NO

If YES, please provide all other names under which service is being or has been provided.

6. Is any affiliate of the Applicant providing, or has any affiliate provided, service in Illinois?

_____ YES NO

If YES, please provide the names of all affiliates under which service is being or has been provided in Illinois.

7. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in Illinois under this or another name?

_____ YES NO

If YES, describe fully.

8. Have there been any complaints or judgments levied against the Applicant in Illinois in this or another name?

_____ YES NO

If YES, describe fully.

9. List jurisdictions other than Illinois in which the Applicant is offering service(s).

10. Has the Applicant, or any principal of the Applicant, been denied a Certificate of Service or had its certification revoked in any jurisdiction other than Illinois under this or another name?

_____ YES NO

If YES, describe fully.

11. Have there been any complaints or judgments levied against the Applicant in any jurisdiction other than Illinois in this or another name?

_____ YES NO

If YES, describe fully.

12. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? _____ YES NO

If YES, please list, by officer, each entity in which the officer has an ownership or other interest.

13. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Billing will be monthly and will show charges for voice, text messaging, and data services.

14. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, and the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission.)

Customers will be able to contact customer service via email, chat, or phone.

Complaints unable to be resolved by customer service agents will be escalated to product managers.

15. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? YES NO

16. What telephone number(s) would a customer use to contact the Applicant?
1-844-825-5234

17. If granted authority to operate as provider of anything other than a Pay Telephone service, will the applicant file tariffs prior to providing service in Illinois and within 2 years of Application approval?

_____ YES NO

How many employees does the Applicant employ? 0

Has the Applicant reviewed all ICC rules applicable to the services it seeks to provide?

YES _____ NO

Note: See HYPERLINK "<http://www.ilga.gov/commission/jcar/admincode/083/083parts.html>" <http://www.ilga.gov/commission/jcar/admincode/083/083parts.html> for the ICC's Title 83: Public Utility Rules.

Will the Applicant abide by all ICC rules applicable to the services it seeks to provide?

YES _____ NO

If granted the authority to operate as a telecommunications provider, will the Applicant comply with all the applicable filing requirements listed in Appendix A?

YES _____ NO

If granted the authority to operate as a telecommunications provider, will the applicant remit all applicable taxes, contributions, or other assessments specified in Appendix A?

YES _____ NO

FINANCIAL (To be completed by All Applicants except Cellular Radio/Wireless Applicants)

Please attach evidence of Applicant's financial fitness through the submission of its most current income statement, balance sheet, chart of accounts and any other appropriate documentation of applicant's financial resources and ability to provide service.

Does the Applicant have a financial relationship with any other companies?

_____ YES _____ NO

If YES, please provide the names of all companies with which the Applicant has a financial relationship and a brief explanation of the relationship.

Will the Applicant keep its books and records in Illinois? _____ YES _____ NO

Note: If the Applicant will not keep its books and records in Illinois, then the Applicant must request a waiver of Code Part 250.

Has the applicant or any other company with which the Applicant has a financial arrangement filed for bankruptcy within the last 7 years?

_____ YES _____ NO

If YES, please explain:

TECHNICAL (To be completed by All Applicants except Cellular Radio/Wireless Applicants)

1. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

2. Does Applicant utilize its own equipment and/or facilities? _____ YES _____ NO

If YES, please provide a brief description of the facilities Applicant owns and intends to utilize.

If YES, please explain what services will be offered with these facilities and where the Applicant will utilize its own facilities.

If YES, please include evidence that Applicant possesses the necessary technical resources to deploy and maintain the said facilities.

If YES, and if the Applicant is a switch based provider, please provide an attachment that includes the following information regarding each switch: (i) switch type, (ii) address, (iii) CLLI code, (iv) location of remotes or POIs, and (v) any tandems to which the switch is homed.

3. Does Applicant lease equipment and/or facilities? _____ YES _____ NO

If YES, please provide a brief description of the facilities the Applicant leases and the entity or entities from which such equipment or facilities are leased.

If YES, please explain what services will be provided with these facilities and where the Applicant will utilize these leased facilities.

If YES, please include evidence that Applicant possesses the necessary technical resources to maintain and operate said facilities.

4. Does Applicant resell services? _____ YES _____ NO

If YES, please provide a brief description of the entity or entities from which wholesale service is purchased.

If YES, please explain what services will be provided through resale and where the Applicant will provide resold services.

5. Does the Applicant provide its own repair service?

_____ YES _____ NO

If NO, please provide the name of the entity or entities providing repair service for the Applicant.

6. Will technical personnel be available at all times to assist customers with service problems?

_____ YES _____ NO

If NO, please provide the hours of assistance.

7. If Applicant intends to provide Public Pay Telephone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? _____ YES _____ NO

If Applicant intends to provide Public Pay Telephone service, please explain the method the Applicant will used to comply with Section 771.330 of the ICC's rules.

Note: See HYPERLINK "<http://www.ilga.gov/commission/jcar/admincode/083/08300771sections.html>" <http://www.ilga.gov/commission/jcar/admincode/083/08300771sections.html> for the ICC's Pay Telephone Service Provider rules.

WAIVERS (To be completed by All Applicants except Cellular Radio/Wireless Applicants)

Note: If Applicant is seeking any waivers or variances of Commission rules and regulations in this proceeding, then, other than when explained below, please attach an explanation of why the Applicant is seeking any waiver or variance.

Local Exchange Service authority applicants under Sections 13-401, 13-404 and/or 13-405 generally seek waivers of Part 710, Section 735.180 of Part 735 and Part 250. Additionally, a waiver from Parts 730.115 and 732.60 may be requested for those applicants that will only be providing data services.

Interexchange Service authority applicants under Sections 13-401, 13-403 and 13-404 generally request waivers of Parts 710, 735 and 250 of Title 83 of the Illinois Administrative Code

Public Pay Telephone Service authority applicants under Sections 13-401, 13-403, 13-404, and/or 13-405 generally request waivers of Parts 710, 735 and 250 of Title 83 of the Illinois Administrative Code

Local Exchange Service Please indicate which waivers Applicant is requesting.

_____ Part 710 Uniform System of Accounts for Telecommunications Carriers

_____ Part 735.180 Directories (within Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois)

_____ Part 730.115 and 732.60 Service Quality and Customer Credit Quarterly Reporting – Waiver is available for carriers providing Data Services only. (ref. 13-517c)

_____ Part 250 Public Utility Books and Accounts (maintaining books and records out of state)

_____ Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)

Interexchange Service Please indicate which waivers Applicant is requesting.

_____ Part 710 Uniform System of Accounts for Telecommunications Carriers

_____ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

_____ Part 250 Public Utility Books and Accounts (maintaining books and records out of state)

_____ Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)

Local and Interexchange Public Pay Telephone Service Please indicate which waivers Applicant is requesting.

_____ Part 710 Uniform System of Accounts for Telecommunications Carriers

_____ Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers

in the State of Illinois

_____ Part 250 Public Utility Books and Accounts (maintaining books and records out of state)

_____ Others (Please indicate which additional waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance)

1. If the Applicant is requesting a waiver of Part 710, what circumstances warrant a departure from the prescribed Uniform System of Accounts ("USOA")?

If the Applicant is requesting a waiver of Part 710, then will records be maintained in accordance with Generally Accepted Accounting Principles ("GAAP")?

_____ YES _____ NO

If the Applicant is requesting a waiver of Part 710, then will applicants accounting system provide an equivalent portrayal of operating results and financial condition as the USOA?

_____ YES _____ NO

If the Applicant is requesting a waiver of Part 710, then will applicant maintain its records in sufficient detail to facilitate the calculation of all applicable taxes and surcharges?

_____ YES _____ NO

If the Applicant is requesting a waiver of Part 710, then does the accounting system currently in use by Applicant provide sufficiently detailed data for the preparation of Illinois Gross Receipts Tax returns?

_____ YES _____ NO

If YES, What specific accounts or sub-accounts provide this data?

If the Applicant is requesting a waiver of Part 710, then will the Applicant provide annual audited statements when required or requested subsequent to granting of the waiver?

_____ YES _____ NO

Note: See HYPERLINK "<http://www.icc.illinois.gov/forms/results.aspx?st=3&t=2>" <http://www.icc.illinois.gov/forms/results.aspx?st=3&t=2> for Annual Reports instructions for detail.

If the Applicant is requesting a waiver of Part 710, does the Applicant understand that the requested waiver of Part 710 will not excuse it from compliance with future Commission rules or amendments to Part 710 otherwise applicable to the Company?

_____ YES _____ NO

TELEPHONE ASSISTANCE PROGRAMS (To be completed by Local Exchange Service Applicants)

1. Has the Applicant signed and returned the HYPERLINK "<http://www.icc.illinois.gov/downloads/public/tc/070207itacApp.doc>" \o "ITAC Membership Application and Agreement"ITAC Membership Application and Agreement to Commission Staff?

_____ YES _____ NO

Note: See HYPERLINK "<http://www.icc.illinois.gov/telecommunications/Certification.aspx>" <http://www.icc.illinois.gov/telecommunications/Certification.aspx> for application forms.

Will the Applicant's billing system be able to distinguish between resale and facilities based service for the collection of the ITAC line charge?

_____ YES _____ NO

Has the Applicant signed and returned the Universal Telephone Access Corporation (UTAC) - Membership Application to Commission Staff?

_____ YES _____ NO

Note: See HYPERLINK "<http://www.icc.illinois.gov/telecommunications/Certification.aspx>"<http://www.icc.illinois.gov/telecommunications/Certification.aspx> for application forms.

Will the Applicant solicit, collect, and remit the voluntary contributions from its telephone subscribers to support the Telephone Assistance Programs?

_____ YES _____ NO

Does the Applicant realize that it will not be able to receive any of the federal reimbursements for the Lifeline and Link-Up Programs if it is not an eligible carrier?

_____ YES _____ NO

Does the Applicant plan on filing to become an Eligible Telecommunications Carrier?

_____ YES _____ NO

911 SERVICE (To be completed by Local Exchange Service Applicants)

- I. Will the Applicant ensure that 911 traffic is handled in accordance with the 83 Illinois Administrative Code Part 725 and the Emergency Telephone System Act?

_____ YES _____ NO

Note: See HYPERLINK "<http://www.icc.illinois.gov/911/>"<http://www.icc.illinois.gov/911/> for links to the Emergency Telephone System Act and other 911 related rules and regulations.

Who will be responsible for building and maintaining the 911 database for your local exchange customers?

How often will the Applicant update the 911 database with customer information?

Please explain the procedures the Applicant will use to collect 911 surcharges and transmit them to the local 911 systems.

PREPAID SERVICE (To be completed by Local Exchange Service Applicants that Provide Prepaid Service)

Will customers have the ability to sign up with any long distance company they choose?

_____ YES _____ NO

Will customers have the ability to use dial around long distance companies?

_____ YES _____ NO

Will customers have access to the Illinois Relay Service?

_____ YES _____ NO

Will customers be able to make 1-800 calls for free?

_____ YES _____ NO

5. Will the Applicant offer operator services?

_____ YES _____ NO

6. Please describe how applicant plans to collect the monthly fee to be paid in advance.

Will customers' monthly bills show a breakdown of services, features, surcharges, taxes, etc.?

_____ YES _____ NO

8. Will customers pay an installation fee?

_____ YES _____ NO

If YES, will payment arrangements be offered for the installation fee?

_____ YES _____ NO

9. Will telephone service be in the Applicant's name or the customer's name?

_____ YES _____ NO

If YES, please describe how information will appear in data bases, such as 9-1-1, directory assistance, etc.?

10. Will applicant offer prepaid service as a monthly service or as a usage service?

_____ Monthly _____ Usage

Will applicant provide a warning when the remaining value of service is about to cease?

_____ YES _____ NO

If YES, is the customer given more than one notice of the remaining value of service?

_____ YES _____ NO

If YES, how much advance notice is given to the customer of the remaining value of service?

If the customer is in the middle of a call will they be disconnected when the remaining value of service has expired?

_____ YES _____ NO

If YES, are customers made aware of potentially being disconnected during a call when the remaining value of service expires?

_____ YES _____ NO

13. When does the timing of a call start?

14. If the person called does not answer, is any time deducted from the customer's account?

_____ YES _____ NO

15. Will there be any other instances in which the Company would disconnect a customer, other than running out of prepaid time?

_____ YES _____ NO

If YES, please explain.

16. When a customer runs out of time is their phone immediately disconnected or on suspension?

_____ YES _____ NO

If YES, will they still be able to receive calls?

_____ YES _____ NO

17. Are the Applicant's services available to TTY callers?

_____ YES _____ NO

How will the Applicant handle a complaint from a customer who disputes the amount of time used or remaining?

19. The Public Utilities Act requires a local calling area that has no time or duration charges. How will the Applicant define each customer's untimed local calling area?



[Name of Applicant] **Patrick Fonzo, Compliance Officer**

By: _____

[Specify officer, agent, or attorney]

Name of Attorney
Attorney's Firm or Company Name
Address of Attorney
Attorney's Telephone Number
Attorney's Fax and E-mail (optional)

VERIFICATION

This application shall be verified under oath.

OATH

State of _____)
) ss
County of _____)

Patrick Fonzo _____ makes oath and says that he is **Compliance Officer** _____
(Insert here the name of affiant) (Insert the official title of the affiant)

of **Google North America Inc.** _____
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

Patrick Fonzo

(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ _____
administer oaths) (Title of person authorized to

in the State and County above named, this _____ day of _____.

(Signature of person authorized to administer oath)

*SEE ATTACHED California
Jurat with ALBERT STATEMENT*
[Signature]
*WALTER W. WATSON
NOTARY PUBLIC*

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____

Patricia Gomez

 Signature of Document Signer No. 1

 Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of San Francisco

Subscribed and sworn to (or affirmed) before me
 on this 18th day of March, 2015,
 by Patrick J. Forno
 (1) _____
 (and (2) _____),
 Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

 Signature
Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____
 Number of Pages: _____ Signer(s) Other Than Named Above: _____