

DEPOSIT  
D137

DATE  
MAY 17 1999

990637TC

1. Name of company or name of individual (not fictitious name or d/b/a):

PAUL D. GILES

2. Name under which applicant will do business (fictitious name, etc.):

PAUL D. GILES

3. Official mailing address:

Street: 8536 159<sup>th</sup> COURT N.

P.O. Box: —

City: PALM BEACH GARDENS

State: FL Zip: 33418

4. Florida address:

Street: - SAME -

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State  
Corporate Registration Number: NA

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name

Registration Number: N/A

8. F.E.I. Number (if applicable): N/A

9. If individual, provide:

Name: PAUL D. GILES

Title: OWNER

Address: 8536 159<sup>TH</sup> COURT N.

City/State/Zip: PALM BCH. GARDENS, FL 33418

Telephone No.: 561-745-7720 Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: N/A

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

**Internet Website Address:** \_\_\_\_\_  
10. Partnership (continued)  
b. **Name:** N/A  
**Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
**Internet E-Mail Address:** \_\_\_\_\_  
**Internet Website Address:** \_\_\_\_\_

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:  
**Name:** PAUL D. GILES  
**Title:** OWNER  
**Address:** 8536 159<sup>th</sup> COURT N.  
**City/State/Zip:** PALM BEACH GARDENS, FL 33418  
**Telephone No.:** 561-745-7720 **Fax No.:** \_\_\_\_\_  
**Internet E-Mail Address:** \_\_\_\_\_  
**Internet Website Address:** \_\_\_\_\_

b. Official Point of Contact for ongoing company operations including complaints and inquiries:  
**Name:** - SAWE -  
**Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
**Internet E-Mail Address:** \_\_\_\_\_  
**Internet Website Address:** \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. NO

If so, provide explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

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b. Has applications pending to be certified as a pay telephone provider.

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c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

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d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

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16. Please check (✓) the services that will be provided:

- LOCAL
  - LONG DISTANCE
  - COIN
  - CALLING CARD
  - CREDIT CARD
  - OTHER (Describe) 911-free
- 
- 
-

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 7

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
  - FULL-TIME TECHNICIAN
  - PART-TIME TECHNICIAN
  - SERVICE/REPAIR/MAINTENANCE CONTRACT
  - OTHER (Describe) \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
  - No Explain: \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
  - No Explain: \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*APPLICANT FEE/TAX STATEMENT\*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.
3. **SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

**UTILITY OFFICIAL:**

PAUL D. GILES  
Print Name

Paul D. Giles  
Signature

OWNER  
Title

5-13-99  
Date

561-745-7720  
Telephone No.

Fax No.

Address: 8536 159<sup>th</sup> Court N.  
PALM BEACH GARDENS, FL 33418

**\*\*ACKNOWLEDGMENT\*\***

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

**UTILITY OFFICIAL:**

<u>PAUL D. GILES</u>	<u>Paul D. Giles</u>
Print Name	Signature
<u>OWNER</u>	<u>5-13-99</u>
Title	Date
<u>561-745-7720</u>	
Telephone No.	Fax No.
Address: <u>8536 159<sup>TH</sup> COURT N.</u>	
<u>PALM BCH. GARDENS, FL. 33418</u>	



**\*\*APPLICANT ACKNOWLEDGMENT\*\***

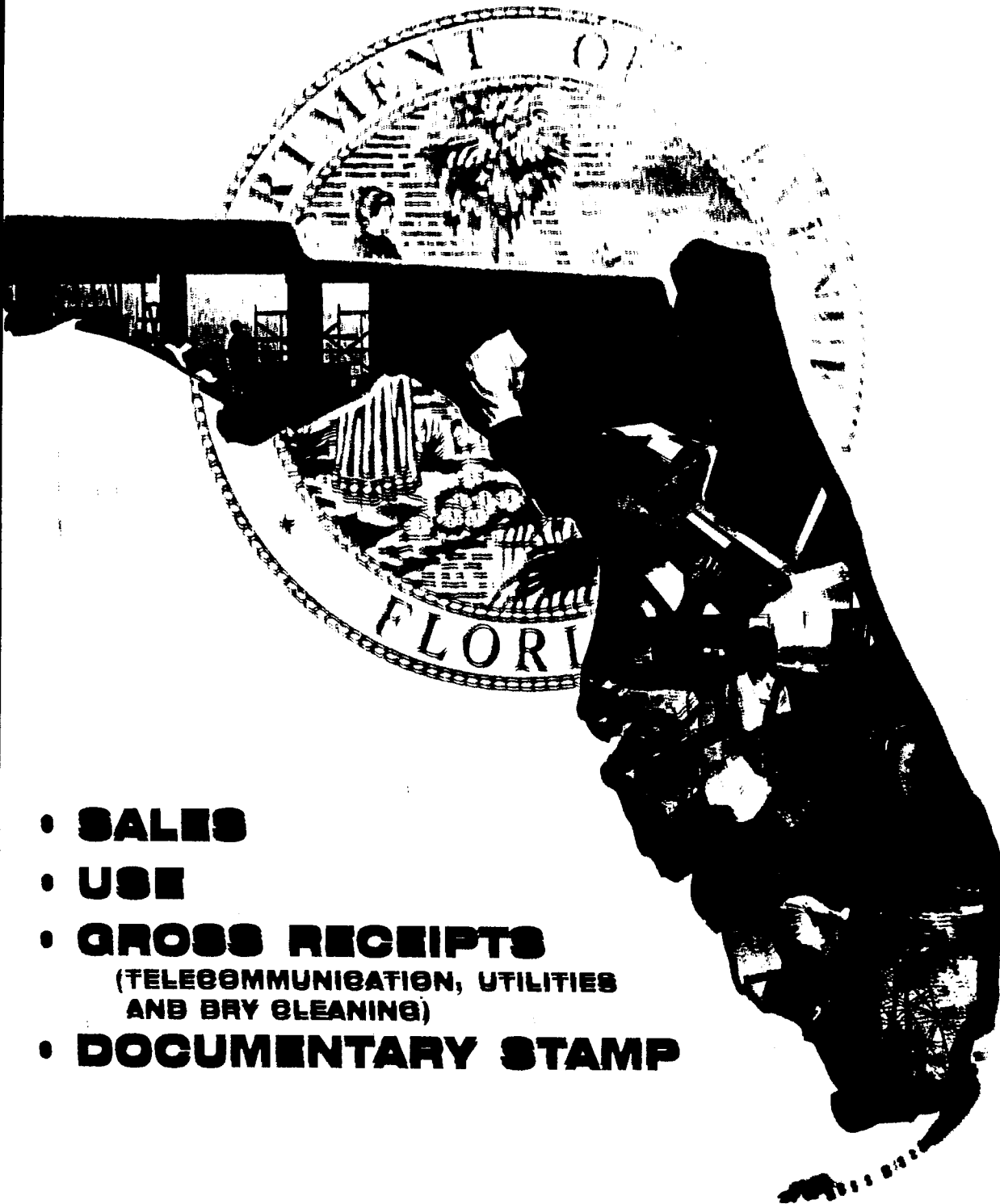
Applicant: PAUL D. GILES

*I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.*

<u>PAUL D. GILES</u>	<u>Paul D. Giles</u>
Print Name	Signature
<u>OWNER</u>	<u>5-13-99</u>
Title	Date
<u>561-745-7720</u>	
Telephone No.	Fax No.
Address: <u>8536 159<sup>th</sup> COURT N.</u>	
<u>PALM BCH. GARDENS, FL 33418</u>	

**THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**

# APPLICATION TO COLLECT TAX IN FLORIDA



- **SALES**
- **USE**
- **GROSS RECEIPTS**  
(TELECOMMUNICATION, UTILITIES  
AND DRY CLEANING)
- **DOCUMENTARY STAMP**



# Florida Department of Revenue

# APPLICATION TO COLLECT TAX IN FLORIDA Information

DR-1  
R. 11/97

### Who must apply?

Any person or entity doing business in Florida that is subject to Florida sales tax; use tax; gross receipts tax on telecommunications, utilities or dry cleaning; or documentary stamp tax.

### What if I am already doing business and have not applied?

The business owner should immediately visit the nearest Department of Revenue service center to properly register and remit any taxes or penalties due. A business owner who begins taxable business activity prior to applying is subject to a \$100 late registration fee, and may be delinquent and have a tax liability.

### What is the registration fee?

The fee is \$55. The fee is not required if your business location is not in Florida. The fee for dry cleaning is \$30. There is no fee required for any other tax.

### When do I begin filing sales and use tax returns?

Tax returns must be filed for every collection period, beginning with the date your business opens. A return must be filed even if no tax was collected.

**How do I contact the Florida Department of Revenue?** You may visit, call or write to us at the following locations. Once you receive your account number, include it on any written correspondence. Registration and many other services are available at all locations.

### Registration Information

5050 W. Tennessee Street  
Tallahassee, FL 32399-0100  
850-488-9750

### Tax Information Services

1-800-352-3671 (Florida Only)  
850-488-6800

### Hearing or Speech Impaired Assistance

1-800-367-8331 (TDD line)

### Service Center Locations

**Clearwater Service Center**  
Arbor Shoreline Office Park  
19337 US Hwy. 19 N, Ste. 200  
Clearwater, FL 33764-3149  
813-538-7400

**Coral Springs Service Center**  
Florida Sunrise Tower  
3111 N. University Dr., Ste. 501  
Coral Springs, FL 33065-5096  
954-346-3000

**Daytona Beach Service Center**  
125 N. Ridgewood Ave., Ste. 301  
Daytona Beach, FL 32114-3286  
904-254-3901

**Fort Myers Service Center**  
2295 Victoria Ave., Ste. 270  
Fort Myers, FL 33901-3851  
941-338-2400

**Gainesville Service Center**  
2610 NW 43rd St., Ste. 2A  
Gainesville, FL 32606-7415  
352-955-2170

**Hollywood Service Center**  
Taft Office Complex  
6565 Taft St., Ste. 400  
Hollywood, FL 33024-4000  
954-967-1000

**Jacksonville Service Center**  
921 N. Davis St., Ste. A-250  
Jacksonville, FL 32209-6829  
904-359-6070

**Key West Service Center**  
3118 Flagler Ave.  
Key West, FL 33040-4698

**Lake City Service Center**  
2651 W. US Hwy 90  
Lake City, FL 32055-3115  
904-758-0420

**Lakeland Service Center**  
230 S. Florida Ave., Ste. 401  
Lakeland, FL 33801-5047  
941-499-2260

**Leesburg Service Center**  
734 N. 3rd St., Ste. 117  
Leesburg, FL 34748-4463  
352-360-6660

**Marianna Service Center**  
4230 Lafayette St., Ste. D  
Marianna, FL 32446-3304  
850-482-9518

**Miami Service Center**  
8175 NW 12th St., Ste. 119  
Miami, FL 33126-1831  
305-470-5001

**Naples Service Center**  
Wilson Professional Center  
3200 Bailey Lane, Ste. 150  
Naples, FL 34105-8523  
941-436-1050

**Orlando Service Center**  
5420 Diplomat Circle  
Orlando, FL 32810-5605  
407-623-1141

**Panama City Service Center**  
651 W. 14th St., Ste. D  
Panama City, FL 32401-2271  
850-872-4165

**Pensacola Service Center**  
3670-C North L Street  
Pensacola, FL 32505-5217  
850-595-5170

**Port Richey Service Center**  
6709 Ridge Rd., Ste. 300  
Port Richey, FL 34668-6842  
813-841-4407

**Port St. Lucie Service Center**  
900 E. Prima Vista Blvd., Ste. 300  
Port St. Lucie, FL 34952-2335  
561-871-7620

**Sarasota Service Center**  
240 S. Pineapple Ave., 6th Floor  
Sarasota, FL 34236-6725  
941-361-6001

**Tallahassee Service Center**  
2410 Allen Rd.  
Tallahassee, FL 32312-2603  
850-488-9719

**Tampa Service Center**  
Sabal Park Office Ctr., Ste. 120  
9503 Princess Palm Ave.  
Tampa, FL 33619-1378  
813-744-6344

**Titusville Service Center**  
1431 Chaffee Dr., Ste. 4  
Titusville, FL 32780-4796  
407-383-2751

**West Palm Beach Service Center**  
2468 Metrocentre Blvd.  
West Palm Beach, FL 33407-5214  
561-640-2800

Before returning application, remove instructions and retain for future reference.





BUSINESS INFORMATION CONTINUED

- 9a. **Type of Organization** - Check one box to enter the type of business. Listed are the definitions of business types:  
**Corporation** - A legal entity created by or under the authority of the laws of a state.  
**Partnership** - Two or more persons or entities that have entered into a voluntary contract.  
**Trust** - A legal entity created by a grantor for the benefit of designated beneficiaries under the laws of the state and the valid trust instrument.  
**Sole Proprietorship** - An individual or individual and spouse.  
**Professional Association** - Any group of professional people organized to practice their profession together.  
**Other** - Any other type of business entity. Please write in (e.g., government, civic organization).
- Corporation  Partnership  Trust  Sole Proprietorship  Professional Association  
 Other (explain) \_\_\_\_\_

9b. If corporation or partnership, provide fiscal year ending date  /   
M M D D

- 9c. Are you an entity required to be registered with the Division of Corporations of the Florida Department of State? - Yes  No   
If yes, provide your document/registration number: \_\_\_\_\_  
If your corporation is not registered, you must attach a copy of your Articles of Incorporation as filed with the regulating authority in your state.

NATURE OF BUSINESS ACTIVITY

10. Describe your major (more than 50%) business activities that will be subject to tax (please be specific): PAYPHONE PROVIDER

NOTE: Documentary stamp tax applicants should skip to question 40. All others must continue with question 11.

11. What are the products you purchase for resale to your customers or to be included in a finished product you manufacture? N/A

12. What are your estimated annual receipts from taxable sales and/or rentals?  
(check one)  \$1,700 or less  between \$8,000 and \$16,000  \$800,000 - up  
 between \$1,700 and \$8,000  between \$16,000 and \$800,000  unable to estimate

13. Do you sell merchandise? ----- Yes  No   
Wholesale (selling for resale purposes)? ----- Yes  No   
Retail (selling to consumers)? ----- Yes  No
14. Do you rent living or sleeping accommodations for 6 months or less to individuals or businesses? ----- Yes  No   
(This includes hotels, motels, time-shares, condominiums, apartments, and trailer parks.)
15. Do you rent commercial real property to individuals or businesses? ----- Yes  No
16. Do you charge admission or membership fees? ----- Yes  No
17. Do you rent equipment or other tangible personal property to individuals or businesses? ----- Yes  No
18. Do you provide any of the following services?  
Pest control for nonresidential buildings ----- Yes  No   
Cleaning for nonresidential buildings ----- Yes  No   
Detective ----- Yes  No   
Protection ----- Yes  No   
Security alarm system monitoring ----- Yes  No

AMUSEMENT/VENDING

- Do you generate sales and remove receipts from vending machines? ----- Yes  No   
**If yes, answer the questions in this block.**  
Food/Beverage vending machines? ----- Yes  No   
Vending machines for other products? ----- Yes  No
20. Do you sell food or beverages wholesale to vending machine operators? ----- Yes  No
- 21a. Are coin-operated amusement machines being operated at your business location? ----- Yes  No
- 21b. Do you have a written agreement that requires someone else to obtain Amusement Machines Certificates for all of the machines? ----- Yes  No
- 22a. Do you have a written agreement that specifies who is responsible for obtaining Amusement Machines Certificates? ----- Yes  No
- 22b. Do you have a written agreement that requires you to obtain Amusement Machines Certificates for any of the machines? ----- Yes  No

You must complete an Application for Amusement Machines Certificate (Form DR-18) if:  
• you answered NO to Question 21b and have amusement machines on your business location  
OR  
• you answered YES to Question 22b and lease amusement machines.

SOLID WASTE

Do you sell tires or batteries or rent/lease motor vehicles to others? ----- Yes  No

If yes, answer the questions in this block.

- 24. Do you make retail sales of new tires for motorized vehicles (either separately or as a part of a vehicle)? ----- Yes  No 
25. Do you make retail sales of new, used, or remanufactured lead-acid batteries sold separately or as a component part of another product? ----- Yes  No 
26. Are you in the business of renting or leasing motor vehicles that transport less than nine passengers to individuals or businesses? ----- Yes  No

DRY CLEANING

Do you own or operate a dry-cleaning plant in Florida? ----- Yes  No

If yes, answer the questions in this block.

- 28. Do you use perchloroethylene in the dry-cleaning process? ----- Yes  No 
If you use perchloroethylene, enclose \$30 dry-cleaning registration fee.
29. Do you produce or import perchloroethylene? ----- Yes  No 
If yes, complete an Application for Florida License to Produce or Import Taxable Pollutants (Form DR-166).

MOTOR FUEL

Do you sell any type of fuel or use off-road diesel fuel? ----- Yes  No

If yes, answer the questions in this block.

- 31. Do you (or will you) make retail sales of gasoline, diesel fuel, or aviation fuel at posted retail prices? ----- Yes  No 
If yes to # 31, do you expect the sales of diesel fuel (as measured in gallons) to exceed the sales of gasoline? ----- Yes  No 
If yes to # 31, does this business exist as a marina? ----- Yes  No 
If yes to # 31, what is your seven (7) digit Florida Department of Environmental Protection Facility Registration Number for this location? -----
32. Do you use diesel fuel for non-highway purposes? ----- Yes  No

CONTRACTORS

Are you a contractor who improves real property? ----- Yes  No

If yes, answer the questions in this block.

Do you most frequently operate as a  prime contractor  sub contractor? List the type of construction you perform (building, painting, electrical, etc.) -----

- 34. Do you operate under formal written contracts? ----- Yes  No 
If yes, what type of contracts do you operate under?  Lump Sum,  Cost Plus,  Fixed Fee, and  Other, please explain -----
35. Do you purchase any materials or supplies from vendors located outside of Florida? ----- Yes  No 
36. Does your company have a current occupational license in any Florida county? ----- Yes  No 
If yes, please list all the counties in which you are licensed and the corresponding license numbers -----
37. Do you fabricate/manufacture any building components at a location other than contract sites? ----- Yes  No

TELECOMMUNICATION/ENERGY

Do you provide telecommunication services, electrical power, or gas? ----- Yes  No

If yes, answer the questions in this block.

Do you sell:

- a. Electrical power ----- Yes  No 
b. Natural or manufactured gas ----- Yes  No 
c. Pay phone service ----- Yes  No 
d. 2-way cable television service ----- Yes  No 
e. Telex, telegram, teletype service ----- Yes  No 
f. Cellular or pagers service ----- Yes  No 
g. Long distance (inter-exchange service) ----- Yes  No 
h. Shared tenant utility service ----- Yes  No 
i. Telephone service (local exchange) ----- Yes  No 
j. Alternative access vendor service ----- Yes  No 
k. Other telecommunication services (By-Pass provider, etc.) ----- Yes  No 
Describe PAYPHONE PROVIDER (LOCAL AND LONG DISTANCE)
39. Do you provide billing services to telecommunication service providers? ----- Yes  No

DOCUMENTARY STAMPS

Does your business include sales finalized by written agreements that do not require recording by the Clerk of the Court, but do require documentary stamps to be affixed? Yes No

If yes, answer the questions in this block.

41. Is this application being completed to register your first location to collect documentary stamp tax? Yes No
If no, and this application is for additional locations, please list name and address of each additional location.

42. Do you anticipate five or more taxable transactions per month? Yes No

43. Do you anticipate your average monthly tax remittance to be less than \$80 a month? Yes No

44. Owner, Partner, Officer Information List the primary owner or corporate officer first. Enter the name, social security number, home address, and telephone number of the owners, partners, or corporate officers. This application will not be processed without this information.

Table with 4 columns: Name and Title, Social Security Number, Home Address, Telephone Number. Row 1: PAUL D. GILES - OWNER, Social Security Number blank, Home Address: 8536 159th Ct. N. Palm Bch, Garden FL 33418, Telephone Number: 561-745-7720.

45. Business or Personal Banking Information: MOTO ROLA CREDIT UNION 86726-700 Personal account Business account

Bank name: MOTO ROLA CREDIT UNION Account number where tax will be deposited: 86726-700
Bank street address: FT. LAUDERDALE, FL 33322 City State ZIP

46. Is your business location rented? NO Yes No

If yes, provide the following information:

Landlord or Owner's Name:

Address:

City/State/ZIP:

Telephone Number:

Applicant Signature—This Application Cannot Be Processed If Not Signed by the Applicant

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

Signature of Paul D. Giles

Date 5-13-99

Signature of the business or real property owner, partner, or principal corporate officer

Date application signed

PAUL D. GILES

OWNER

Print or type the name signed above

Title of signatory

Please note that any person (including employees, corporate directors, corporate officers, etc.) who is required to collect, truthfully account for, and pay any sales taxes and willfully fails to do so shall be liable for penalties under the provisions of §213.29, Florida Statutes. All information provided by the applicant is confidential as provided in §213.053, and is not subject to Florida Public Records Law (§119.07, Florida Statutes).

NOTE: After signing, mail completed application and applicable registration fee (DO NOT SEND CASH) to FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE ST, TALLAHASSEE, FL 32399-0100.

FOR DOR OFFICE USE ONLY

Documentary Stamp Tax [grid]

Gross Receipts Tax [grid]

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