

State of Florida




Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: June 11, 2001

TO: Blanco Bayo, Director, Division of Commission Clerk and Administrative Services

FROM:  Toni J. McCoy, Regulatory Analyst, Division of Regulatory Oversight

SUBJECT: Open Docket No. 010673-TC; TFT Foundation, Inc.

Please add the completed and signed replacement pay telephone application to the docket file.

Call me if you have any questions, I can be reached at 850/413-6532.

Thank you.

APP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 LEG _____
 OPC _____
 PAI _____
 RCO _____
 SEC 1
 SER _____
 OTH None

DOCUMENT NUMBER-DATE

07667 JUN 20 2001

FPSC-RECORDS/REPORTING

**TFT Foundation, Inc.
917 Kings Road
Jacksonville, FL 32204
(904) 791-3141**

June 1, 2001

**Ms. Toni McCoy
Public Service Commission
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850**

Ref: Docket No. 010673-TC

Dear Ms. McCoy:

Pursuant to your letter of May 9, 2001, regarding our application for a Pay Telephone Certificate of Public Convenience and Necessity, enclosed please find a newly completed, current version of our application.

Should you have any further questions, please do not hesitate to contact us.

Sincerely,

**Freddie Myers
Manager**

RECEIVED
JUN 01 2001
Florida Public Services Commission
Division of Regulatory Oversight

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

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

3. Official mailing address:

Street: 917 Kings Road

P.O. Box: _____

City: Jacksonville

State: FL Zip: 32204

4. Florida address:

Street: 917 Kings Road

P.O. Box: _____

City: Jacksonville

State: FL Zip: 32204

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: 994 000034847

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:** _____

8. F.E.I. Number (if applicable): 593239441

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **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:

1. **Name:** _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

2. Name: _____
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?

1. The application:

Name: Freddie Myers
Title: Manager
Address: 917 Kings Road
City/State/Zip: Jacksonville, FL 32204
Telephone No.: 904-791-3141 Fax No.: 904-791-3141
Internet E-Mail Address: _____
Internet Website Address: _____

2. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Freddie Myers
Title: Manager
Address: 917 Kings Road
City/State/Zip: Jacksonville, FL 32204
Telephone No.: 904-791-3141 Fax No.: 904-791-3141
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.

If so, provide explanation: N/A

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.

N/A

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.

N/A

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

N/A

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

N/A

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

N/A

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

N/A

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

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) _____

Lydia

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 5

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:

| | |
|---------------------------------------|-----------------------------|
| <u>Freddie Myers</u> | <u><i>Freddie Myers</i></u> |
| Print Name | Signature |
| <u>Manager</u> | <u>6-02-01</u> |
| Title | Date |
| <u>904-791-3141</u> | <u>904-791-3141</u> |
| Telephone No. | Fax No. |
| Address: <u>917 Kings Road</u> | |
| <u>Jacksonville, FL 32204</u> | |
| | |
| | |
| | |

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>Freddie Myers</u> Print Name | <u><i>Freddie Myers</i></u> Signature |
| <u>Manager</u> Title | <u>6-2-01</u> Date |
| <u>904-991-3141</u> Telephone No. | <u>904-791-3141</u> Fax No. |
| <u>Address: 917 Kings Road</u> | |
| <u>Jacksonville, FL 32204</u> | |
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****APPLICANT ACKNOWLEDGMENT****

Applicant: TFT Foundation, Inc.

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

Freddie Myers
Print Name

Freddie Myers
Signature

Manager
Title

6-2-01
Date

904-791-3141
Telephone No.

904-791-3141
Fax No.

Address: 917 Kings Road
Jacksonville, FL 32204

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.