۱.	Name of comp	bany or name of indiv	idual (not fictitious name	AL (K3) 13-7C # 10 or d/b/a):		
2.	Name under which applicant will do business (fictitious name, etc.):					
	Wrad E. Torres					
3.	Official mailing	address:				
	Street: 333 Potter Road					
	P.O.Box:					
	City: West Palm Beach					
	State: FL.		Zip:33	Zip:3340.5		
4.	Elorida addros	e.				
4.	Florida address: Street:					
	•					
	P.O. Box: City: West Prim Beach					
	State:	FL.	Zip: 33	405		
				DATE		
5.	Structure of organization:		DEPOSIT			
	💓 Indiv		<b>D</b> 319🏨	MAR 1 1 2003		
	()Cor	poration				
		neral Partnership				
	( ) Limi	ited Partnership				
	() Oth	er:	· · · · · · · · · · · · · · · · · · ·	<u></u>		
6.	If incorporated in Florida, provide proof of authority to operate in Florida:					
	Florida Corpor	a Secretary of State rate RegistrationNun	where $\alpha/A$			
	Corpor					
		,				
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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 RegistrationNumber:/4
8.	F.E.I. Number (if applicable):
9.	If individual, provide:
	Name: Brud E Torres
	Name: Brud E Torres Title: President
	Address: 333 Potter Road
	City/State/Zip: West Palm Beach, FL: 33405
	TelephoneNo.: <u>561-588 3822</u> FaxNo.: <u>27/4</u>
	InternetE-MailAddress: <u>BTorres@Tricony.com</u>
	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
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· · · · · · · · · · · · · · · · · · ·
Fax No.:

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10. Partnership (continued)

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Name:	
Title:	N/N
Address:	·· / .7
City/State/Zip:	· · · · · · · · · · · · · · · · · · ·
Telephone No.:	Fax No.:
InternetE-MailAddress:	
InternetWebsiteAddress:_	
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- 11. Who will serve as liaison to the Commission with regard to the following?
  - a. The application:

	Name: Brad E. Torres			
	Title: President			
	Address: 333 Potter Road			
	City/State/Zip: Wast Mala Read Fl. 33495			
	Telephone No.: <u>56/-586-382</u> FaxNo.: <u>NA</u>			
	Telephone No.: <u>56/-586-3822</u> FaxNo.: <u>N/A</u> InternetE-MailAddress: <u>Storress Tricony.com</u>			
	InternetWebsiteAddress:			
b.	Official Point of Contact for ongoing company operations including complaints and inquiries:			
	Name: Same as above			
	Title:			
	Address:			
	City/State/Zip:			
	Telephone No.: Fax No.:			
	Internet E-Mail Address:			
	InternetWebsiteAddress:			

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**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:	No.
ever been granted or denied a pay te	partner, officer, director, or any stockholder elephone certificate in the State of Florida? bay telephone certificates.) If yes, provide der and certificate number.

No.

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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.



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13.

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- **15.** List other states in which the applicant:
  - a. Is currently providing pay telephone service. *Mone*.
    b. Has applications pending to be certified as a pay telephone provider. *Wone*.
    C. Has been denied authority to operate as a pay telephone provider. Explain circumstances. *Mo*.
    d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.
- **16.** Please check  $(\checkmark)$  the services that will be provided:

( ) LOCAL ( ) LONG DISTANCE ( ) COIN ( ) CALLING CARD ( ) CREDIT CARD ( ) OTHER (Describe)

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- 17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year:  $\underline{a}$
- **18.** How does the applicant intend to service and maintain each payphone? Check  $(\checkmark)$  all that apply.

M 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.  $\bigotimes_{i}$ Yes No Explain: 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 20. Code. Yes No Explain:

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# **\*\*APPLICANT FEE STATEMENT\*\***

- REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of <u>0.15 of one percent</u> 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. APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

#### **UTILITY OFFICIAL:**

Brad E.

Pres. Lint

Title

561-588-38 Telephone No.

Fax No.

Date

Signature

otter Road Address: Beach

## \*\*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:

**Print Name** 

Title

- 588-

Signature

Date

Fax No.

**Telephone No** 

Road Address:

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

Brad E. Torres Applicant:

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

Torres Signature Print Name Date Title 561-588-3822 Telephone No. ofter Road Address: West Polm Beach,

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.

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