

ORIGINAL

030473-

CK 2148

\$100.00

MC

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

ARCTIC FUN INC

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

---

3. Official mailing address:

Street: 4601 NORTH Federal Hwy

P.O. Box:

City: Pompano Bch

State: FLORIDA Zip: 33064

4. Florida address:

Street: 4601 NORTH Federal Hwy

P.O. Box:

City: Pompano Beach

State: FLORIDA Zip: 33064

5. Structure of organization:

( ) Individual

Corporation

( ) General Partnership

( ) Limited Partnership

( ) Other: \_\_\_\_\_

DEPOSIT DATE

D 353 JUN 02 2003

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

Florida Secretary of State

Corporate Registration Number: 902000063959

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): 04 - 368 6396

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:

a. Name: \_\_\_\_\_

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

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

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

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

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

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

10. Partnership (continued)

b. 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?

a. The application:

Name: HAL JACOVITZ  
Title: PRES  
Address: 4601 North Federal Hwy  
City/State/Zip: Pompano Bch FL 33064  
Telephone No.: 954 943 1437 Fax No.: 954 781-1966  
Internet E-Mail Address: HALJ@GLACIERICEANDSNOW.COM  
Internet Website Address: \_\_\_\_\_

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

Name: HAL JACOVITZ  
Title: Pres.  
Address: 4601 North Federal Hwy  
City/State/Zip: Pompano Bch, FLORIDA 33064  
Telephone No.: 954 943 1437 Fax No.: 954 781-1966  
Internet E-Mail Address: HalJ@GLACIERICEANDSNOW.COM  
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.

NONE

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.

NONE

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

NONE

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

N/A

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

None

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

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) \_\_\_\_\_

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

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 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. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

**UTILITY OFFICIAL:**

HAL JACOVITZ  
Print Name

  
Signature

Pres  
Title

5/28/03  
Date

954 943-1437  
Telephone No.

954 781-1966  
Fax No.

Address: 4601 NORTH Federal Hwy  
Genpano Bch FL  
33064

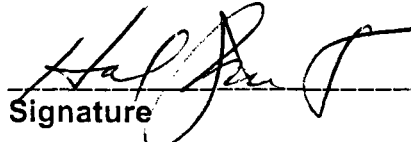
**\*\*ACKNOWLEDGMENT\*\***

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>HAL JACOVITZ</u> Print Name	<u></u> Signature
<u>PRES</u> Title	<u>5/28/03</u> Date
<u>954 943 1437</u> Telephone No.	<u>954 781 -1966</u> Fax No.
<u>Address: 4601 NORTH FEDERAL Hwy</u>	
<u>Pompano Beach FL 33064</u>	
<u> </u>	
<u> </u>	
<u> </u>	



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

Applicant: ARCTIC FUN INC

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

Hal Jacobitz  
Print Name

Hal Jacobitz  
Signature

Pres  
Title

5/28/03  
Date

954 943 1437  
Telephone No.

954 781 -1966  
Fax No.

Address: 4601 NORTH FEDERAL HWY  
POMPANO BEACH FL 33064

**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.**

# State of Florida



## Department of State

I certify from the records of this office that ARCTIC FUN, INC. is a corporation organized under the laws of the State of Florida, filed on June 10, 2002.

The document number of this corporation is P02000063959.

I further certify that said corporation has paid all fees due this office through December 31, 2002, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code, 902A00038120-061002-P02000063959-1/1, noted below.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Tenth day of June, 2002

Authentication Code: 902A00038120-061002-P02000063959-1/1



CR2EC22 (1-99)

*Katherine Harris*  
Katherine Harris  
Secretary of State

DOCUMENT NUMBER DATE

04853 MAY 30 2002

REGISTRATION CLERK