

ORIGINAL

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COMMISSION
CLERK

S. B. C.

Small Business Consulting, L.L.C

Accounting Tax and Beyond
Full Service Advisor
9750 Seminole Blvd., Seminole, FL 33772
Tel/ Fax 727-398-8007

Florida Public Service Commission
Division of the commission Clerk &
Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Client: M.Joe Keifer
Kiosk Internet Service

Attention: Toni Mc Coy

Dear Mrs. Mc Coy:

On behalf of my above client name, I have attached his application for the certificate to provide pay phone service.

I went through the whole questionnaire and made sure everything was correctly filled. And signed.

If you have additional question, please contact me at the above telephone number


Thank you for your diligence in this matter.

Michael Mansour



Check received with filing and forwarded
to Fiscal for deposit. Fiscal to forward
deposit information to Records.

Initials of person who forwarded check:



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FPSC-COMMISSION CLERK

ORIGINAL

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
CERTIFICATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

Instructions

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 must be completed and signed.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable **application fee of \$100.00** to:

**Florida Public Service Commission
Division of the Commission Clerk and Administrative Services
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Competitive Markets and Enforcement
Certification
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

ORIGINAL



K.I.S

Kiosk Internet Service
M. Joe Keifer, President
11775 84th Ave. N.
Seminole, FL 33772

Tel: 727 393 3235
Fax 727 397 4196

1. Name of company or name of individual (not
MILTON J. KEIFER)
2. Name under which applicant will do business

3. Official mailing address:

Street: 11775 84th Ave N.

P.O. Box: _____

City: SEMINOLE

State: FL Zip: 33772

4. Florida address:

Street: 11775 84th Ave N

P.O. Box: _____

City: SEMINOLE

State: FL Zip: 33772

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: _____

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

N

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

N

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

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

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: _____

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: _____
- _____
- _____

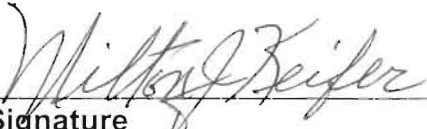
20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida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

| | |
|---------------------------------------|--|
| MILTON J. KEIFER |  |
| Print Name | Signature |
| OWNER | 5/26/04 |
| Title | Date |
| 727 393 3235 | 397 41 96 |
| Telephone No. | Fax No. |
| Address: 11775 84 th Ave N | |
| Seminole, FL 33772 | |
| | |
| | |
| | |

****APPLICANT ACKNOWLEDGMENT****

Applicant: M. JOE KEIFER

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

| | |
|----------------------|---------------------|
| <u>M. JOE KEIFER</u> | <u>M Joe Keifer</u> |
| Print Name | Signature |
| <u>OWNER</u> | <u>5/26/04</u> |
| Title | Date |
| <u>727 393 3235</u> | <u>727 397 4196</u> |
| Telephone No. | Fax No. |

Address: 11775 84th Ave N
SEMINOLE, FL 33772

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.

****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>M. JOE KEIFER</u> | <u>M. Joe Keifer</u> |
| Print Name | Signature |
| <u>OWNER.</u> | <u>5/26/04</u> |
| Title | Date |
| <u>OWNER 727 393 3235</u> | <u>727 397 4196</u> |
| Telephone No. | Fax No. |
| Address: <u>11775 84th Ave N</u> | |
| <u>Seminole, FL 33772</u> | |
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