

ORIGINAL

State of Florida




Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

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COMMISSION
CLERK

DATE: July 14, 2004 

TO: Blanca S. Bayó, Commission Clerk and Administrative Services Director

FROM: Toni J. McCoy, Regulatory Analyst II, Division of Competitive Markets & Enforcement

RE: Revise CASR Title for Docket No. 040638-TC

Please add this replacement PATS application to the above docket file.

See documentation attached.

Please call if you have any questions. I can be reached at 413-6532.

Thank you.

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

07681 JUL 15 3

FPSC-COMMISSION CLERK



HOTEL & SUITES

7/9/04

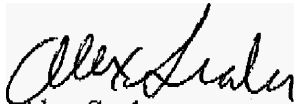
To : Public Service Commission
ATTN : Toni McCoy

Toni,

I've completed the application to the best of my knowledge.

Please let me know if there's anything else you need!

Thanks for all your help.


Alex Scala
GM

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

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

SELA Hotel Group LLC

3. Official mailing address:

Street: 10826 US 19 W

P.O. Box:

City: Port Richey

State: FL Zip: 34668

4. Florida address:

Street: SAME AS ABOVE

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:

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: N/A

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: 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: Alex SALA

Title: General Manager

Address: 10926 US 19 N

City/State/Zip: Port Richey FL 34669

Telephone No.: 727 861 9999 Fax No.: 727 861 0941

Internet E-Mail Address: HolidayExpress@AOL.COM

Internet Website Address: _____

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: _____

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 NO

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 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.

N/A NO

15. List other states in which the applicant:

- a. Is currently providing pay telephone service. N/A
- b. Has applications pending to be certified as a pay telephone provider. N/A
- 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. N/A

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:

<u>Alex SCALA</u>	<u>Alex Scala</u>
Print Name	Signature
<u>General Manager</u>	<u>7/14/04</u>
Title	Date
<u>727-869-9999</u>	<u>727-861-0941</u>
Telephone No.	Fax No.
<u>Address: 10826 US Hwy 19 N</u>	
<u>Port Richey FL 34668</u>	
<u> </u>	
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****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>Alex SCALA</u>	<u>Alex Scala</u>
Print Name	Signature
<u>General Manager</u>	<u>7/14/04</u>
Title	Date
<u>727-869-9999</u>	<u>727-861-0941</u>
Telephone No.	Fax No.
<u>10826 US Hwy 19 N</u>	
<u>Port Richey FL 34668</u>	
Address:	

****APPLICANT ACKNOWLEDGMENT****

Applicant: Alex Scala

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

Print Name: Alex Scala Signature: Alex Scala

Title: General Manager Date: 6/22/04

Telephone No. 727-869-9999 Fax No. 727-861-0941

Address: 10826 US Hwy 19w
Port Richey FL 34668

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.