



# Public Service Commission

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

DATE: May 24, 1996  
 TO: LINDA A. WILLIAMS, DIVISION OF RECORDS & REPORTING  
 FROM: BRENDA H. HAWKINS, DIVISION OF COMMUNICATIONS *BHH*  
 RE: DOCKET #960528-TC

PLEASE CHANGE THE DOCKET TITLE FROM:

APPLICATION FOR CERTIFICATE TO PROVIDE PAY TELEPHONE  
 SERVICE BY KAUFMAN'S VENDING VARIETIES

TO:

APPLICATION FOR CERTIFICATE TO PROVIDE TELEPHONE SERVICE BY  
 CHARLES KAUFMAN.

RECORD #1769

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC 1
- WAS \_\_\_\_\_
- OTH Nonnye

DOCUMENT NUMBER-DATE

05871 MAY 28 1996

FPSC-RECORDS/REPORTING

5-17-96

Dear Brenda:

#960528-TC



Please change my  
Company name to Charles F. Kaufman

Thank you!

Charles Kaufman  
Chuck Kaufman

960528-TZ

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

RECEIVED  
APR 24 8 09 AM '96  
ADMINISTRATION  
MAIL ROOM

1. LEGAL NAME OF THE APPLICANT

Charles Frederick Kaufman

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Kaufman's Vending Varieties

3. ADDRESS OF THE APPLICANT(S)

STREET 13960 104<sup>th</sup> Aven.

CITY Largo, FL

STATE & ZIP 34644

DEPOSIT TREAS. REC. DATE  
0313 74.400 APR 25 '96

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:  
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Charles Frederick Kaufman  
TITLE: Owner  
PHONE: (813) 595-2245

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

No

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/A

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

N/A Brand new business

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

Yes - Florida

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

N/A Brand new business



I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

  
\_\_\_\_\_  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 4-18-96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Charles Frederick Kaufman

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

Signature Charles F. Kaufman

Title OWNER

Date 4-18-96

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

RECEIVED  
APR 24 8 03 AM '96  
960528-K  
ADMINISTRATION  
MAIL ROOM

- 1. LEGAL NAME OF THE APPLICANT  
Charles Frederick Kaufman
- 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS  
Kaufman's Vending Varieties
- 3. ADDRESS OF THE APPLICANT(S)  
STREET 13960 104<sup>th</sup> Ave. N.  
CITY Largo, FL  
STATE & ZIP 31644

POST TRES. REC. DATE  
APR 25 '96

- 4. TYPE OF ORGANIZATION (CHECK ONE)
  - A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.  (3699)

DOCUMENTATION: No other documentation needed.

- B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

- C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the state of incorporation. If applicant has authority to do business in Florida, attach proof of Florida Registration.

NAME

*Branda -  
No documentation  
provided for name.*

CHARLES KAUFMAN  
MICHELE KAUFMAN  
13960 104<sup>th</sup> AVE N  
LARGO FL 34644  
9043091356690

PAY TO THE ORDER OF

Florida Pre  
One hundred +00

**AmSouth**  
AmSouth Bank  
Headquarters Birmingham, AL 35288

For Charles Kaufman

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DOCUMENT 1  
04701  
FPSC-RECORDS/REPORTING

Commissioners:  
SUSAN F. CLARK, CHAIRMAN  
J. TERRY DEASON  
JULIA L. JOHNSON  
DIANE K. KIESLING  
JOE GARCIA



DIVISION OF RECORDS &  
REPORTING  
BLANCA S. BAYO  
DIRECTOR  
(904) 413-6770

## Public Service Commission

April 25, 1996

Mr. Charles F. Kaufman  
c/o Kaufman's Vending Varieties  
13960 104th Avenue, North  
Largo, Florida 34644

Re: Docket No. 960528-TC

Dear Mr. Kaufman:

This will acknowledge receipt of an application for certificate to provide pay telephone service, by Kaufman's Vending Varieties, which was filed in this office on April 24, 1996 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Sincerely,

  
Matilda A. Sanders  
Senior Clerk