

DEPOSIT DATE
D009 SEP 21 1998

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

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

96
981159 TC

APPLICATION FORM
for
AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

- A. This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgement Card, and a non-refundable application fee of \$100.00 to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

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

Florida Public Service Commission
Division of Communications
Bureau of Certification and Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

FORM PSC/CMU 32 (8/98)
Required by Commission Rule Nos. 25-24.510 and 25-24.511

DOCUMENT NUMBER-DATE

10409 SEP 21 98

REC-RECORDS/REPORTING

1. Name of company;
 Maria Ambrose
2. Name under which applicant will do business (fictitious name, etc.):
 Maria Ambrose
3. Official mailing address (including street name & number, post office box, city, state, and zip code).
 11490 Beacon Pointe Lane
 Wellington, FL 33414
4. Florida address (including street name & number, post office box, city, state, and zip code):
 11490 Beacon Pointe Lane
 Wellington, FL 33414
5. Structure of organization;
 Individual () Corporation
 General Partnership () Limited Partnership
 Other, _____
6. If incorporated in Florida, provide proof of authority to operate in Florida:
 (a) Florida Secretary of State Corporate registration number: _____
7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:
 (a) Florida Fictitious Name registration number: _____
8. FEID Number (if applicable): N/A

9. If individual, provide;

Name : Maria Ambrose
Title : owner
Address: 11490 Beacon Pointe Lane
City/State/Zip: Wellington, FL 33414
Telephone No.: 561-792-9745 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

10. If applicant is a 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: _____

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 : Maria Ambrose
Title : Owner
Address: 11490 Beacon Pointe Lane
City/State/Zip: Wellington, FL 33411
Telephone No.: (561) 792-9745 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

(b) Official Point of Contact for the ongoing operations of the company:

Name : Maria Ambrose
Title : Owner
Address: 11490 Beacon Pointe Lane
City/State/Zip: Wellington, FL 33414
Telephone No.: (561) 792-9745 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name : Maria Ambrose
Title : Owner
Address: 11490 Beacon Pointe Lane
City/State/Zip: Wellington, FL 33414
Telephone No.: (561) 792-9745 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, director, 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

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, 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 the states in which the applicant:

a. is currently providing pay telephone service:

NONE

b. has applications pending to be certificated as a pay telephone provider:

YES

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

NO

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

NO

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

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe)

Telephone Services

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 6

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 pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.) Yes () No

Explain:

Will not block any
access number calls

20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.8 of the American National Standard Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.).

Yes () No

**** APPLICANT ACKNOWLEDGEMENT STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .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. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

Maura Ambros 7/16/98
Signature Date
owner 561-712-9745
Title Telephone No.
Address: 11490 Beacon Pointe Ln
Wellington, FL Fax No.
33414

ATTACHMENTS:

- A - Affidavit
- B - Applicant Acknowledgment

**** APPENDIX A ****

AFFIDAVIT

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, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names or 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:

Signature: Maria Ambrose

Date: 9/14/14

Printed Name: Maria Ambrose

Title: Owner

Address: 11490 Beacon Pointe

Wellington, FL
33414

Fax No.

**** APPENDIX B ****

APPLICANT ACKNOWLEDGMENT

Applicant: Maria Ambrose

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

Signature: Maria Ambrose Date: 1/11/01

Printed Name: Maria Ambrose

Title: owner

Address: 11490 Beacon Parkway Tel. No. 954-772-1101
Wilmington, FL Fax No. _____
33414

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.

