

TriTel, Inc.
P. O. Box 934691
Margate, FL 33093

RECEIVED

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ADMINISTRATION
MAIL ROOM

November 9, 1998

Mr. Louis J. Yambor
Regulatory Analyst
Bureau of Service Evaluation
Public Service Commission
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: 225166'

Dear Mr. Yambor:

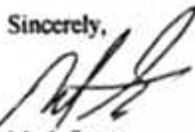
We received your letter, dated October 29, 1998, which asserts that TriTel, Inc. is operating as a pay telephone company within the State of Florida. TriTel, Inc. does not operate pay telephones, but owns the pay telephone equipment and the lease agreements. The pay telephones are operated by MDS Payphone, a licensed provider since 1992 (Certificate No. 3250).

We also received the enclosed Application Form for Authority to Provide Pay Telephone Service within the State of Florida. As a courtesy to the Commission, we have completed the application and are returning it to you along with this response.

If you have any questions, please write to me at:

Mr. Mark Stone
Secretary
TriTel, Inc.
P. O. Box 934691
Margate, FL 33093

Sincerely,



Mark Stone
Secretary

DOCUMENT NUMBER-DATE

12703 NOV 12 98

FPSC-RECORDS/REPORTING

original
981592-TC

APPLICATION

DEPOSIT

DATE

DOS2 #

NOV 12 1998

1. Name of company;

TelTEL INC.

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

NONE

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

P.O. BOX 934691
INARGATE, FL 33093

4. Florida address (including street name & number, post office box, city, state, and zip code):

—

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: P97000037241

DOCUMENT NUMBER-DATE
12703 NOV 12 98
FPSC-RECORDS/REPORTING

APPLICATION

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. F. E. I. Number (if applicable): P/A _____

9. If individual, provide;

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ 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.: _____

APPLICATION

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: _____

1. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Mark Stone

Title: ~~Secretary~~ Secretary

Address: P.O. BOX 934691

City/State/Zip: ~~MAOGATE~~ MAOGATE, FL 33093

Telephone No.: 305 962-6688 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

APPLICATION

Name: Mark Stov E
Title: ~~Mark~~ Secretary
Address: P.O. BOX 934691
City/State/Zip: Margate, FL 33093
Telephone No.: 305 962-6688 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Mark Toitel, INC.
Title: _____
Address: P.O. BOX 934691
City/State/Zip: Margate, FL 33093
Telephone No.: 305 962-6688 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.

None

APPLICATION

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.

YES, MOS PAYPHONE

15. List the states in which the applicant:

a. Is currently providing pay telephone service:

~~FLORIDA~~ NONE.

APPLICATION

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

NO

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)

APPLICATION

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 2100

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

PERSONALLY	<input type="checkbox"/>
FULL-TIME TECHNICIAN	<input type="checkbox"/>
PART-TIME TECHNICIAN	<input type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

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: _____

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:

[Signature], Secretary
Signature

11/09/98

Date

Secretary
Title

(305) 962-6168
Telephone No.

Address: P.O. Box 9346A1
Margate, FL 33093

Fax No. N/A

ATTACHMENTS:

- A - Affidavit
- B - Applicant Acknowledgment

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:

M. Stone, Secretary

Date

11/9/98

Printed Name:

Mark Stone

Title:

Secretary

Fax No.

N/A

Address:

*P.O. Box 934691
Margate, FL 33093*

APPLICANT ACKNOWLEDGEMENT

Applicant: TriTel, Inc.

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

Signature: *MS* Secretary Date: 11/9/98

Printed Name: Mark Stone

Title: Secretary

Address: P.O. Box 934691

Margate, FL 33093

Telephone No. (305) 962-6688

Fax No. N/A

THIS ACKNOWLEDGEMENT FORM 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.