

DEPOSIT

DATE

D040

DEC 04 1998

APPLICATION

981810-TC

1. Name of company:

FAGUN ENTERPRISES INC.

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

COIN C WASH

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

3101 N. HWY. 19 A
MOUNT DORA
FLORIDA - 32757

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

3101 N. HWY 19 A
MOUNT DORA
FLORIDA - 32757

5. Structure of organization:

() Individual

(x) 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: 98258900115

DOCUMENT NUMBER-DATE

13694 DEC-4 98

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: G98258900115

8. **F. E. I. Number** (if applicable): _____

9. **If individual**, provide: N.A.

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement. N.A.

(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: SAM MAMDANI

Title: Manager

Address: 3101 N. HWY 19

City/State/Zip: MT. DORA FLORIDA 32757

Telephone No.: (352) 735 3494 Fax No.: (352) 735 4999

Internet E-Mail Address: _____

Internet Website Address: _____

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

Name: SAM MAMDANI

APPLICATION

Title: Manager

Address: 3101 N. HWY 19A.

City/State/Zip: MT. DORA FLORIDA 32757

Telephone No.: (352) 735-3494 Fax No.: (352) 735-3494

Internet E-Mail Address: —

Internet Website Address: —

(c) Complaints/Inquiries from customers:

Name: SAM MANDANI

Title: Manager

Address: 3101 N. HWY 19A.

City/State/Zip: MT DORA FLORIDA 32757

Telephone No.: (352) 735-3494 Fax No.: (352) 735-4994

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

N/A.

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, 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.

No

15. List other 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.

None

APPLICATION

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

None

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

None

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: 10

APPLICATION

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: _____

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(13), F.A.C.).

Yes () No

**** APPLICANT FEE/TAX 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:

S. A. Mandarin
Signature

11-30-98
Date

President
Title

(352) 735 3494
Telephone No.

Address: 3101 N. HWY 19A.
MOUNT DORA -
FLORIDA 32757

Fax No. (352) 735 4999

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:

Sam M. Mamdani 11-30-98
Signature: SADRUDDIN (SAM) MAMDANI Date
PRESIDENT 352 (735) 4994
Title: 3101 N. HWY 19 A. Fax No.
MOUNT DORA
FLORIDA 32757

APPLICANT ACKNOWLEDGMENT

Applicant: SAM MAMDANI
President FAGUN ENTERPRISES 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: S. MAMDANI Date: 11-30-98

Printed Name: SADRUDDIN (SAM) MAMDANI

Title: President, Manager. Fagun Enterprises Inc.

Address: 3101 N. HWY 19A
MOUNT DORA.
FLORIDA 32757

Telephone No. 352 735 3494

Fax No. 352 735 4999

THIS ACKNOWLEDGMENT 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.

APPLICATION

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

DIVISION OF COMMUNICATIONS **BUREAU OF SERVICE EVALUATION**

APPLICATION FORM for **AUTHORITY TO PROVIDE (PATs)** **PAY TELEPHONE SERVICE** **WITHIN THE STATE OF FLORIDA**

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
98 DEC -3 AM 9 40
MAIL ROOM

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 and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgment 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

- ◆ 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

DEPOSIT

DATE

D040

DEC 04 1998

APPLICATION

1. Name of company:

FAGUN ENTERPRISES INC.

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

COIN 'O' WASH


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

3101 N. HWY. 19 A.
MOUNT DORA
FLORIDA - 32757

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

3101 N. HWY 19 A.
MOUNT DORA
FLORIDA - 32757.

5. Structure of organization:

FAGUN ENTERPRISES, INC. 10/98		63-431/631	1003
COIN 'O' WASH		30103956	DATE 11-30-98
3101 N. HWY. 19A			
MOUNT DORA, FL 32757			
TO THE ORDER OF Florida P.S.C. Div of Records & Reports \$ 100.00			
One hundred & 00/100 DOLLARS			
 THE FIRST NATIONAL BANK <small>OF MOUNT DORA</small> <small>TRI-CITY BRANCH</small> <small>Post Office Box 96, Mount Dora, FL 32757</small>			
MEMO			

S. M. Mandan

Partnership

State in Florida:

Number: 62 98258900115

DOCUMENT NUMBER-DATE

13694 DEC-4 98

FISC-RECORDS/REPORTING