

DEPOSIT
D042

DATE
DEC 07 1998 APPLICATION

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

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

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

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 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

- ◆ 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

APPLICATION

1. Name of company;

Koontz Communications

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

Koontz Communications

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

17459 SW 21 CT
MIRAMON, FL 33029

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

SAME AS ABOVE

5. Structure of organization:

Individual
 General Partnership
 Other, _____

Corporation
 Limited Partnership

6. **If incorporated in Florida**, provide proof of authority to operate in Florida:

(a) **Florida Secretary of State Corporate registration number:** _____

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: N/A

8. **F. E. I. Number** (if applicable): N/A

9. **If individual**, provide;

Name: JACK KOONTZ

Title: OWNER

Address: 17459 SW 21 CT

City/State/Zip: M. RAMAR FL 33029

Telephone No.: (954) 450-1544 Fax No.: (305) 870-7970

Internet E-Mail Address: N/A

Internet Website Address: N/A

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: N/A

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: JACK KOONTZ

Title: OWNER

Address: 17459 SW 21st

City/State/Zip: MIRAMAR FL 33029

Telephone No.: (954) 450-1544 Fax No.: N/A

Internet E-Mail Address: N/A

Internet Website Address: N/A

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

APPLICATION

Name: JACK KOONTZ
Title: owner
Address: 17459 S.W. 21st
City/State/Zip: MIRAMON FL 33029
Telephone No.: (954) 450-1544 Fax No.: n/a
Internet E-Mail Address: n/a
Internet Website Address: n/a

(c) Complaints/Inquiries from customers:

Name: JACK KOONTZ
Title: owner
Address: 17459 S.W. 21st
City/State/Zip: MIRAMON FL 33029
Telephone No.: (954) 450-1544 Fax No.: n/a
Internet E-Mail Address: n/a
Internet Website Address: n/a

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.

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, 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:

~~FLORIDA~~ *NONE*

APPLICATION

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

NONE

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)

APPLICATION

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 12

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(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 *Jal KA* Date 11-16-98

Title OWNER Telephone No. (954) 458 1544

Address: 17459 SW 21st
MIRAMON, FL 33079

Fax No. _____

- ATTACHMENTS:**
- A - Affidavit
 - B - Applicant Acknowledgment

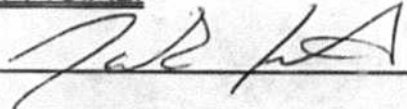
AFFIDAVIT

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:  Date 11-16-18

Printed Name: JACK KOONTZ

Title: OWNER

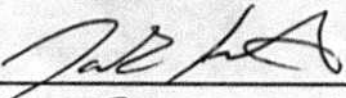
Fax No. _____

Address: 17459 SW 21st
MIRAMAR FL 33029

APPLICANT ACKNOWLEDGEMENT

Applicant: JACK KOONTZ (KOONTZ COMMUNICATIONS)

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

Signature:  Date: 11-16-98

Printed Name: JACK KOONTZ

Title: OWNER

Address: 17459 S.W. 21ST
MIRAMAR, FL 33029

Telephone No. (954) 450-1544

Fax No. _____

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.

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DOCUMENT NUMBER - DATE
13714 DEC-7 98
FPSC-RECORDS/REPORTING

Friendship Hits the Spot

63-8413/2670

850

Jack S. Koontz
Elbita Koontz
17439 SW. 21 Ct.
Miramar, FL 33029

Date 12.4.98

Pay to the order of Florida Public Service Commission 100.00

one hundred and 00/100 DOLLARS

WASHINGTON MUTUAL BANK, FA
2200 MIAMI LAKES FINANCIAL CENTER 1795
1400 S.W. 67TH AVE
MIAMI LAKES, FL 33014
1-800-988-7000
24 HOUR CUSTOMER SERVICE

For Jack Koontz

Elbita Koontz

RECEIVED
FLORIDA PUBLIC SERVICE COMMISSION
SERVICES DIVISION
MAIL ROOM
DEC 7 1998
9 18