

DEPOSIT DATE
APPLICATION D057 JAN 07 1999

1. Name of company: Allied Payphone Services 990024TC

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

3. Official mailing address (including street name & number, post office box, city, state, and zip code).
3321 Orange Blossom Ct.
Palm Beach Gardens, FL. 33410

4. Florida address (including street name & number, post office box, city, state, and zip code):
3321 Orange Blossom Ct.
Palm Beach Gardens, FL. 33410

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:** _____

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: G98355000038

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

9. **If individual**, provide:

Name: Manuel Lores, Jr.

Title: Proprietor (sole)

Address: 3321 Orange Blossom Ct.

City/State/Zip: Palm Beach Gardens, FL. 33410

Telephone No. (561) 775 3640 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.

(a.) Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

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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: Manuel Lores, Jr.

Title: Sole Proprietor

Address: 3321 Orange Blossom Ct.

City/State/Zip: Palm Beach Gardens, FL. 33410

Telephone No.: (561) 775-3640 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

Name: Manuel Lores, Jr.

APPLICATION

Title: Sole Proprietor

Address: 3321 Orange Blossom Ct.

City/State/Zip: Palm Beach Gardens, FL. 33410

Telephone No.: (561) 775-3640 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Manuel Lores, Jr.

Title: Sole Proprietor

Address: 3321 Orange Blossom Ct.

City/State/Zip: Palm Beach Gardens, FL. 33410

Telephone No.: (561) 775-3640 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

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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.

NONE

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.

NONE

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.

NO

APPLICATION

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	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input checked="" type="checkbox"/>
CREDIT CARD	<input type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

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	<input checked="" 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: _____

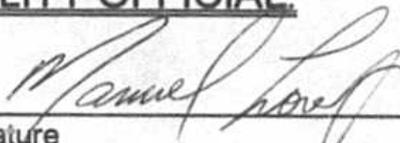
20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.8 of the American National Standard Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS)(See Rule 25-24.515(13), F.A.C.).

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:

	
Signature	Date
<u>Sole Proprietor</u>	<u>11/4/99</u>
Title	Telephone No.
	<u>(561) 775-3640</u>

Address: 3321 Orange Blossom Ct.
Palm Beach Gardens, FL 33410

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: *Manuel Lores, Jr.* Date: 11/4/99

Printed Name: Manuel Lores, Jr

Title: Sole Proprietor (owner) Fax No. _____

Address: 3321 Orange Blossom Ct.
Palm Beach Gardens, FL 33410

APPLICANT ACKNOWLEDGMENT

Applicant: Manuel Lores, Jr.

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

Signature: Manuel Lf. Date: 1/4/99

Printed Name: Manuel Lores, Jr.

Title: Sole Proprietor (owner)

Address: 3321 Orange Blossom Ct.
Palm Beach Gardens, FL. 33410

Telephone No. (561) 775-3640

Fax No. _____

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.



RECEIVED
FLORIDA DEPARTMENT OF
SERVICE COMMISSION

99 JAN -7 AM 8 57

MAIL ROOM

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 22, 1998

ALLIED PAYPHONE SERVICES
3321 ORANGE BLOSSOM CT
PALM BEACH GARDENS, FL 33410

Subject: **ALLIED PAYPHONE SERVICES**

REGISTRATION NUMBER: **G98355000038**

This will acknowledge the filing of the above fictitious name registration which was registered on December 21, 1998. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

Fictitious Name Section
Division of Corporations

Letter No. 798A00060118