

DEPOSIT
D070

DATE
JAN 26 1999

99 JAN 26 11 17 19
MAIL ROOM

APPLICATION

1 Name of company:

990095-TC

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

Martha C. Pelletier

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

P.O. Box 650577

Miami FL 33265-0577

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

P.O. Box 650577

Miami FL 33265-0577

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: _____

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

9. If individual, provide:

Name: MARTHA C. PELLETIER

Title: OWNER

Address: P.O. Box 660577

City/State/Zip: Miami FL 33265-0577

Telephone No.: 305-3444112 Fax No.: — 0 —

Internet E-Mail Address: — 0 —

Internet Website Address: — 0 —

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.: _____

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: Martha C. Pelletier

Title: owner

Address: P.O. Box 650577

City/State/Zip: Miami FL 33265-0577

Telephone No.: 305-344-4112 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

Name: Martha C. Pelletier

APPLICATION

Title: OWNER

Address: P.O. Box 650577

City/State/Zip: Miami FL 33265-0577

Telephone No.: 305-344-4112 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers.

Name: Martha C. PELLETIER

Title: OWNER

Address: P.O. Box 650577

City/State/Zip: Miami FL 33265-0577

Telephone No.: 305-344-4112 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.

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.

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.

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

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

APPLICATION

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

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

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 checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: one Hundred (100) more or less

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:

X Maithra S. Pelletier 01-01-99
Signature Date

owner 305-207-1632
Title Telephone No

Address: P.O. BOX 650577
Miami FL 33265-0577

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:

X Martha C. Pelletier
Signature:

01-01-99
Date

Martha C. PELLETIER
Printed Name:

owner
Title:

Fax No.

Address:

P.O. Box 650577
Miami FL 33265-0577

****APPENDIX B****

APPLICANT ACKNOWLEDGMENT

Applicant: MARTHA C. PELLETIER

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

Signature: X Martha C. Pelletier Date: 01-01-99

Printed Name: MARTHA C. PELLETIER

Title: OWNER

Address: _____

P.O. Box 650577

Miami FL 33265-0577

Telephone No. 305-344-4112

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.

DEPOSIT
D070

DATE
JAN 26 1999

99 JAN 26 AM 10:19
MAIL ROOM

APPLICATION

1 Name of company:

990095-TC

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

Martha C. Pelletier

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

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Miami FL 33265-0577

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

P.O. Box 650577
Miami FL 33265-0577

5 Structure of organization:

MARTHA C. PELLETIER
JAVIER PELLETIER
PH. 305-207-1832
12791 S W 8 TERR
MIAMI, FL 33184

63-8413/2670
1923444169

106

DATE Jan 21-1999

PAY TO THE ORDER OF Florida Public Service Commission \$ 100.00

One hundred

DOLLARS

Washington Mutual

Washington Mutual Bank, FA
Atlantic Americas Financial Center 1720
2200 S.W. 20th Street
Miami, FL 33175

1-800-188-7000
24 hour Customer Service

NOTES

Original Telephone

Martha Pelletier

Partnership

State in Florida:

Number: DOCUMENT NUMBER-DATE

01076 JAN 26 99

FPSC - RECORDS/REPORTING