

99 JAN 2 13  
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**

990107-TC

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**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

DOCUMENT NUMBER-DATE

 JAN 29 99

FPSC-RECORDS/REPORTING

DEPOSIT  
D074

DATE  
JAN 29 1993  
APPLICATION

1 Name of company:

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

EFRAIN YEPE S

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

14106 US HWY 19  
HUDSON FLORIDA 34667

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

14106 US HWY 19  
HUDSON FLORIDA 34667

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: N/A  
DOCUMENT NUMBER-DATE

# 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): 59 -

9. If individual, provide:

Name: EFRAIN YEPE S

Title: OWNER

Address: 14106 US HWY 19

City/State/Zip: HUDSON FL 34667

Telephone No.: 727-942-4266 Fax No.: 727-

Internet E-Mail Address: efybel@gte.net

Internet Website Address: N/A

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

(a) Name: N/A

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

# APPLICATION

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(b) Name: N/A

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: EFRAIN YEPES

Title: OWNER

Address: 14106 US HWY 19

City/State/Zip: HUDSON FL 34667

Telephone No.: (727) 942-4266 Fax No.: (727) 942-0668

Internet E-Mail Address: efybel@gte.net

Internet Website Address: N/A

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

Name: EFRAIN YEPES

APPLICATION

Title: Owner

Address: 14106 US 19

City/State/Zip: HUDSON FL 34667

Telephone No.: 727 942-4266 Fax No.: 727-942 0668

Internet E-Mail Address: efybel@gte.net

Internet Website Address: N/A

(c) Complaints/Inquiries from customers

Name: Efrain Yopes

Title: owner

Address: 14106 US 19

City/State/Zip: HUDSON FL 34667

Telephone No.: 727 942-4266 Fax No.: 727-942 0668

Internet E-Mail Address: efybel@gte.net

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.

NO.

## 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.

ONLY this Application in Florida.

# 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
- 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: 3 +

# 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: \_\_\_\_\_

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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

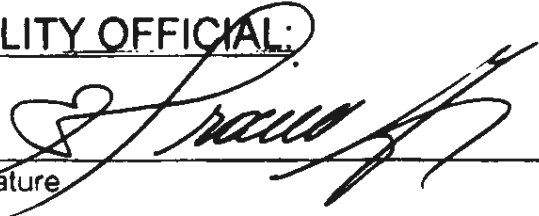


**\*\* APPLICANT FEE/TAX STATEMENT \*\***

- 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

01/27/1999

owner

Title

(727) 942-4266

Telephone No

Address

14106 US HWY 19  
HUDSON FL 34667

Fax No.

(727) 942-0668

**ATTACHMENTS**

A - Affidavit

B - Applicant Acknowledgment

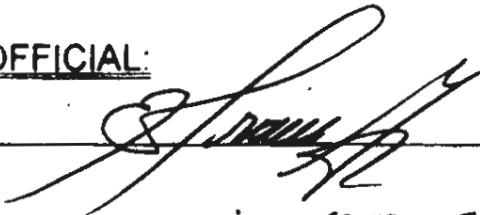
**AFFIDAVIT**

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: 01/27/1998  
EFRAIN YEBES

Printed Name: owner Title: \_\_\_\_\_ Fax No: 727-942-0668

Address: 14106 US HWY 19  
HUDSON FL 34667

**\*\*APPENDIX B\*\***

**APPLICANT ACKNOWLEDGMENT**

Applicant: EFRAIN YEPES

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 01/27/1999

Printed Name: EFRAIN YEPES

Title: owner

Address: 14106 US 19  
HUDSON FL 34667

Telephone No. (727) 942-4266

Fax No. (727) 942-0668

**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  
D074

DATE  
JAN 29 1993  
APPLICATION

990109-TC

1 Name of company:

\_\_\_\_\_

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

EFRAIN YEPE S

\_\_\_\_\_

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

14106 US HWY 19

HUDSON FLORIDA 34667

\_\_\_\_\_

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

14106 US HWY 19

HUDSON FLORIDA 34667

\_\_\_\_\_

5 Structure of organization:

BUY AND SAVE PLAZA  
MOBIL HUDSON  
2715 US HIGHWAY 19  
HOLIDAY, FL 34091-3000

1033  
DATE JAN 27 1994

PAY TO THE ORDER OF FL. PUBLIC SERVICE COMMISSION \$ 100.00  
ONE HUNDRED DOLLARS NO/100 DOLLARS

Washington National Bank  
Orlando, Florida 32802

MEMO APPLICATION FEE

tion  
Partnership

rate in Florida:  
number: N/A

DOCUMENT NUMBER - DATE

01189 JAN 29 86