

PAYPHONE COMMUNICATIONS, INC.

22529 Meridiana Drive

Boca Raton, FL 33433

Telephone: 561-750-7777

Fax: 561-391-6101

February 2, 1999

**Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0800**

DEPOSIT

DATE

D082

FEB 04 1999

990123-7C

Gentlemen:

**Enclosed, please find an original and 2 copies of Application to operate payphones,
signed Applicant Acknowledgement Card and check to your order in the sum of
\$100.00**

Thank you.

Very truly yours,

PAYPHONE COMMUNICATIONS, INC.

(TCI)

Evelyn J. Mayblum Secy/Treas

Evelyn J. Mayblum, Secy/Treasurer

EJM/es

Enc.

MAIL ROOM

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DOCUMENT NUMBER-DATE

01111 FEB-4 99

FPSC-RECORDS/REPORTING

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**

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

~~25-24-810~~ FEB-4 8

FPSC-RECORDS/REPORTING

APPLICATION

1. Name of company:

PAYPHONE COMMUNICATIONS, INC

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

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

22529 Meridiana Dr.
BOCA RATON, FL 33433

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

22529 Meridiana Dr.
BOCA RATON, FL 33433

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: _____

P9900000 9512

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: _____

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.

(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: Gerald Stein

Title: Resident

Address: 7860 Seville Pl. #2202

City/State/Zip: Boca Raton, FL 33433

Telephone No.: 561-750-0399 Fax No.: 561-391-6101

Internet E-Mail Address: N/A

Internet Website Address: N/A

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

Name: Evelyn J. Mayblum

APPLICATION

Title: Sec/Treas
Address: 22529 Meridiana Dr.
City/State/Zip: BOCA RATON, FL 33433
Telephone No.: 561-391-6707 Fax No.: 561-391-6101
Internet E-Mail Address: Telsave@email.msn.com
Internet Website Address: N/A

(c) Complaints/Inquiries from customers:

Name: Gerald Stein
Title: Pres
Address: 2860 Seville Pl. #2202
City/State/Zip: BOCA RATON, FL 33433
Telephone No.: 561-750-0399 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.

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.

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
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe)

-
-
-
-
-
-

Prepaid Calling Card.

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 11

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 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:

Gerald Stein 2/2/99
Signature Date
President 561-780-0399
Title Telephone No.

Address: Gerald Stein
2860 Seville Pl #2202
Boca Raton, FL 33433

Fax No. 561-391-6101

- 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:

Gerald Stein

Signature:

2/2/99
Date

Gerald Stein

Printed Name:

President

Title:

561-391-6101

Fax No.

Address:

*7860 Seville Pl #2202
Boca Raton, FL 33433*

APPLICANT ACKNOWLEDGMENT

Applicant: PayPhone Communications, 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: 

Date: 2/9/9

Printed Name: Gerald Stein

Title: President

Address: 7860 Seville Pl. #2202
Boca Raton, FL 33433

Telephone No. 561-750-0399

Fax No. 561-391-6101

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.

PAYPHONE COMMUNICATIONS, INC.

22529 Meridiana Drive

Boca Raton, FL 33433

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Fax: 561-391-6101

February 2, 1999

**Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0800**

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D0824 FEB 04 1999

990123-TC

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Thank you.

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PAYPHONE COMMUNICATIONS, INC.**

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Evelyn J. Mayblum Secy/Treas
Evelyn J. Mayblum, Secy/Treasurer

**EJM/es
Enc.**

**EVELYN J. MAYBLUM
22529 MERIDIANA DR.
BOCA RATON, FL 33433**

**GREAT WESTERN BANK
POMPANO BEACH, FL 33068
63-9126/2670
0827212**

2090

PAY TO THE ORDER OF **Public Service Service Commission**

2/2/1999
\$ 100.00
DOCUMENT NUMBER-DA
0144 FEB-4-99
DOLLAR
FPSC-RECORDS/REPORTING

One Hundred and 00/100*****

MEMO **Payphone Communications, Inc.**
Application to operate payphones

Evelyn J. Mayblum
AUTHORIZED SIGNATURE