

DEPOSIT
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DATE
FEB 12 1999

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FLORIDA PUBLIC SERVICE COMMISSION
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APPLICATION MAIL ROOM

**** 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

990171-TC

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 Communicator s
Bureau of Certification and Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

DOCUMENT NUMBER-DATE

01878 FEB 12 99

FPSC-RECORDS/REPORTING

APPLICATION

1. Name of company:

NEW YORK COIN TELEPHONE

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).

43 MARKET STREET

POUGHKEEPSIE, NEW YORK 12601

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

4150 KIDRON ROAD

LAKELAND, FLORIDA 33811

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:** _____

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FPSC-RECORDS/REPORTING

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: SUZANNE GALANOS

Title: OWNER

Address: 43 MARKET STREET

City/State/Zip: POUGHKEEPSIE, NEW YORK 12601

Telephone No.: 914-454-2355 Fax No.: 914-471-1892

Internet E-Mail Address: PINB2@COI.COM

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: SAME

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

Name: _____

APPLICATION

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: SALE _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ 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.

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.

NEW YORK
CONNECTICUT

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.

- 0 -

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

- 0 -

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: 150

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	<u><i>Joseph M. Galano</i></u>	Date	<u>2-9-99</u>
Title	<u>OWNER</u>	Telephone No.	<u>914-454-2355</u>

Address: 43 MARKET STREET
POUGHKEEPSIE, NY, 12601

Fax No. 914-471-1892

ATTACHMENTS:
A - Affidavit
B - Applicant Acknowledgment

APPLICANT ACKNOWLEDGMENT

Applicant: NEW YORK COMM TELEPHONE

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

Signature: Suzanne Galanos Date: 2-9-79

Printed Name: SUZANNE GALANOS

Title: OWNER

Address: 43 MARKET STREET
ROSELAND, NEW YORK 12601

Telephone No. 914-454-2355

Fax No. 914-471-1892

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.

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:

Suzanne Galanos
Signature

2-9-99
Date

SUZANNE GALANOS
Printed Name:

OWNER
Title:

914-471-1892
Fax No.

Address: 43 MARKET STREET
POUGHKEEPSIE, NY 12601

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NEW YORK COIN TELEPHONE
43 MARKET ST. PH. 914-454-2355
POUGHKEEPSIE, NY 12601-3207

KEYBANK NATIONAL ASSOCIATION
POUGHKEEPSIE, NEW YORK 12601

2181

CHECK NO. 2181

DATE
2/09/99

AMOUNT
**100.00

One Hundred And 00/100 Dollars***

PAY
TO THE
ORDER

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF RECORDS & REPORTING

VOID AFTER 90 DAYS

[Handwritten Signature]
AUTHORIZED SIGNATURE

Security features. Details on back.