

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date April 21, 1999

Docket No. 990512-TC

1. Division Name/Staff Name Communications/Isler
2. OPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Application of Frederick Zufall for certificate to provide pay telephone service

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

<u>Frederick Zufall</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

- Documentation is attached.
 Documentation will be provided with recommendation.

I:\PSC\RAR\MP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

05201 APR 22 8

FPSC-RECORDS/REPORTING

From: Paula Isler
To: Linda Williams
Subject: fwd: Frederick Zufall

====NOTE=====4/20/99==8:32am=====

This is the application you sent me because the man did not send his \$100 check. I called him and he said he would be sending it. Once it is received, you can go ahead and docket. The man called me back on 4/15, I just forgot to e-mail you and tell you. Thanks.

Fwd=by:=Linda=William=4/20/99==9:53am=====

Fwd to: Paula Isler

.....

Did we send you the original?

Fwd=by:=Paula=Isler===4/20/99=10:33am=====

Fwd to: Linda Williams

.....

Yes. Want me to send it back? Should we advise Admin that he said he would be sending the check? I asked him to write that the check was for an application previously sent in. Of course, whether he does that is another question...

Fwd=by:=Linda=William=4/20/99=10:42am=====

Fwd to: Paula Isler

.....

How about you go ahead and do a req to est dkt for us. Thanks.

Fwd=by:=Paula=Isler===4/20/99=10:43am=====

Fwd to: Linda Williams

.....

Before I do, have you gotten word from Admin that they have received the \$100?

Fwd=by:=Linda=William=4/20/99=10:44am=====

Fwd to: Paula Isler

.....

No maam.

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
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. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form 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 Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

*4/21/99
Valerie Moore, Admin.
called this AM & sd.
that she had rec'd.
the \$100 check.*

APR 26 1999

CMU

1. Name of company or name of individual (not fictitious name or d/b/a):

FREDERICK ZUFALL

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

WILL BE UNITED COMMUNICATION RESOURCES, AS SOON AS THE NAME IS REGISTERED

3. Official mailing address:

Street: 103 EL CAMBA

P.O. Box: _____

City: LAKELAND

State: FL

Zip: 33815-3744

4. Florida address:

Street: 103 EL CAMBA

P.O. Box: _____

City: LAKELAND

State: FL

Zip: 33815-3744

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number: _____

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name
Registration Number: _____

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

9. If individual, provide:

Name: FREDERICK ZUFALL

Title: OWNER

Address: 103 BL CAMBA

City/State/Zip: LAKELAND, FL 33815-3744

Telephone No.: 941-802-5536 Fax No.: _____

Internet E-Mail Address: zufall@ljo.net

Internet Website Address: _____

10. If 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.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: ~~MANAGER~~ FREDERICK ZUFALL
Title: OWNER
Address: 103 EL CAMBA
City/State/Zip: LAKELAND, FL 33815-3784
Telephone No.: 941-802-5536 Fax No.: _____
Internet E-Mail Address: zufall@lj.net
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: FREDERICK ZUFALL
Title: OWNER
Address: 103 EL CAMBA
City/State/Zip: LAKELAND, FL 33815-3744
Telephone No.: 941-802-5536 Fax No.: _____
Internet E-Mail Address: ZUFALL@LJ.NET
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, directors, 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. *NO*

If so, provide explanation: _____

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 certified as a pay telephone provider.

NONE

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

NONE

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

NONE

16. Please check (✓) the services that will be provided:

(✓) LOCAL

(✓) LONG DISTANCE

(✓) COIN

(✓) CALLING CARD

(✓) CREDIT CARD

(✓) OTHER (Describe) 911 FREE

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 10

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 installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

Yes
 No Explain: _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

Yes
 No Explain: _____

APPLICANT FEE/TAX STATEMENT

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 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 the 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:

FREDERICK ZUFALL

Print Name

Frederick Zufall

Signature

OWNER

Title

4-1-99

Date

941-802-5536

Telephone No.

Fax No.

Address:

103 EL CAMISA

LAKELAND, FL 33815-3744

ACKNOWLEDGMENT

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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:

FREDERICK ZUFALL

Print Name

OWNER

Title

941-802-5536

Telephone No.

Address:

103 TEL CAMBA

LAKELAND, FL 33815-3744

Frederick Zufall

Signature

4-1-99

Date

Fax No.

****APPLICANT ACKNOWLEDGMENT****

Applicant: Frederick Zufall

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

FREDERICK ZUFALL
Print Name

Frederick Zufall
Signature

OWNER
Title

4-1-99
Date

941-802-5536
Telephone No.

Fax No.

Address: 103 EL CAMBA

LAKELAND, FL 33815-3744

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

4/15 P. Isler
App. Fee

Frederick Zufall

103 El Camba Lakeland, FL 33815-3744
(941) 802-5536

DEPOSIT

DATE

D 1 2 9

APR 22 1993

April 15, 1999

ATTENTION: Paula Isler

Previously I sent in a form for a Pay Phone Certificate, but I forgot to include the \$100 check. Please find that check inclosed.

Paula Isler has the application.

Frederick Zufall

Frederick Zufall

FREDERICK L. ZUFALL 01-99 63-27/631 FL 1893
 JOYCE I. ZUFALL 1601
 941-802-5536
 103 EL CAMBA MHP
 LAKELAND, FL 33815

4-15-99

\$ 100.00

NationsBank
 National
 ACH NY 063100277

For

AMERICAN SPANDEUR™ 1989

DOCUMENT NO.
 05201-99
 4-22-99

421 P. Isler
App. Fee

Frederick Zufall

103 El Cambo Lakeland, FL 33815-3744
(941) 802-5536

DEPOSIT DATE
D 1 2 9 APR 22 1993

April 15, 1999

ATTENTION: Paula Isler

Previously I sent in a form for a Pay Phone Certificate, but I forgot to include the \$100 check. Please find that check inclosed.

Paula Isler has the application.

Frederick Zufall

Frederick Zufall

99 APR 19 AM 11:39

MAIL ROOM