

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) 413-8600

RECEIVED
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MAIL ROOM
MAY 24 9 34 AM '99

DN 06511-99
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DEPOSIT
D140
APPLICATION

DATE
MAY 24 1999

990669-TC

1. Name of company:

Premium Communication Services, Inc.

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

Premium Communication Services, Inc.

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

4091 Jorguil Cr S.
Palm Bch Gdns, FL 33410

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

4091 Jorguil Cr S
Palm Bch Gdns, FL 33410

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: 99000040958

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): 65-0914351

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: Daniel M Sacca

Title: President

Address: 4091 Jorgueil Cr S

City/State/Zip: Palm Beach Gardens, FL 33410

Telephone No.: (561) 627-0607 Fax No.: (561) 625-2761

Internet E-Mail Address: _____

Internet Website Address: _____

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

Name: Daniel M Sacca

APPLICATION

Title: President

Address: 4091 Jorguil cr S

City/State/Zip: Palm Bch Gdns, FL 33410

Telephone No.: (561) 627-0607 Fax No.: (561) 625-2761

Internet E-Mail Address: _____

Internet Website Address: _____

(c) Complaints/Inquiries from customers.

Name: Daniel M Sacca

Title: President

Address: 4091 Jorguil cr S

City/State/Zip: Palm Bch Gdns, FL 33410

Telephone No.: (561) 627-0607 Fax No.: (561) 625-2761

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.

N/A

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.

N/A

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

N/A NONE

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: 15

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:

	5/21/99
_____ Signature	_____ Date
President	(561) 627-0607
_____ Title	_____ Telephone No

Address: 4091 Jorguil Cr S
Palm Bchs Gardens, FL 33410

Fax No. (561) 625-2761

- 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: [Handwritten Signature] Date: 5/21/99

Printed Name: Daniel M. Sacca

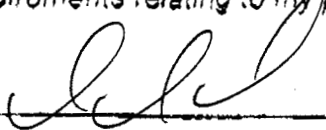
Title: President Fax No: (561) 625-2761

Address: 4091 JONGUET CRES Palm Bch GONS, FL 33410

APPLICANT ACKNOWLEDGMENT

Applicant: Premium Communication Services, Inc.
Daniel M. Sacca, President

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: 5/21/99

Printed Name: Daniel M. Sacca

Title: President

Address: 4091 Jorgueil cr 5
Palm Bch Gdns, FL 33410

Telephone No. (561) 627-0607

Fax No. (561) 625-2761

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

DATE

D140

MAY 24 1999

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Premium Communication Services, Inc.

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4091 Jorguil Cr S
Palm Bch Gdns, FL 33410

5. Structure of organization:

() Individual

(X) Corporation

() General Partnership

Premium Communication Services, Inc.

63-12883
670

DATE 5/21/99

PAY TO THE ORDER OF Florida Public Service Commission

\$ 100.00

One hundred + 00

DOLLARS



FOR Applicant's fee

Signature

DOCUMENT NUMBER-DATE

06511 MAY 24 99

FPSC-RECORDS/REPORTING