

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

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

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**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**

DEPOSIT

DATE

D 1 6 9 9

JUL 1 6 1999

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

Eddy Espinosa

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

Tekcom Pay Phones Services

3. Official mailing address:

Street: 1428619 Beach Blvd #114

P.O. Box: _____

City: JACKSONVILLE

State: FL Zip: 32250

4. Florida address:

Street: _____

P.O. Box: _____

City: _____

State: _____ Zip: _____

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:

699182900128

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

9. If individual, provide:

Name: Eddy Espinosa

Title: President

Address: 14286-19 Beach Blvd # 114

City/State/Zip: Jacksonville FL 32250

Telephone No.: 904-716-2038 Fax No.: _____

Internet E-Mail Address: _____

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: Eddy Espinosa
Title: President
Address: 14286-19 Beach Blvd #114
City/State/Zip: Jacksonville FL 32250
Telephone No.: 904-716-2038 **Fax No.:** _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

Name: Eddy Espinosa
Title: President
Address: 14286-19 Beach Blvd #114
City/State/Zip: Jacksonville FL 32250
Telephone No.: 904-716-2038 **Fax No.:** _____
Internet E-Mail Address: _____
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.

If so, provide explanation: NO; FIRST TIME APPLYING
FOR CERTIFICATE.

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.

FIRST TIME APPLYING FOR
CERTIFICATE.

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.

NO Other

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

NO

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: 20

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****

- 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.
- 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.
- SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
- APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

UTILITY OFFICIAL:

Eddy Espinosa
Print Name

Eddy Espinosa
Signature

President
Title

6-27-99
Date

904-916-2038
Telephone No.

Fax No.

Address: 14286-19 Beach Blvd #114
Jacksonville FL 32250

****APPLICANT ACKNOWLEDGMENT****

Applicant: Eddy Espinosa

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

Eddy Espinosa
Print Name

Eddy Espinosa
Signature

President
Title

6-27-99
Date

1-904-716-2038
Telephone No.

Fax No.

Address: 14286-19 Beach Blvd #114
Jacksonville FL 32250

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.

DEPOSIT

DATE

D169

JUL 16 1999

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

Eddy Espinosa

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

Telcom Pay Phones Services

3. Official mailing address:

Street: 14286-19 Beach Blvd #114

P.O. Box:

City: Jacksonville

State: FL

Zip: 32250

4. Florida address:

Street:

P.O. Box:

City:

State:

Zip:

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

EDDY ESPINOSA 12/98
14286-19 BEACH BLVD 114
JACKSONVILLE, FL 32250
(904) 220-0175

3058

7-14-99 Date

Pay to the order of

Florida Public Service (gross) \$1000

one hundred

Dollars

Security features included. Details on back

SouthTrust Bank Jacksonville, FL

For

Signature of Eddy Espinosa

3058

ate in Florida:

DOCUMENT NUMBER-DATE

08490 JUL 16 99

FPSC-RECORDS/REPORTING