

991375-TC

PAY TELEPHONE SERVICE

This Package Contains

- ✓ **Form PSC/CMU-32 (02/99) - Application Form for Certificate to Provide Pay Telephone Service Within the State of Florida**
- ✓ **Form PSC/CMU-26 (Rev. 4/98) - Pay Telephone Service Provider Regulatory Assessment Fee Return (For Information Use Only)**
- ✓ **Frequently Asked Questions Pay Telephone Service**
- ✓ **Rules Governing Pay Telephone Service**
- ✓ **Form PSC/CMU-2 (02/99) - Request to Block Incoming Calls**
- ✓ **Pay Telephone Service Physically Handicapped Rules ANSI Standards**
- ✓ **Sales and Use Tax and Gross Receipts Tax on Telecommunications (brochure)**
- ✓ **Florida Tax Status on Telecommunications (undated table)**
- ✓ **Municipal Public Service Tax Database**
- ✓ **Application to Collect Tax in Florida (DR-1 R. 11/97)**

RECEIVED

DOCUMENT NUMBER-DATE

SEP 08 1999

10927 SEP 10 8

CMU

FPSC-RECORDS/REPORTING

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

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

3. Official mailing address:
Street: 2 BLYTH CT
P.O. Box: _____
City: PALM COAST
State: FL Zip: 32137

4. Florida address:
Street: SAME
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: N/A

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: _____

N/A

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

N/A (28-00-0067)

DIFFERENT BUSINESS NAME

(MER. VENDING)

9. If individual, provide:

Name: MICHAEL L. FRITCHMAN

Title: OWNER

Address: 2 BLYTH CT,

City/State/Zip: PALM COAST, FL 32137

Telephone No.: 904-447-6880 Fax No.: SAME

Internet E-Mail Address: THORIN@PCFL.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: MICHAEL L. FRITCHMAN
Title: OWNER
Address: 2 BLYTH CT
City/State/Zip: PALM COAST FL 32137
Telephone No.: 904-447-6880 **Fax No.:** SAME
Internet E-Mail Address: THORIN@PCFL.NET
Internet Website Address: _____

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

Name: SAME ↑
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, 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: _____

N/A

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*

N/A

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*

N/A

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

N/A

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) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 60

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:

MICHAEL L. FRITSHMAN
Print Name

Michael L. Fritshman
Signature

OWNER
Title

9-7-99
Date

904-447-6880
Telephone No.

SAME
Fax No.

Address: 2 BLYTH CT.

PALM COAST FL 32137

****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:

MICHAEL L. FRITCHMAN
Print Name

Michael L. Fritch
Signature

OWNER
Title

9-7-99
Date

904-447-6880
Telephone No.

SAME
Fax No.

Address: 2 BLYTH CT
PALM COAST, FL 32137

****APPLICANT ACKNOWLEDGMENT****

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
MAIL ROOM
99 SEP -9 AM 8:23

Applicant: MICHAEL L. FRITCHMAN

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

MICHAEL L. FRITCHMAN
Print Name

Michael L. Fritchman
Signature

OWNER
Title

9-7-99
Date

904-447-6880
Telephone No.

SAME
Fax No.

Address: 2 BLYTH CT
PALM COAST, FL 32137

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
D194

DATE
SEP 10 1999

991375-TL

THIS IS A CHECK
FOR A PACKAGE SET
YESTERDAY ~~FOR~~ APPLY
FOR PAYPHONE CERTIFICATE
PLEASE SEE THAT IT
IS PUT WITH MY APP.
THANK YOU
MICHAEL FRITCHMAN *over*

2 BLYTH CT
PALM COAST, FL
32137

904-447-6880

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
99 SEP 10 AM 8:27
MAIL ROOM

MICHAEL L FRITCHMAN
(904) 447-6880
2 Blyth Ct
Palm Coast, Fl 32137

0124

Date 9-9-99

63-530/631

Pay to the Order of FLORIDA PUBLIC SERVICE

\$ 100.00

one hundred & 00/100

Dollars  Security features included. Details on back.

SUNTRUST

Premium Banking

SunTrust Bank, East Central Florida
Palm Coast Office
Palm Coast, Florida

For CERTIFICATE PAYPHONES

Michael L. Fritchman

0124

CHARLAND 1997

DOCUMENT NUMBER-DATE

10927 SEP 10 99

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