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**PAY TELEPHONE SERVICE**

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SEP 20 1999

**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)**

ABDOL H. POURGHASSEM OR  
LEYLA POURGHASSEM  
954-753-6913  
6059 N.W. 74TH ST.  
PARKLAND, FL 33067-2453

63-4/630 2735

DATE 9/16/99

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION \$ 100<sup>00</sup>

*one hundred* DOLLARS

NationsBank  
NationsBank, N.A.  
5590 WEST SAMPLE ROAD  
MARGATE, FLORIDA 33073

FOR Application Fee for PayPhone *Abdol H. Pourghassem*

R. 11/97)

DOCUMENT NUMBER-DATE

11304 SEP 21 99

FPS-C-RECORDS/REPORTING

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FLORIDA PUBLIC  
SERVICE COMMISSION

99 SEP 20 AM 8 56

MAIL ROOM  
**PAY TELEPHONE SERVICE**

DEPOSIT

DATE

D196

SEP 20 1999

**This Package Contains**

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- ✓ **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)**

DOCUMENT NUMBER-DATE

11304 SEP 21 8

FPSC-RECORDS/REPORTING

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

ABDOL A. POURGHASSEM

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

COMMUNICATIONS

3. Official mailing address:

Street: 6059 N.W. 74<sup>TH</sup> STREET

P.O. Box: \_\_\_\_\_

City: PARKLAND

State: FL Zip: 33067

4. Florida address:

Street: 6059 N.W. 74<sup>TH</sup> STREET

P.O. Box: \_\_\_\_\_

City: PARKLAND

State: FL Zip: 33067

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: \_\_\_\_\_

N/A

8. F.E.I. Number (if applicable): \_\_\_\_\_

N/A

9. If individual, provide:

Name: ABDOL A. POURGHASSEM

Title: OWNER

Address: 6059 N.W. 74~~TH~~ STREET

City/State/Zip: PARKLAND, FL. 33067

Telephone No.: (954) 953-6913 Fax No.: (954) 340-4754

Internet E-Mail Address: DISCTSPORT@AOL

Internet Website Address: \_\_\_\_\_

N/A

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: N/A

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_  
10. Partnership (continued)  
b. Name: N/A  
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: ABDOL A. POURGHASSEM  
Title: OWNER  
Address: 6059 N.W. 74TH STREET  
City/State/Zip: PARKLAND, FL 33067  
Telephone No.: (954) 753-6913 Fax No.: (954) 340-4754  
Internet E-Mail Address: DISCTSPORT @ AOL  
Internet Website Address: N/A

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

Name: ABDOL A. POURGHASSEM  
Title: OWNER  
Address: 6059 N.W. 74TH STREET  
City/State/Zip: PARKLAND, FL 33067  
Telephone No.: (954) 753-6913 Fax No.: (954) 340-4754  
Internet E-Mail Address: DISCTSPORT @ AOL  
Internet Website Address: N/A

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: N/A

NO

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

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.

None  
\_\_\_\_\_  
\_\_\_\_\_

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) 911

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 7

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:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Fax No.

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*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:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Fax No.

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: ABDOL A. POURGHASSEM

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

ABDOL A. POURGHASSEM  
Print Name

Abdol A. Pourghassem  
Signature

OWNER  
Title

9/16/99  
Date

(954) 753-6913  
Telephone No.

(954) 340-4754  
Fax No.

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.**