

PAY TELEPHONE SERVICE

D197

DATE
SEP 23 1999

This Package Contains

991440-TC

- ✓ 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)

DOCUMENT NUMBER-DATE

11494 SEP 23 88

FPSC-RECORDS/REPORTING

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
SEP 23 AM 8:30

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

CASH SERVICES INC.

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

CASH PLUS

3. Official mailing address:

Street: 10274 South US 1

P.O. Box: _____

City: Port St. Lucie FL

State: FL Zip: 34952

4. Florida address:

Street: 10274 South US 1

P.O. Box: _____

City: Port St. Lucie FL

State: FL Zip: 34952

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: P98 000 073147

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:

G98279000113

8. F.E.I. Number (if applicable): 65-0858472

9. If individual, provide:

Name: Thomas L Moser

Title: President

Address: 10274 South US 1

City/State/Zip: Port St. Lucie FL 34952

Telephone No.: 561-398-6100 Fax No.: 561-318-9955

Internet E-Mail Address: TLmoser@bellsouth.net

Internet Website Address: _____

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: NA

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: Thomas L Moser

Title: President

Address: 10274 South US 1

City/State/Zip: PSL FL 34952

Telephone No.: 561 398 6100 Fax No.: 561 398-9955

Internet E-Mail Address: _____

Internet Website Address: _____

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

Name: Thomas L Moser

Title: President

Address: 10274 South US 1

City/State/Zip: PSL FL 34952

Telephone No.: 561-398-6100 Fax No.: 561-398-9955

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

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) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 2

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:

Thomas L Moser
Print Name

Thomas L Moser
Signature

Pres. Int
Title

9-20-99
Date

561 - 398 - 6100
Telephone No.

561 - 398 - 9955
Fax No.

Address: 10274 South 437
PSL FI 34952


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:

<u>Thomas L Mover</u> Print Name	<u></u> Signature
<u>President</u> Title	<u>9-20-99</u> Date
<u>561 398 6100</u> Telephone No.	<u>561 398 - 9955</u> Fax No.
Address: <u>10274</u>	<u>South US 1</u>
<u>PSL</u>	<u>FI 34952</u>

****APPLICANT ACKNOWLEDGMENT****

Applicant: Thomas L Moser
CASH Plus

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

Thomas L Moser
Print Name

Thomas L Moser
Signature

resident
Title

9-20-99
Date

561 398 6100
Telephone No.

561 398 9955
Fax No.

Address: 10274 South US 7
PSL FL 34952

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.

State of Florida



Department of State

I certify from the records of this office that CASH SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on August 21, 1998.

The document number of this corporation is P98000073147.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1998, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code, 698A00044017-082598-P98000073147-1/1, noted below.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-fifth day of August, 1998

Authentication Code: 698A00044017-082598-P98000073147-1/1



CR2EO22 (1-95)

Sandra B. Northam
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 7, 1998

CASH - PLUS
3391 SW ISLES WORTH CIR
PALM, FL 34990

Subject: **CASH - PLUS**

REGISTRATION NUMBER: **G98279000113**

This will acknowledge the filing of the above fictitious name registration which was registered on October 6, 1998. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

Fictitious Name Section
Division of Corporations

Letter No. 998A00050013

PAY TELEPHONE SERVICE

DI 97

DATE
SEP 23 1999

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Securely enhanced document. See back for details.

1275

CASH-PLUS 11-98

10274 S. U.S. 1
PORT ST. LUCIE, FL 34952

DATE 9-20-99

63-515/670
29

PAY TO THE ORDER OF

Florida Public Service Commission

\$ 100.00

one hundred & 00/100

DOLLARS

First National
BANK AND TRUST COMPANY

THE SUPERCOMMUNITY BANK
PORT ST. LUCIE, FLORIDA 34952

DOCUMENT NUMBER-DATE

11494 SEP 23 1999

FOR

Application Fee

⑈001275⑈