

991491-7 Pay Telephone Application

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

INTELE-MANAGEMENT LLC

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

INTELE-MANAGEMENT LLC

3. Official mailing address:

DEPOSIT

DATE

D190

OCT 01 1990

Street: 224 Parnell St.

P.O. Box: _____

City: Merritt Island

State: Florida Zip: 32953

4. Florida address:

Street: 224 Parnell St.

P.O. Box: _____

City: Merritt Island

State: Florida Zip: 32953

5. Structure of organization:

() Individual

() Corporation

() General Partnership

() Limited Partnership

(X) Other: Limited Liability Company

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SERVICE COMMISSION
MAIL ROOM
SEP 28 AM 11:58

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number:

199000004579

(see attached)

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): 59-3588080

9. If individual, provide:

Name: N.A.

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ 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: 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: Scott A Sewall
Title: Manager
Address: 224 Parnell St.
City/State/Zip: Merritt Island, FL 32953
Telephone No.: 407-454-3153 Fax No.: 407-454-4220
Internet E-Mail Address: _____
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including _____nts
and inquiries:
Name: Scott A Sewall
Title: Manager
Address: 224 Parnell St.
City/State/Zip: Merritt Island, FL 32953
Telephone No.: 407-454-3153 Fax No.: 407-454-4220
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: 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.

Active - Payphone Connection Inc Cert. #5607

Canceled - D+S Communications, Inc Cert. #3785

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.

YES

Payphone Connection, Inc
Cert # 5607

I'm the President

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

N. V.

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

N. V.

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

N. V.

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

N. V.

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: 100

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:

Scott A Sewall

Print Name

Manager

Title

407-454-3153

Telephone No.

Scott A Sewall MGR

Signature

9-17-99

Date

407-454-4220

Fax No.

Address:

Intele-Management LLC

224 Parnell St.

Merritt Island, FL 32953

****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:

Scott A Sewall

Print Name

Scott Sewall MGR

Signature

Manager

Title

9-17-99

Date

407-454-3153

Telephone No.

407-454-5220

Fax No.

Address:

Intele-Management LLC
224 Parnell St
Merritt Island, FL 32953

****APPLICANT ACKNOWLEDGMENT****

Applicant: Intele-Management LLC

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

Scott A Sewall
Print Name

Scott Sewall MGR
Signature

Manager
Title

9-17-99
Date

407-454-3153
Telephone No.

407-454-4220
Fax No.

Address: Intele-Management LLC
224 Parnell St.
Merritt Island, FL 32953

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.

991491-TC

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5. Structure of organization:

Individual

Corporation

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THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK CERTIFICATION SEAL ON THE BACK - HOLD AT ANGLE TO VIEW SEAL 6224

PAYPHONE CONNECTION, INC.
OPERATING ACCOUNT
318 TANGERINE AVENUE
MERRITT ISLAND, FL 32953

Wachovia
Wachovia Bank, N.A.
Florida
63-1356/670

9/20/1999

\$ **100.00*

DOLLARS

PAY TO THE ORDER OF

FLORIDA PUBLIC SERVICE COMMISSION

One Hundred and 00/100*****

FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BLVD.
TALLAHASSEE, FL 32399-0850

VOID AFTER 90 DAYS

DOCUMENT NUMBER-DATE

11950 OCT-4 99

Scott A. Sewall

AUTHORIZED SIGNATURE

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈006224⑈