

ORIGINAL

Florida Public Service Commission  
2540 Sumner Oak Boulevard  
Tallahassee, Florida 32399-0885

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

99 OCT 14 AM 8:26

MAIL ROOM

Re: Docket No. 991448-TC

Dear Mrs. Perry:

This application was previously received by the commission. Then sent back to me subsequently due to the possible lack of knowledge on my part of the recent changes regarding the regulations.

yours truly  
Sandel Hurston

- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- MAS \_\_\_\_\_
- OPC \_\_\_\_\_
- PAT \_\_\_\_\_
- SEC \_\_\_\_\_
- WAW \_\_\_\_\_
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DOCUMENT NUMBER-DATE

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FPSC RECORDS/REPORTING

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FLORIDA PUBLIC  
SERVICE COMMISSION

**\*\*FLORIDA PUBLIC SERVICE COMMISSION\*\***  
99 OCT 14 AM 8:26

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE  
PAY TELEPHONE SERVICE  
WITHIN THE STATE OF FLORIDA**

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**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**

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

SANDEL AUGUSTUS LUMBART

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

SANDEL AUGUSTUS LUMBART

3. Official mailing address:

Street: 2775 TAFT STREET APT 110

P.O. Box: 33020

City: HOLLYWOOD

State: FLORIDA Zip: 33020

4. Florida address:

Street: 2775 TAFT STREET APT 110

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

City: HOLLYWOOD

State: FLORIDA Zip: 33020

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

9. If individual, provide:

Name: N/A

Title: N/A

Address: N/A

City/State/Zip: N/A

Telephone No.: N/A Fax No.: N/A

Internet E-Mail Address: N/A

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: N/A

Address: N/A

City/State/Zip: N/A

Telephone No.: N/A Fax No.: N/A

Internet E-Mail Address: N/A

10. Partnership (continued)  
Internet Website Address: N/A  
b. Name: N/A  
Title: N/A  
Address: N/A  
City/State/Zip: N/A  
Telephone No.: N/A Fax No.: N/A  
Internet E-Mail Address: N/A  
Internet Website Address: N/A

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:  
Name: SANDEL LUMBART  
Title: OWNER  
Address: 2775 TAFT STREET APT 110  
City/State/Zip: HOLLYWOOD FL, 33020  
Telephone No.: 954-923-2473 Fax No.: NONE  
Internet E-Mail Address: NONE  
Internet Website Address: NONE

b. Official Point of Contact for ongoing company operations including complaints and inquiries:  
Name: SANDEL LUMBART  
Title: OWNER  
Address: 2775 TAFT STREET  
City/State/Zip: HOLLYWOOD FL, 33020  
Telephone No.: 954-923-2473 Fax No.: NONE  
Internet E-Mail Address: NONE  
Internet Website Address: NONE

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

N/A

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.

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.

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.

THIS IS MY FIRST APPLICATION  
\_\_\_\_\_  
\_\_\_\_\_

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: TWO

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) \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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**\*\*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:**

SANDEL LUMBART  
Print Name

Sandel Lumbart  
Signature

OWNER  
Title

10-8-99  
Date

954-923-2473  
Telephone No.

Fax No.

Address: 2775 TAFT STREET APT 110  
HOLLYWOOD FL 33020

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

Applicant: SANDEL LUMBART

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

SANDEL LUMBART Sandel Lumbart  
Print Name Signature

OWNER 10-8-99  
Title Date

954-923-2473 \_\_\_\_\_  
Telephone No. Fax No.

Address: 2775 TAFT STREET APT 110  
HOLLYWOOD FL 33020

**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.**