

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)

99 OCT 15 AM 9:48
MAIL ROOM

REGISTRATION
SERVICE DIVISION

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: _____

8. F.E.I. Number (if applicable): N/A

9. If individual, provide:

Name: Charles B. Brown, Jr.

Title: Owner

Address: 1844-46 NW 21 Street

City/State/Zip: Pompano Beach FL 33069-1306

Telephone No.: 954-970-7671 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: Charles B. Brown, Jr
Title: Owner
Address: 1844-46 NW 21 Street
City/State/Zip: Pompano Beach FL 33069-1306
Telephone No.: 954-970-7671 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: Charles B. Brown, Jr.
Title: Owner
Address: 1844-46 NW 21 Street
City/State/Zip: Pompano Beach, FL 33069-1306
Telephone No.: 954-970-7671 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.

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.

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.

N/A

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: _____

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:

Charles B. Brown Jr.
Print Name

Charles B. Brown Jr.
Signature

Owner
Title

9-27-99
Date

954 970-7671
Telephone No.

Fax No.

Address:

1844-46 NW 21st St

Pompano Beach FL 33069

****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:

Charles B Brown Jr
Print Name

Charles B Brown
Signature

Owner
Title

9-27-99
Date

954 970-7671
Telephone No.

Fax No.

Address: 1944-46 NW 20th St
Pompano Beach Fl 33069

DEPOSIT
D203**

DATE
OCT 15 1999

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
99 OCT 15 PM 2

****APPLICANT ACKNOWLEDGMENT****

Applicant: Charles B. Brown, Jr.

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

Charles B. Brown, Jr.
Print Name

Charles B. Brown, Jr.
Signature

Owner
Title

9/27/99
Date

954-970-7671
Telephone No.

Fax No.

Address: 1844-46 NW 21st St
Pompano Beach FL 33069

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.

OCT 15 1999

991607-1C

DEPOSIT
D203 **

DATE
OCT 15 1999

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
99 OCT 15 PM 2

****APPLICANT ACKNOWLEDGMENT****

Applicant: Charles B. Brown, Jr.

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

Charles B. Brown, Jr.
Print Name

Charles B. Brown, Jr.
Signature

Owner
Title

9/27/99
Date

954-970-7671
Telephone No.

Fax No.

Address: 1844-46 NW 21st St
Pompano Beach FL 33069

CHARLES B. BROWN, JR.
1844-46 NW 21ST ST. BLDG NO. 4
POMPANO BEACH, FL 33069

63-643/670
00564
1048

4-27 19 99

PAY TO THE ORDER OF Florida Public Service Commission \$ 100.00

one hundred dollars 00/100 DOLLARS

FIRST UNION
First Union National Bank
Boca Raton, Florida
24 Hour Information Service
1-800-735-1012

DOCUMENT NUMBER - DATE

12644 OCT 15 99

COMPLETED AND
BEFORE THE
SO WILL RESULT
RECEIVED

OCT 15 1999

CMU 10 of 10