

**\*\*FLORIDA PUBLIC SERVICE COMMISSION\*\***

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

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

**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**

DEPOSIT                      DATE  
 D 2 2 1 PM                  DEC 27 1999

- ◆ 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**

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RECEIVED  
 DIVISION OF COMMUNICATIONS  
 TALLAHASSEE, FLORIDA

DOCUMENT NUMBER-DATE

**15769 DEC 27 99**

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

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

3. Official mailing address:

Street: 1919 SE. 37<sup>th</sup> TERRACE

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

City: CAPE CORAL

State: FLORIDA Zip: 33904

4. Florida address:

Street: 1919 SE. 37<sup>th</sup> TERRACE

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

City: CAPE CORAL

State: FLORIDA Zip: 33904

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: G 993 519 000 50

8. F.E.I. Number (if applicable): 359-58-9077

9. If individual, provide:

Name: HERMAN G. BRUECKNER

Title: OWNER

Address: 1919 SE. 37<sup>TH</sup> TERRACE

City/State/Zip: CAPE CORAL, FL. 33904

Telephone No.: (941) 540-5518 Fax No.: (941) 541-9008

Internet E-Mail Address: hgbcpa@aol.com

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

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

a. Name: \_\_\_\_\_

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

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

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

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

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

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

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: HERMAN G. BRUECKNER  
Title: OWNER  
Address: 1919 SE. 37<sup>th</sup> TERRACE  
City/State/Zip: CAPE CORAL, FL. 33904  
Telephone No.: (941) 540-5518 Fax No.: (941) 541-9008  
Internet E-Mail Address: hgbcpa2@aol.com  
Internet Website Address: \_\_\_\_\_

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

Name: HERMAN G. BRUECKNER  
Title: OWNER  
Address: 1919 SE. 37<sup>th</sup> TERRACE  
City/State/Zip: CAPE CORAL, FL. 33904  
Telephone No.: (941) 540-5518 Fax No.: (941) 541-9008  
Internet E-Mail Address: hgbcpa2@ad.com  
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

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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

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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

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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: 30

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) Repair Company by  
time + material.

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: \_\_\_\_\_

**\*\*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>HERMAN G. BRUECKNER</u> Print Name	<u></u> Signature
<u>owner</u> Title	<u>12/15/99</u> Date
<u>(941) 540-5518</u> Telephone No.	<u>(941) 541-9008</u> Fax No.
Address: <u>1919 SE. 37th TERRACE</u>	
<u>CAPE CORAL, FL. 33904</u>	
_____	
_____	
_____	

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

Applicant: HERMAN G. BRUECKNER d/b/a HB TELECOM

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

HERMAN G. BRUECKNER  
Print Name

  
Signature

owner  
Title

12/15/99  
Date

(941) 540-5518  
Telephone No.

(941) 541-9008  
Fax No.

Address: 1919 SE. 37<sup>th</sup> TERRACE  
CAPE CORAL, FL. 33904

**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.**

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Tallahassee, Florida 32399-0850

HERMAN G. BRUECKNER  
VICKI L. BRUECKNER  
PH. 941-541-9008  
1919 S.E. 37TH TERRACE  
CAPE CORAL, FL 33904

63-1409/670  
01

3221

Date Dec 24, 99

Pay to the Order of Florida Public Serv. Comm. \$ 100.00  
One Hundred and no/100 Dollars

CAPE CORAL NATIONAL BANK  
CAPE CORAL, FL

H.B. Telecom  
For Appl-Cert.

Quil Z. Bush

DOCUMENT NUMBER - DATE  
15769 DEC 27 99  
FPSC-RECORDS/REPORTING