

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date January 21, 2000

Docket No. 000076-TC

1. Division Name/Staff Name COMMUNICATIONS/HAWKINS, B.H.

2. OPR _____

3. OCR _____

4. Suggested Docket Title Application for certificate to provide pay telephone service by Edward Wong.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

Documentation is attached.

Documentation will be provided with the recommendation.

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

00984 JAN 24 8

FPSC-RECORDS/REPORTING

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): _____

9. If individual, provide:

Name: EDWARD WONG.

Title: OWNER.

Address: 9775 SW 132 Ct.

City/State/Zip: Miami FL 33186.

Telephone No.: 305-386-3361 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: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____

Internet E-Mail Address: _____

9/7/99
Forwarded to
Cmy/ster
to check on
filing fee.
Luu

10. **Internet Website Address:** _____
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: EDWARD LUONG
Title: OWNER
Address: 9775 SW 132 Ct.
City/State/Zip: Miami FL 33186
Telephone No.: 305-368-3361 **Fax No.:** _____
Internet E-Mail Address: _____
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: SAME
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ **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: NC

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: 50

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:

EDWARD WONG.

Print Name

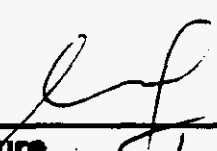
OWNER.

Title

305-386-3361

Telephone No.

Signature


8/30/99.

Date

Fax No.

Address: _____

****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:

EDWARD WONG
Print Name
OWNER
Title
305-386-3361
Telephone No.

[Signature]
Signature
8/30/99
Date

Fax No.

Address:

****APPLICANT ACKNOWLEDGMENT****

Applicant: EDWARD WONG

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

<u>EDWARD WONG</u>	<u>[Signature]</u>
Print Name	Signature
<u>OWNER</u>	<u>8/10/99</u>
Title	Date
<u>305-386-3361</u>	
Telephone No.	Fax No.

Address: _____

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

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
E. LEON JACOBS, JR.



DIVISION OF
TELECOMMUNICATIONS
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

November 29, 1999

Mr. Edward Wong
9775 SW 132nd Court
Miami, FL 33186

Dear Mr. Wong:

The Commission's Division of Records and Reporting forwarded your application to me so that it can be returned to you. Your \$100 check was not included with the application; therefore, it can not be processed.

If you have any questions or wish to discuss this, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, and by internet e-mail at pisler@psc.state.fl.us.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant
Bureau of Service Evaluation & Compliance

Enclosure

PLEASE SEE TERMS AND CONDITIONS
DATE: 08/02/99

9230212145 08/02/99
144 100.00
967988126520001 01

REMOVE THIS STUB BEFORE CASHING

00 JAN 18 AM 8 28

TRAVELERS EXPRESS
INTERNATIONAL MONEY ORDER

08/02/99 15 53 919

92302121450

DATE HERE

923021214

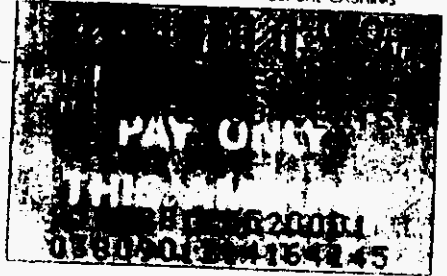
PAY TO THE ORDER OF Florida Public Service Comm
PURCHASER BY DRAWING. YOU AGREE TO THE SERVICE CHARGE AND OTHER FEES ON THE REVERSE SIDE.

EDWARD L. WONG
PURCHASER, SIGNED FOR DRAWING

9775 SW 132 st Mia FL 33186
ADDRESS

TRAVELERS EXPRESS BANK
NEW YORK, NY 10038

TRAVELERS EXPRESS COMPANY INC.
NEW YORK, NY 10038



091009531:92302121450 90

REMOVE THIS STUB BEFORE CASHING

August
cash 8/11/99
Tours Spd
3005 279-4299
1662 N Kendall Dr

RECEIVED

JAN 18 2000

CMU

⑆091900533⑆722 88895679 90 ⑆0000030000⑆

TRAVELERS EXPRESS
INTERNATIONAL MONEY ORDER

08/02/99

9230212145
MONEY ORDER

IMPORTANT - SEE BACK BEFORE CASHING

PAY TO THE ORDER OF Florida Public Service Comm
MEMORANDUM BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND FEE WHICH APPEAR ON THE REVERSE SIDE

EDWARD L. WONG

UNREDEEMABLE - SIGNATURE REQUIRED

9775 SW 132nd Ave # 33106

ADDRESS

TRAVELERS EXPRESS

INTERNATIONAL MONEY ORDER

92302121450

⑆091900533⑆923 02121450⑆ 90 ⑆0000010000⑆

PAY ONLY
THIS AMOUNT

MONEY ORDER

TALENT, ALABAMA
DATE
PUBLIC SERVICE COMMISSION
FINANCE
LOOK FOR DETAIL
FOR DEPOSIT
DO NOT CASH UNLESS THE
MACHINE PRINTED DOLLARS
LOOK LIKE THIS
EXAMPLE ONLY YOUR
DOLLAR AMOUNT MAY DIFFER

AT 10:29

31181234

LOAD THIS DIRECTION

LOAD THIS DIRECTION

MONEY ORDER

VO14 01/03/00 07.11.28

REQUEST TYPE- 001 PHOTO-MAIL

CLR SRC CLEARED DATE ITEM SEQ NBR
08/11/99 00005176402

R/S ID NBR - 05

SERIAL NUMBER AMOUNT
923-0212-145 100.00

REPORT ANY DISCREPANCIES WITHIN 90 DAYS

EDWARD L. WONG
9775 SW 132ND CT
MIAMI

FL 33186

January 21, 2000

Good morning Kay, Matilda and Linda!

It has been brought to my attention by Paula Isler that it's ok to request that a docket be opened for Mr. Wong (PATS applicant.) She only gave me a copy of his application and assume that the original is there in your office. Should you need a copy of what I have, please let me know.

(He paid the application fee of \$100.00 and it was misplaced. We're only human.)

Thanks,

A handwritten signature in cursive script that reads "Brenda". A long, thin horizontal line extends from the bottom left of the signature across the page.

QUEEN Brenda H. Hawkins
(Laugh if you must . . . !)