

ORIGINAL

000125-JC

****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**

- ◆ 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):

ORLANDO LAMAS

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

ORLANDO LAMAS

3. Official mailing address:

Street: 5621 W. 21 CT.

P.O. Box: _____

City: HIALEAH

State: FL Zip: 33016

4. Florida address:

Street: 5621 W. 21 CT.

P.O. Box: _____

City: HIALEAH

State: FL Zip: 33016

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: _____

ORLANDO LAMAS

Title: _____

MR.

Address: _____

5621 W. 21 CT.

City/State/Zip: _____

HIALEAH, FL 33016

Telephone No.: _____ Fax No.: _____

305-527-4664

305-362-7948

Internet E-Mail Address: _____

OLANDY@AOL.COM

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.: _____ Fax No.: _____

N/A

N/A

N/A

Internet E-Mail Address: _____

N/A

Internet Website Address: N/A

10. Partnership (continued)

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: ORLANDO LAMAS

Title: MR.

Address: 5621 W. 21 CT.

City/State/Zip: HIALEAH, FL 33016

Telephone No.: 305-527-4664 Fax No.: 305-362-7948

Internet E-Mail Address: OLANDY@AOL.COM

Internet Website Address: N/A

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

Name: ORLANDO LAMAS

Title: MR.

Address: 5621 W. 21 CT.

City/State/Zip: HIALEAH, FL 33016

Telephone No.: 305-527-4664 Fax No.: 305-362-7948

Internet E-Mail Address: OLANDY@AOL.COM

Internet Website Address: N/A

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) FREE 911
- _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 2

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:

ORLANDO LAMAS
Print Name


Signature

Title

1/19/00
Date

305-527-4664
Telephone No.

305-362-7948
Fax No.

Address: 5621 W. 21 CT.
HIALEAH, FL 33016

****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>ORLANDO LAMAS</u>	<u></u>
Print Name	Signature
<u></u>	<u>1/14/00</u>
Title	Date
<u>305-527-4664</u>	<u>305-362-7948</u>
Telephone No.	Fax No.
Address: <u>5621 W. 21 CT.</u>	
<u>HIALEAH, FL 33016</u>	
<u></u>	
<u></u>	
<u></u>	

****APPLICANT ACKNOWLEDGMENT****

Applicant: ORLANDO LAMAS

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

ORLANDO LAMAS
Print Name

Orlando Lamas
Signature

Title

1/14/00
Date

305-527-9664
Telephone No.

305-362-7948
Fax No.

Address: 5621 W. 21 CT.
HALEAH, FL 33016

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.

FROM :

FAX NO. :

Sep. 09 1999 06:29AM P3

RECEIVED
FLORIDA PUBLIC
STATE OF FLORIDA COMMISSION



31 AM 9:39
ROOM

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

STEVE TRIBBLE, DIRECTOR
DIVISION OF ADMINISTRATION
(850) 413-6330

Public Service Commission

000125-TC

January 20, 2000

DEPOSIT

DATE

D237

FEB 02 2000

Orlando Lamas
5621 W 21 Court
Hialeah, FL 33016-2628

Dear Sir:

Your Check Number 0645 for \$100.00, is being returned herewith as it has not been signed. Once check has been signed please return as soon as possible so that we can process your application for a pay telephone certificate.

Should you have any questions, please contact Ms. Martha Coggins at the above address or telephone number.

Yours truly,

Evelyn H. Sewell

EHS:vm:chec.-
Enclosure

c: Ms. Martha Coggins
Mrs. Linda Williams

DOCUMENT NUMBER - DATE
01472 FEB-28
FPSC-RECORDS/REPORTING

ORLANDO LAMAS 08/99 305-556-3575 5621 W 21 Ct Hialeah, FL 33016-2628	0647 63-60/660
DATE <u>1-27-00</u>	
PAY TO THE ORDER OF <u>STATE OF FLORIDA PUBLIC SERVICE COMM.</u>	\$ <u>100.00</u>
<u>ONE HUNDRED</u> ⁰⁰ / <u>XX</u>	DOLLARS Security features included. Details on back.
 SunTrust Bank, Miami, N.A. Miami, FL 33133	
FOR <u>PAY PHONE LICENSE</u>	 MP

SEE, FL 32399-0850

E-mail: contact@psc.state.fl.us

RECEIVED
FLORIDA PUBLIC
STATE SERVICE COMMISSION

STATE SERVICE COMMISSION

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



00 JAN 31 AM 9:39

STATE ROOM

STATE SERVICE COMMISSION
DIVISION OF ADMINISTRATION
850-413-6730

Public Service Commission

000125-TC

January 20, 2000

DEPOSIT

DATE

D237

FEB 02 2000

Orlando Lamas
5621 W 21 Court
Hialeah, FL 33016-2628

Dear Sir:

Your Check Number 0645 for \$100.00, is being returned herewith as it has not been signed. Once check has been signed please return as soon as possible so that we can process your application for a pay telephone certificate.

Should you have any questions, please contact Ms. Martha Coggins at the above address or telephone number.

Yours truly,

Evelyn H. Sewell
Evelyn H. Sewell

EHS:vm:chee
Enclosure

c: Ms. Martha Coggins
Mrs. Linda Williams

DOCUMENT NUMBER - DATE

01472 FEB-20

FPSC-RECORDS/REPORTING

Use for original.