

00 MAY -9 AM 9:57
APPLICATION MAIL ROOM DEPOSIT D292

DATE
MAY 10 2003

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

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

000566-JC

APPLICATION FORM
for
AUTHORITY TO PROVIDE (PATs)
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 and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgment Card, 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 Certification and Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

DOCUMENT NUMBER-DATE

05764 MAY-98

FPSC-RECORDS/REPORTING

APPLICATION

1. Name of company:

Freedom Phone Services, LLC

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

Freedom Phone Services, LLC

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

P.O. Box 540726

Merritt Island, FL 32954

4. Florida address (including street name & number, post office box, city, state, and zip code):

4444 US Hwy 98 North Lot 699

Lakeland, FL 33809

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other, LLC

6. **If incorporated in Florida**, provide proof of authority to operate in Florida:

(a) **Florida Secretary of State Corporate registration number:** L00000004633

APPLICATION

Internet E-Mail Address: FreedomPS@aol.com

Internet Website Address: none

(b) Name: Donna M. Hahn

Title: Owner or Manager

Address: 4444 US Hwy 98 N Lot 699

City/State/Zip: Lakeland, FL 33809

Telephone No.: 863-853-2231 Fax No.: 321-449-4626

Internet E-Mail Address: donna.mhahn@aol.com

Internet Website Address: none

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

(a) The application:

Name: Kathleen M. Hahn

Title: Manager

Address: P.O. Box 540726

City/State/Zip: Meritt Island, FL 32954

Telephone No.: 321-452-1365 Fax No.: 321-449-4626

Internet E-Mail Address: Kedamer@aol.com

Internet Website Address: none

(b) Official Point of Contact for the ongoing operations of the company:

Name: Kathleen M. Hahn

APPLICATION

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 pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)

(✓) Yes () No

Explain: Using Protel 7000 & Electel Series 5 will be
programmed properly via the best access to OSP of
choice through 1010XXX or 800 access.

20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.8 of the American National Standard Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS)(See Rule 25-24.515(13), F.A.C.).

(✓) Yes () No

**** APPLICANT FEE/TAX STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .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 that 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:

<u>Donna M. Hahn</u>	<u>5/4/00</u>
Signature	Date
<u>Manager</u>	<u>321-452-1365 or</u>
Title	<u>863-853-2231</u>
	Telephone No.

Address: P.O. Box 540726

Morristown, NJ 07954

Fax No. 321-449-4626

- ATTACHMENTS:**
- A - Affidavit
 - B - Applicant Acknowledgment

AFFIDAVIT

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, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names or 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:

Donna M. Hahn 5/4/00
Signature: Date

Donna M. Hahn
Printed Name:

Manager 321-449-4626
Title: Fax No.

P.O. Box 540726
Morrist Island, FL 32954
Address:

APPLICANT ACKNOWLEDGMENT

Applicant: Donna M. Hahn

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

Signature: Donna M. Hahn **Date:** 5/4/00

Printed Name: Donna M. Hahn

Title: Manager

Address: P.O. Box 540726
Merritt Island, FL 32954

Telephone No. 321-452-1365 or 863-853-2231

Fax No. 321-449-4626

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

00 MAY -9 AM 9:57

APPLICATION MAIL ROOM ST D292

DATE MAY 10 2000

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BUREAU OF SERVICE EVALUATION

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2540 Shumard Oak Blvd.
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(850) 412 6770

DONNA M HAHN
KATHLEEN M HAHN-RODAMER
P O BOX 540726
MERRITT ISLAND, FL 32954

0505
63-1356/670
BRANCH 4119

5/5/00 DATE

PAY TO THE ORDER OF Florida Public Service Comm. \$ 100.00

One Hundred ⁰⁰ / 100 DOLLARS

WACHOVIA
Wachovia Bank, N.A.
Merritt Island, FL 32953

FOR Poc Licence

Kathleen Rodamer

0505

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