

FLORIDA COMMERCIAL PAYFON, INC.

P. Isler
T. McCoy
BOR

June 16, 2000

000739-TC

Toni J McCoy
Public Service Commissions
2540 Shumard Oak Blvd.
Tallahassee, FL. 32399-0850

DEPOSIT	DATE
D 3 1 0 *	JUN 2 0 2000

RE: Pay Telephone Certification Problem/Certificated No. 5047

Dear Mrs. McCoy:

I request that my current certificate 5047 be canceled at the same time my new corporate certificate is granted so that I have no breaks in certification.

If you have any question, please call me at 904-786-2040

Sincerely



HOZAE MILTON
Owner

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THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN MONEY UNION | MONEY ORDER™ **INTEGRATED PAYMENT SYSTEMS INC. - ISSUER**
Englewood, Colorado

02-824505225 82-40/1021

AGENT 317963 DATE 061600
TIME 0848 02
028245052253 LOCATION 001145
*** PAY EXACTLY ONE HUNDRED DOLLARS AND NO CENTS *****

100.00

NOT GOOD OVER \$500
PAY TO THE ORDER OF Public Service Commission
2540 Shumard Oak Blvd.

PURCHASER'S ADDRESS

Hozae Milton
AUTHORIZED REPRESENTATIVE

Western Union Money Order is a service mark of Western Union Financial Services, Inc. / Payable at Norwest Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

DOCUMENT NUMBER - DATE

07455 JUN 198

FPSC-RECORDS/REPORTING

102100400

****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**

000739-TC

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):

HOZAE MILTON

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

Florida Commercial Payfon, Inc.

3. Official mailing address:

Street: 5625 Verna Blvd. Suite-9

P.O. Box: None

City: JACKSONVILLE

State: Florida Zip: 32205

4. Florida address:

Street: 6919 Lyster Cir. S.

P.O. Box: _____

City: JACKSONVILLE

State: Florida Zip: 32209

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: _____

8. F.E.I. Number (if applicable): 605-0950927

9. If individual, provide:

Name: HOZAE MILTON

Title: Owner / President

Address: 5625 Veena Blvd. Unit 9

City/State/Zip: JAX, FL, 32205

Telephone No.: 904-786-2040 Fax No.: 904-786-1421

Internet E-Mail Address: NA

Internet Website Address: NA

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

a. Name: NA

Title: NA

Address: NA

City/State/Zip: NA

Telephone No.: NA Fax No.: NA

Internet E-Mail Address: NA

Internet Website Address: NA

10. Partnership (continued)

b. Name: NA

Title: NA

Address: NA

City/State/Zip: NA

Telephone No.: NA Fax No.: NA

Internet E-Mail Address: NA

Internet Website Address: NA

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

a. The application:

Name: HOZAE MILTON

Title: Owner / President

Address: 5625 Veena Blvd. Suite - 9

City/State/Zip: JACKSONVILLE, FL 32205

Telephone No.: 904-786-2040 Fax No.: 904-786-1421

Internet E-Mail Address: NA

Internet Website Address: NA

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

Name: HOZAE MILTON

Title: Owner / President

Address: 5625 Veena Blvd. Suite - 9

City/State/Zip: JACKSONVILLE FL 32205

Telephone No.: 904-786-2040 Fax No.: 904-786-1421

Internet E-Mail Address: NA

Internet Website Address: NA

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: found guilty of felony
in 1992

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.

never been denied a pay telephone
certificate. Current pay telephone
certificate number is 5047

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.

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 NA

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) Payphone service

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 20-30

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) _____
- _____
- _____
- _____

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:

HOZAE MILTON
Print Name

Hozae Milton
Signature

Owner/President
Title

6/15/00
Date

904-786-2040
Telephone No.

904-786-1421
Fax No.

Address: 5625 Verna Blvd. Suite 9
JACKSONVILLE, FL. 32205

****APPLICANT ACKNOWLEDGMENT****

Applicant: HOZAE MILTON / OWNER / PRES.

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

HOZAE MILTON
Print Name

Hozae Milton
Signature

Owner / President
Title

6/15/00
Date

904/786-2040
Telephone No.

904/786-1421
Fax No.

Address: Florida Commercial Payfon, Inc.
5625 Verna Blvd. Suite - 9
JACKSONVILLE, FL 32205

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.

****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:

HOZAE MILTON

Print Name

Hozae Milton

Signature

Owner/President

Title

6/15/00

Date

904-786-2040

Telephone No.

904-786-1471

Fax No.

Address:

Florida Commercial PayFax, Inc

5625 Verna Blvd, Suite - 9

Jacksonville, FL 32205

Linda Williams

To: Toni McCoy
Subject: RE:

Ok, thanks Toni.

-----Original Message-----

From: Toni McCoy
Sent: Tuesday, June 20, 2000 8:37 AM
To: Linda Williams
Subject: RE:

Hi Linda,

Yes, Mr. Milton incorporated his pay phone business which requires a new application for the new corporate entity. He wants to cancel his old certificate and apply for his new certificate so they have blended effective dates and he is not uncertificated at any point. The docket title would be similar to docket 000532-TC where you don't list an effective date for the cancellation.

Thanks, Toni

-----Original Message-----

From: Linda Williams
Sent: Monday, June 19, 2000 5:12 PM
To: Toni McCoy
Subject:

Hi Toni. We have a letter from Hozae Milton requesting cancellation of Cert 5047 issued to Hozae Milton d/b/a Florida Commercial Payfon and application for new cert in the name of Hozae Milton d/b/a Florida Commercial Payfon, Inc.

Is the Inc part the reason he needs a new docket? He also sent in another \$100 filing fee.

Thanks Toni.

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