

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

00 JUN 21 AM 8:48

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

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

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**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

0312

DATE

JUN 22 2003

- ◆ 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):

Sely's Communications Co.

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

Sely's Communications Co.

3. Official mailing address:

Street: 3304 Steeplechase Lane

P.O. Box: —

City: Kissimmee

State: FL Zip: 34746

4. Florida address:

Street: 3304 Steeplechase Lane

P.O. Box: —

City: Kissimmee

State: FL Zip: 34746

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: G00154900123

8. F.E.I. Number (if applicable): \_\_\_\_\_

9. If individual, provide:

Name: Angel L. Caro

Title: Owner

Address: 3304 Steeplechase Lane

City/State/Zip: Kissimmee, FL 34746

Telephone No.: 407-944-4068 Fax No.: 407-944-4068

Internet E-Mail Address: Sely1020@earthlink.net

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

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

a. Name: N/A

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

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

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

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

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

Internet Website Address: \_\_\_\_\_  
10. Partnership (continued)  
b. Name: N/A  
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: Angel L. Caro  
Title: Owner  
Address: 3304 Steeplechase Lane  
City/State/Zip: Kissimmee, FL 34746  
Telephone No.: 407-944-4068 Fax No.: 407-944-4068  
Internet E-Mail Address: Sely1020@earthlink.net  
Internet Website Address: —

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

Name: Angel L. Caro  
Title: Owner  
Address: 3304 Steeplechase Lane  
City/State/Zip: Kissimmee, FL 34746  
Telephone No.: 407-944-4068 Fax No.: 407-944-4068  
Internet E-Mail Address: Sely1020@earthlink.net  
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: N/A

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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.

First attempt

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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.

N/A

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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) \_\_\_\_\_

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

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:**

Angel L. Card  
Print Name

[Signature]  
Signature

Owner  
Title

5/7/00  
Date

407-944-4068  
Telephone No.

407-944-4068  
Fax No.

Address: 3304 Steeplechase Lane  
Kissimmee, FL 34746  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**\*\*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:**

Angel L. Caro  
Print Name

  
Signature

Owner  
Title

5/7/00  
Date

407-944-4068  
Telephone No.

407-944-4068  
Fax No.

Address: 3304 Steeplechase Lane  
Kissimmee, FL 34746  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Applicant: Angel L. Caro

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

Angel L. Caro  
Print Name

[Signature]  
Signature

Owner  
Title

5/7/00  
Date

407-944-4068  
Telephone No.

407-944-4068  
Fax No.

Address: 3304 Steeplechase Lane  
Kissimmee, FL 34746

**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.**

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

00 JUN 21 AM 8:48

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

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

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000748-TC

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Florida Public Service Commission  
 Division of Records and Reporting  
 2540 Shumard Oak Blvd.  
 Tallahassee, Florida 32399-0850  
 (850) 413-6770

DEPOSIT DATE  
 JUN 22 2000  
 D 3 12

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission**

1-800-AMSOUTH

ANGEL CARO  
 MIRIAM Z. CARO  
 3304 Steeplechase Lane  
 Kissimmee, FL 34746  
 Ph. 407-944-4068

DATE 6/18/00

PAY TO THE ORDER OF Florida Public Service Commission \$ 100.00

One Hundred DOLLARS

AMSOUTH BANK  
 THE RELATIONSHIP PEOPLE

FOR For Live Payphone

0628

DOCUMENT NUMBER-DATE  
 07582 JUN 21 8  
 FPSC-RECORDS/REPORTING

STATE OF FLORIDA

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



DIVISION OF RECORDS & REPORTING  
BLANCA S. BAYÓ  
DIRECTOR  
(850) 413-6770

## Public Service Commission

June 21, 2000

Angel Caro  
Sely's Communications Co.  
3304 Steeplechase Lane  
Kissimmee, Florida 34746

Re: Docket No. 000748-TC

Dear Mr. Caro:

This will acknowledge receipt of an application for certificate to provide pay telephone service by Angel L. Caro d/b/a Sely's Communications Co., which was filed in this office on June 21, 2000, and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6248 or FAX (850) 413-7180.

Please make notes as well that Commission Rule 25-22.005(7), F.A.C., requires certificated companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of Records and Reporting  
Florida Public Service Commission