

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 28, 2000

Kevin M. Kellett
JKL Communications
7038 Harbor View Drive
Leesburg, Florida 34788

Re: Docket No. 000770-TC

Dear Mr. Kellett:

This will acknowledge receipt of an application for certificate to provide pay telephone service by Kevin Michael Kellett d/b/a JKL Communications, which was filed in this office on June 26, 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

Doc. # 07771-00



****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**

000770-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**

DEPOSIT DATE
D 8 1 0 0 JUN 27 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):

KEVIN MICHAEL KELLETT

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

JKL COMMUNICATIONS

3. Official mailing address:

Street: 7038 Harbor View DR.

P.O. Box: _____

City: Lees Burg

State: FLORIDA

Zip: 34788

4. Florida address:

Street: 7038 Harbor View DR.

P.O. Box: _____

City: Lees Burg

State: FLORIDA

Zip: 34788

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: 500174900284

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: KEVIN M KELLETT

Title: OWNER

Address: 7038 Harbor View DR.

City/State/Zip: Florida Lees Burg 34788

Telephone No.: 352 435-0540 Fax No.: 352 4350547

Internet E-Mail Address: KKel893600@AOL.com

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.: _____ Fax No.: _____

Internet E-Mail Address: _____

10. Partnership (continued)

Internet Website Address: _____

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: KEVIN MICHAEL KELLETT

Title: OWNER

Address: 7038 Harbor View DR.

City/State/Zip: Leesburg FLORIDA 34788

Telephone No.: 352 435 0540 Fax No.: 352.435.0547

Internet E-Mail Address: KKEL893600@AOL.COM

Internet Website Address: _____

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

Name: KEVIN MICHAEL KELLETT

Title: OWNER

Address: 7038 Harbor View DR

City/State/Zip: Leesburg FLORIDA 34788

Telephone No.: 352 435 0540 Fax No.: 352.435.0547

Internet E-Mail Address: KKEL893600@AOL.COM

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: NO

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.

NA

b. Has applications pending to be certified as a pay telephone provider.

NO

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NO

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

NO

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: 7 - 25 possible

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:

Kevin Michael Kellett
Print Name

Kevin Michael Kellett
Signature

OWNER
Title

6-21-00
Date

352-435-0540
Telephone No.

352 435-054
Fax No.

Address: 7038 Harbor View DR.
Leesburg Florida 34788

****APPLICANT ACKNOWLEDGMENT****

Applicant: Kevin Michael Kellett

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

Kevin Michael Kellett
Print Name

Kevin Michael Kellett
Signature

owner
Title

6-21-00
Date

352-435-0540
Telephone No.

352-435-0540
Fax No.

Address: 7038 Har Bor VIEW DR
Lees Burg Florida 34788

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:

Kevin Michael Kellett
Print Name

Kevin Michael Kellett
Signature

owner
Title

6-21-00
Date

352-435-0540
Telephone No.

352-435-0547
Fax No.

Address: 7038 Harbor View DR
Leesburg Florida 34788

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

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

JUN 26 AM 9:10

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

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(850) 413-6770**

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DATE
JUN 27 2000

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**Florida Public Service Commission
Division of Communications**

KEVIN M. KELLETT
LORI KELLETT
7038 HARBOR VIEW DR.
LEESBURG, FL 34788

Date 6-23-00

2661
63-4/630 FL
1301

Pay To The Order Of Florida Public Service Comm. \$ 100.00

One Hundred Dollars and 00/100 Dollars

Bank of America

ACH R/T 083000047

For Application Fee Kevin Kellett

⑆063000047⑆

DOCUMENT NUMBER-DATE
07771 JUN 26 8
FPSC-RECORDS/REPORTING

