



ITS TELECOMMUNICATIONS SYSTEMS, INC.

15925 SW Warfield Blvd. • P. O. Box 277
Indiantown, Florida 34956
561-597-2111

RECEIVED

JUL 08 2000

June 30, 2000 DEPOSIT

DATE Florida Public Service Commission
Division of Regulatory Oversight

D 8 1 0 0

JUL 05 2000

Ms. Jacquelyn Gilchrist
Regulatory Analyst Supervisor
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

ORIGINAL

RE: LEC Pay Telephone Certificate

Dear Ms. Gilchrist:

000823-TC

Enclosed is ITS' application for Pay Telephone Certificate along with our check in the amount of \$100.00.

Should you have any questions or need additional information, please contact Mr. Hartsfield at (561) 597-2827.

Sincerely,

ITS TELECOMMUNICATIONS SYSTEMS, INC.

Mary Ann Holt
Administrative Assistant

Enclosures

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Florida Public Service Commission
Division of Regulatory Oversight

DOCUMENT NUMBER-DATE

08220 JUL-78

FPSC-RECORDS/REPORTING



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Check received with initial and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.
Initials of person who forwarded check:

INDIANTOWN
00 JUL -3 PM 2:51

RECEIVED

DOCUMENT NUMBER - DATE 03 2000

08220 Florida Public Service Commission
Division of Regulatory Oversight

FPSC-RECORDS/REPORTING

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

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

000823-JC

ORIGINAL

**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):
ITS Telecommunications Systems, Inc.

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

3. Official mailing address:
Street: 15925 S.W. Warfield Boulevard
P.O. Box: P.O. Box 277
City: Indiantown
State: Florida Zip: 34956

4. Florida address:
Street: SAME AS ABOVE
P.O. Box:
City:
State: Zip:

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: 367658

****APPLICANT ACKNOWLEDGMENT****

Applicant: ITS Telecommunications Systems, Inc.

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

Don Hartsfield
Print Name

Don Hartsfield
Signature

Comptroller
Title

06/27/00
Date

(561) 597-2827
Telephone No.

(561) 597-2110
Fax No.

Address: Post Office Box 277
Indiantown, FL 34956

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."

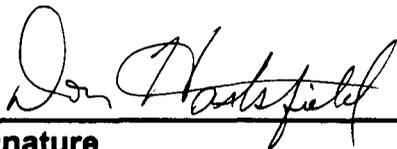
UTILITY OFFICIAL:

Don Hartsfield
Print Name

Comptroller (Sec/Treas)
Title

(561) 597-2827
Telephone No.

Address: Post Office Box 277
Indiantown, FL 34956


Signature

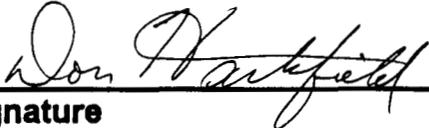
06/27/00
Date

(561) 597-2110
Fax 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 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:

<u>Don Hartsfield</u> Print Name	 Signature
<u>Comptroller</u> Title	<u>06/27/00</u> Date
<u>(561) 597-2827</u> Telephone No.	<u>(561) 597-2110</u> Fax No.
Address: <u>Post Office Box 277</u>	
<u>Indiantown, FL 34956</u>	
<u> </u>	
<u> </u>	
<u> </u>	

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 35

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

() PERSONALLY

(x) 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.

(x) 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.

(x) Yes

() No Explain: _____

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) _____

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. NO

If so, provide explanation: _____

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.

Yes. Granted. Arrow Communications, Inc. _____

Company Code: TG302 _____

Certificate: 5826 _____

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.

Robert M. Post, Jr. is President of Arrow Communications, Inc., which _____

currently holds a PATS certificate. He is also President of ITS _____
Telecommunications Systems, Inc. _____

Internet Website Address: _____
10. Partnership (continued)
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: Don Hartsfield
Title: Comptroller
Address: Post Office Box 277
City/State/Zip: Indiantown, FL 34956
Telephone No.: (561) 597-2827 **Fax No.:** (561) 597-2110
Internet E-Mail Address: donh@aci-source.net
Internet Website Address: N/A

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

Name: Don Hartsfield
Title: Comptroller
Address: Post Office Box 277
City/State/Zip: Indianton, FL 34956
Telephone No.: (561) 597-2827 **Fax No.:** (561) 597-2110
Internet E-Mail Address: donh@aci-source.net
Internet Website Address: 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):** 132663101

9. **If individual, provide:**

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

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: _____



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Sincerely,

ITS TELECOMMUNICATIONS SYSTEMS, INC.

Mary Ann Holt

Mary Ann Holt
Administrative Assistant

ITS Telecommunications Systems, Inc. GENERAL ACCOUNT P. O. Box 277 Indiantown, FL 34956	First National BANK AND TRUST COMPANY STUART, FLORIDA 34994	63-515 670	Date Check Number: 003487 Issue Date: 06/30/2000
PAY <u>One Hundred and 00/100</u>		Net Amount \$*****100.00	
To the Order of FLORIDA PUBLIC SERVICE COMM. 2540 SHUMARD OAK BLVD TALLAHASSEE, FL 32399		US Dollars Void if not cashed in 6 months	
DOCUMENT NUMBER-DATE		<i>Shirley J. Maguire</i> <i>Don Hartsfield</i>	
08220 JUL-78		FPSC-RECORDS/REPORTING	

⑈003487⑈ ⑆067005158⑆ ⑆01702138⑆

STATE OF FLORIDA

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



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

Public Service Commission

July 11, 2000

Mary Ann Holt, Administrative Assistant
ITS Telecommunications Systems, Inc.
Post Office Box 277
Indiantown, Florida 34956

Re: Docket No. 000823-TC

Dear Ms. Holt:

This will acknowledge receipt of an application for certificate to provide pay telephone service by ITS Telecommunications Systems, Inc., which was filed in this office on July 7, 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