



****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**

000839-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 322	JUL 12 2003



TeleVend, Inc.
 P.O. BOX 77
 FALL RIVER, MA 02724-0077
 (508) 675-5474

FALL RIVER FIVE CENTS SAVINGS BANK
 FALL RIVER, MA 02722

53-7064/2113

7/6/2000

2037

PAY TO THE ORDER OF

Florida Public Service Commission

\$ 100.00

One Hundred and 00/100***** DOLLARS

Florida Public Service Commission
 Division Of Records & Reporting
 2540 Shumard Oak Blvd
 Tallahassee, FL 32399-0850

DOCUMENT NUMBER - DATE

08379 JUL 11 8

[Handwritten Signature]

AUTHORIZED SIGNATURE

MEMO

Security Features: Details on Back

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- ◆ 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):

TeleVend Inc

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

TeleVend Inc

3. Official mailing address:

Street: 377 Wilbur Ave South 178

P.O. Box: _____

City: Swansea

State: MA Zip: 02777

4. Florida address:

Street: c/o: Andre Remy 1440 Atlanta Dr. =

P.O. Box: _____

City: Holly Hills

State: FL Zip: 32117-1304

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): _____

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: _____

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: Cliff Wilson
Title: Pres.
Address: 377 Wilbur Ave Suite 178
City/State/Zip: Swungar MA 02777
Telephone No.: 508-675-5474 Fax No.: 508-676-6538
Internet E-Mail Address: telvend@aol.com
Internet Website Address: telvend.com

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

Name: "SAME AS ABOVE"
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
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: _____

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.

MASSACHUSETTS
RI

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

Already certified in MA

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) Internet Access (VFP, Kiosk)

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 1-50

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) Subcontractor

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:

Cliff Wilson

Print Name

Pres.

Title

508-675-5474

Telephone No.

Address: 377 Wilbur Ave Suite 178

Swansea, MA 02777

Cliff Wilson

Signature

7-6-00

Date

508-676-6538

Fax No.

****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:

Craig Wilson
Print Name

Craig Wilson
Signature

Pres
Title

7-6-00
Date

508-675-5474
Telephone No.

508-676-6538
Fax No.

Address: 377 Wilbur Ave suite 178
Swanee, MA 02777

****APPLICANT ACKNOWLEDGMENT****

Applicant: TeleVend, Inc

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

Cliff Wilson

Print Name

Pres.

Title

508-675-5474

Telephone No.

Cliff Wilson

Signature

7-6-00

Date

508-676-6538

Fax No.

Address: 377 Wilbur Ave suite 178

Swanca MA 02777

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.

REGISTRATION
 2009 JUL 11 AM 8 32
 FLORIDA
 TELECOMMUNICATIONS COMMISSION

☆☆ NOTE ☆☆

FLORIDA CERTIFICATE/SERVICE MATRIX

CERT TYPE	SERVICES AUTHORIZED								
	LOCAL SWITCHED	LOCAL PRIVATE LINE	INTERLATA PRIVATE LINE	INTRALATA PRIVATE LINE	INTRALATA SWITCHED TOLL	INTERLATA SWITCHED TOLL	EAS & ECS SWITCHED	EAS & ECS PRIVATE LINE	PAY TELEPHONE
LEC	√	√		√	√		√	√	
ALEC	√	√		√	√		√	√	
STS	√						√		
AAV		√	√	√				√	
IXC			√	√	√	√	√*	√	
PATS	√				√	√	√		√

NOTE: For your information, the above Matrix illustrates what certificates are needed if you intend to provide certain telecommunications services in Florida.

For example, to provide IntraLATA Private Line service you would need to be certificated as either an ALEC, LEC, AAV, or IXC, depending on what additional telecommunications service you intend to provide.

* EAS and ECS switched services are considered to be local services, but IXCs may also carry calls between exchanges (interexchanges).

PAY TELEPHONE SERVICE

This Package Contains

- ✓ **Form PSC/CMU-32 (02/99) - Application Form for Certificate to Provide Pay Telephone Service Within the State of Florida**
- ✓ **Form PSC/CMU-26 (Rev. 4/98) - Pay Telephone Service Provider Regulatory Assessment Fee Return (For Information Use Only)**
- ✓ **Frequently Asked Questions Pay Telephone Service**
- ✓ **Rules Governing Pay Telephone Service**
- ✓ **Form PSC/CMU-2 (02/99) - Request to Block Incoming Calls**
- ✓ **Pay Telephone Service Physically Handicapped Rules ANSI Standards**
- ✓ **Sales and Use Tax and Gross Receipts Tax on Telecommunications (brochure)**
- ✓ **Florida Tax Status on Telecommunications (undated table)**
- ✓ **Municipal Public Service Tax Database**
- ✓ **Application to Collect Tax in Florida (DR-1 R. 11/97)**