

ORIGINAL

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

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

00 AUG 14 AM 8 59
MAIL ROOM

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

001125-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
D348 AUG 16 2000

- ◆ 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):
TOM ARBUCKLE

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

3. Official mailing address:
Street: 621 ANCHOR POINT
P.O.Box: _____
City: DELRAY BEACH
State: FL Zip: 33444

4. Florida address:
Street: 621 ANCHOR POINT
P.O.Box: _____
City: DELRAY BEACH
State: FL Zip: 33444

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: G 98351000005

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

9. If individual, provide:

Name: TOM ARBUCKLE

Title: OWNER

Address: 621 ANCHOR POINT

City/State/Zip: DELRAY BEACH, FL 33444

Telephone No.: 561.330.0164 Fax No.: _____

Internet E-Mail Address: ARBUCKLE@FLYINGCHILEPEPPER.COM

Internet Website Address: FLYINGCHILEPEPPER.COM

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: TOM ARBUCKLE
Title: OWNER
Address: 621 ANCHOR POINT
City/State/Zip: DELRAY BEACH, FL 33444
Telephone No.: 561.330.0164 Fax No.: _____
Internet E-Mail Address: ARBUCKLE@FLYINGCHILEPEPPER.COM
Internet Website Address: FLYINGCHILEPEPPER.COM

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

Name: TOM ARBUCKLE
Title: OWNER
Address: 621 ANCHOR POINT
City/State/Zip: DELRAY BEACH, FL 33444
Telephone No.: 561.330.0164 Fax No.: _____
Internet E-Mail Address: ARBUCKLE@FLYINGCHILEPEPPER.COM
Internet Website Address: FLYINGCHILEPEPPER.COM

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.

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.

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

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) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 3

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:

TOM ARBUCKLE

Print Name

Tom Arbuckle

Signature

OWNER

Title

8/8/2000

Date

561.330.0164

Telephone No.

Fax No.

Address:

621 ANCHOR POINT

DELRAY BEACH, FL 33444

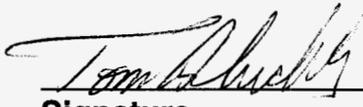
****ACKNOWLEDGMENT****

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:

<u>Tom ARBUCKLE</u>	<u></u>
Print Name	Signature
<u>OWNER</u>	<u>8/8/2000</u>
Title	Date
<u>561.330.0164</u>	
Telephone No.	Fax No.
Address: <u>621 ANCHOR POINT</u>	
<u>DELRAY BEACH, FL 33444</u>	

****APPLICANT ACKNOWLEDGMENT****

Applicant: TOM ARBUCKLE

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

TOM ARBUCKLE *Tom Arbuckle*
Print Name Signature

OWNER 8/8/2000
Title Date

561.330.0164
Telephone No. Fax No.

Address: 621 ANCHOR POINT
DELRAY BEACH, FL 33444

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.

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

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

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2540 Shumard Oak Blvd.

697

THOMAS R. ARBUCKLE
621 ANCHOR POINT
DELRAY BEACH, FL 33444

Date August 9, 2000 63-7762/2670

Pay to the Order of Florida Public Service Commission \$ 100.00
One Hundred and 00/100 Dollars

Federal Credit Union
Toll free nationwide: 800-575-5109

For Application Fee - Cash Thomas R. Arbuckle

0697

DOCUMENT NUMBER-DATE
09798 AUG 14 8
FPSC-RECORDS/REPORTING