



# Public Service Commission

**DATE:** August 14, 2000  
**TO:** Docket File  
**FROM:** Division of Regulatory Oversight (McCoy/Hoppe) *sm*  
 Division of Legal Services (Dandelake/Keating) *fw of and mlo bll*  
**RE:** Docket No. 000948-TC - Request for Voluntary Cancellation of PATS Certificate No. 5440, effective 12/20/99.

By letter dated December 16, 1999, Samuel R. Schonwetter, holder of Pay Telephone Certificate (PATS) of Public Convenience and Necessity No. 5440, requested the cancellation of PATS Certificate No. 5440. Samuel R. Schonwetter has complied with the provision of Rule 25-24.514(2), Florida Administrative Code, by providing adequate notice in writing of its request for cancellation of its PATS certificate and by submitting its Regulatory Assessment Fees for 1999.

As outlined in Chapter 2.07, Section C.17 of the Administrative Procedures Manual, our review results in our recommendation that the voluntary cancellation should be approved; an administrative order be issued; and the docket be closed.

### Attachments

cc: Division of Records & Reporting  
 McCoy-RGO  
 Dandelake-LEG

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGO \_\_\_\_\_
- SEC
- SER \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

10068 AUG 17 8

FPSC-RECORDS/REPORTING

COMPANY IDENTIFICATION

Printed on 07/25/2000 at 09:15:58 by TJM

Complete Name: Samuel R. Schonwetter

Mailing Name: Samuel R. Schonwetter

Company Code: TG138 FEID Number:

COMPANY INFORMATION

Address Line 1: 4601 S.W. 27th Avenue

Address Line 2:

City: Dania State: FL Zip Code: 33312-5707

Reg. Date: 09/03/1997 Inactive Date:

Transferred To:

Trans. From:

Certificate 1: 5440 Certificate 2:

Corporate Type:

Service 1: PAT - Pay Telephone

Service 2:

Service 3:

Service 4:

Class (WAW):

Phone Count:

County 1: County 2:

County 3: County 4:

# RAF ACCOUNT

Printed on 07/19/2000 at 10:04:17 by BHB

Samuel R. Schonwetter (TG138)

Period Covered: 01/01/1999-12/31/1999	Actual Return: Yes	Operating Revenue: \$0.00
Service: PAT	Received RAF Form: No	Interstate Revenue: \$0.00
Due Date: 01/31/2000	Payment Plan: No	Net RAF Due: \$50.00
Postmark Date: 06/14/2000	Extension: No	Refund Issued: \$0.00
Satisfied: No	RAF Rate: 0.0015	Fine Paid: \$0.00

DESCRIPTION	AMOUNT DUE	AMOUNT PAID	AMOUNT OWED
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$12.50	\$12.50	\$0.00
Interest	\$2.50	\$2.50	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Additional Payment	\$0.00	\$0.00	\$0.00
Total	\$65.00	\$65.00	\$0.00

# Pay Telephone Service Provider Regulatory Assessment Fee Return

*- Call to phone -  
- to phone -  
- in new*

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

STATUS:  
 Actual Return  
 Estimated Return  
 Amended Return

PERIOD COVERED:  
01/01/1999 TO  
12/31/1999

TG138  
Samuel R. Schonwetter  
4601 S.W. 27th Avenue  
Dania, FL 33312-5707

*1999 DEC 20*

*FLORIDA PUBLIC SERVICE COMMISSION*

FOR PSC USE ONLY

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603002  
003001  
\$ \_\_\_\_\_ P  
0603002  
004011  
\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_  
Initials of Preparer \_\_\_\_\_

Please Complete if Mailing Address Has Changed

Samuel R. Schonwetter 4601 SW \_\_\_\_\_  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	<b>TOTAL AMOUNT DUE</b>	\$ _____

*Out of Business*

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0

\* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 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.

Samuel Schonwetter  
(Signature of Company Official)  
Samuel Schonwetter  
(Preparer of Form - Please Print Name)

owner (Title) 12/16/99 (Date)  
Telephone Number (954) 962-6539 Fax Number \_\_\_\_\_

F.E.I. No. (954) 962-6539