

ORIGINAL

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

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

001248-JC

**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**

DEPOSIT
D 3 5 3 ■

DATE
AUG 2 8 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):
JUAN HERMDZA

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

3. Official mailing address:
Street: 6210 N Sheldon Rd Apt. 1403
P.O.Box: 263 113 TAMPA FL 33665-3113.
City: TAMPA
State: FLORIDA Zip: 33615.

4. Florida address:
Street: 6210 N Sheldon Rd Apt 1403
P.O.Box: 263 113 TAMPA FL 33665-3113
City: TAMPA
State: FLORIDA Zip: 33615.

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: N/A.

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 885.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name
Registration Number: N/A

8. F.E.I. Number (if applicable): N/A

9. If individual, provide:

Name: JUAN HERMOZA

Title: OWNER

Address: 6210 N Sheldon Rd Apt 1403

City/State/Zip: TAMPA - FLORIDA 33615

Telephone No.: (813) 880-8622 Fax No.: (813) 880-8622

Internet E-Mail Address: juanhermoza@hotmail

Internet Website Address: NONE

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. Name: N/A.
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: JUAN HERMOZA
Title: OWNER
Address: 6210 N Sheldon Rd Apt 1403
City/State/Zip: TAMPA FL 33615
Telephone No.: (813) 880-8622 Fax No.: (813) 880-8622
Internet E-Mail Address: Juanhermoza@hotmail
Internet Website Address: _____

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

Name: JUAN HERMOZA
Title: OWNER
Address: 6210 N Sheldon Rd Apt 1403
City/State/Zip: TAMPA FL 33615
Telephone No.: (813) 880-8622 Fax No.: (813) 880-8622
Internet E-Mail Address: Juanhermoza@hotmail
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.

_____ none _____

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: 3 (three)

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.

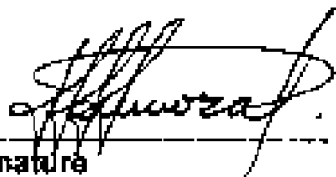
- Yes
 - No Explain: _____
- _____
- _____
- _____

****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 that 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:

JUAN HERMOZA
Print Name


Signature

OWNER.
Title

08.24.00
Date

(813) 880-8622
Telephone No.

(813) 880-8622
Fax No.

Address: 6210 N Sheldon Rd Apt 1403
TAMPA FL 33615.

****ACKNOWLEDGMENT****

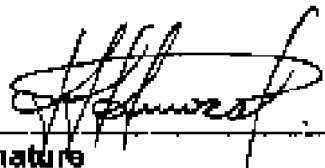
By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable 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:

JUAN HERMOZA
Print Name


Signature

OWNER.
Title

08.24.00
Date

(813) 880-8622
Telephone No.

(813) 880-8622
Fax No.

Address: 6210 N Sheldon Rd Apt 1403.
TAMPA FL 33615.

****APPLICANT ACKNOWLEDGMENT****

Applicant: JUAN HERMOZA

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

JUAN HERMOZA
Print Name


Signature

OWNER
Title

08.24.00
Date

(813) 880-8622
Telephone No.

(813) 880-8622
Fax No.

Address: 6210 N Sheldon Rd. Apt 1403
TAMPA FL 33615

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.

Red Baron Express

Tampa Route 4

Driver Name: JUAN HERMOZA Date: _____

Ground #	Sch Time	Act. Time	Picked Up # Pieces	Drop Off # Pieces	Dep Location	Notes	Comments	Signature
TPA 4000	13:00	/			REDX OFFICE	PICK UP BAG		X _____
TPA 4010	14:10	/			UPB-SEMINOLE	DROP/PICK		X _____
TPA 4020	14:25	/			SECURITY FIRST	PICK UP BAG		X _____
TPA 4030	15:05	/			SPG JET EXEC	DROP BAG		X _____
TPA 4040	15:35	/			B.O.A. PROOF	DROP PROOF		X _____
TPA 4050	15:40	/			B.O.A. MAIL	DROP MAIL		X _____
TPA 4060	15:55	/			DELTA CARGO	DROP PROOF		X _____

DISPATCH #1 - 289 DISPATCH #2 - 288

RED BARON EXPRESS OFFICE # 877-222-7339

RADIO DISPATCH IF DELAYED MORE THAN 10 MINUTES @ ANY LOCATION

Specials _____ Airbill # _____

Specials _____ Airbill # _____

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Florida Public Service Commission
 Division of Communications
 Bureau of Service Evaluation
 2540 Shumard Oak Blvd.
 Tallahassee, Florida 32399-0850
 NationsBank Advantage

JUAN HERMOZA 10-99 544
 813-880-9032
 6202 SHELDON RD.
 APT. 1203
 TAMPA, FL 33615-3107

Date 08-24-00 63-27/631 FL 200

Pay Florida Public Service Commission \$ 100.00
 to the order of

ONE HUNDRED and 00/100 Dollars

NationsBank
 NationsBank, N.A.
 ACH/R/T 063100277

Memo CERTIFICATE (PAY PHONE SVC)

[Signature]

DOCUMENT NUMBER-DATE
10599 AUG 28 8
 FPSC-RECORDS/REPORTING