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OCT -5 PM 3:09
RECORDS AND REPORTING

October 5, 2000

HAND DELIVERY

Ms. Blanca S. Bayo, Director
Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Betty Easley Conference Center, Room 110
Tallahassee, Florida 32399-0850

001535-TC

Re: Application Form for Certificate to Provide Pay Telephone Service Within the State of Florida by Smart City Telecommunications LLC

Dear Ms. Bayo:

Enclosed herewith for filing in the above-referenced docket on behalf of Smart City Telecommunications LLC ("Smart City") are the following documents:

1. Original and two copies of Smart City's completed Application Form for Certificate to Provide Pay Telephone Service Within the State of Florida; and
2. A check in the amount for \$100.00 for the filing fee.

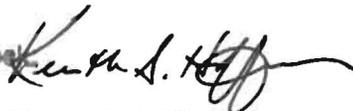
Please acknowledge receipt of these documents by stamping the extra copy of this letter "filed" and returning the copy to me.

Thank you for your assistance with this filing.

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

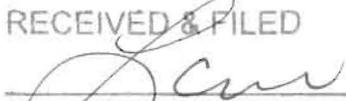
Sincerely,

Initials of person who forwarded check
KAH



Kenneth A. Hoffman

KAH/rl
Enclosures

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE

12723 OCT -5 8

FPSC-RECORDS/REPORTING

Page 2

October 5, 2000

cc: Martin A. Rubin, with enclosure
J. Jeffrey Wahlen, Esq., with enclosure
Lee Schmutde, Esq., with enclosure
Diana Caldwell, Esq., with enclosure
Felicia Banks, Esq., with enclosure
Dan Hoppe, with enclosure
Bill Lowe, with enclosure
Rick Moses, with enclosure
Patti Daniel, with enclosure
Jackie Gilchrist, with enclosure
Bob Casey, with enclosure
Rick Wright, with enclosure

Smactcity\Bayo

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

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

001535-TC

**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. Pages 8, 9 and 10 must be completed and signed.
- ◆ 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 Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480**

1. Name of company or name of individual (not fictitious name or d/b/a):
Smart City Telecommunications, LLC

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

3. Official mailing address:
Street: 28 West Grand Avenue
P.O. Box: _____
City: Montvale
State: New Jersey **Zip:** 07645

4. Florida address:
Street: 3100 Bonnet Creek Road
P.O. Box: P.O. Box 10180
City: Lake Buena Vista
State: Florida **Zip:** 32830-0180

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: LLC

6. If incorporated in Florida, provide proof of authority to operate in Florida:
**Florida Secretary of State
Corporate Registration Number:** _____
Not incorporated in Florida

10. Partnership (continued) N/A

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: Martin A. Rubin
Title: Chief Executive Officer
Address: 28 West Grand Avenue
City/State/Zip: Montvale, NJ 07645
Telephone No.: 201-930-9000 Ext. 500 Fax No.: 201-930-9704
Internet E-Mail Address: mrubin@smartcitynetworks.com
Internet Website Address: smartcitynetworks.com

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

Name: Lynn B. Hall
Title: Contracts and Tariffs Manager
Address: 3100 Bonnet Creek Road; P.O. Box 10180
City/State/Zip: Lake Buena Vista, FL 32830-0180
Telephone No.: 407-827-2210 Fax No.: 407-827-2424
Internet E-Mail Address: lynn.b.hall@disney.com
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.

California and Nevada

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.

Yes. CLEC sister company Smart City Networks, L.P.;

FPSC fine for failure to respond to local competition data
request - \$1,000

16. Please check (✓) the services that will be provided:

(X) LOCAL

(X) LONG DISTANCE

(X) COIN

(X) CALLING CARD

(X) CREDIT CARD

() OTHER (Describe)

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 1,600

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: _____

****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>Martin A. Rubin</u>	<u></u>
Print Name	Signature
<u>Chief Executive Officer</u>	<u>October 5, 2000</u>
Title	Date
<u>201-930-9000 Ext. 500</u>	<u>201-930-9704</u>
Telephone No.	Fax No.
Address:	
<u>Smart City Networks</u>	
<u>28 West Grand Avenue</u>	
<u>Montvale, NJ 07645</u>	
<u> </u>	
<u> </u>	

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:

Martin A. Rubin

Print Name

Chief Executive Officer

Title

201-930-9000 Ext. 500

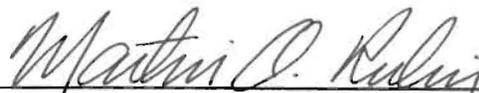
Telephone No.

Address:

Smart City Networks

28 West Grand Avenue

Montvale, NJ 07645



Signature

October 5, 2000

Date

201-930-9704

Fax No.

****APPLICANT ACKNOWLEDGMENT****

Applicant: Smart City Telecommunications, LLC d/b/a

Smart City Telecom

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

Martin A. Rubin

Print Name

Martin A. Rubin

Signature

Chief Executive Officer

Title

October 5, 2000

Date

201-930-9000 Ext. 500

Telephone No.

201-930-9704

Fax No.

Address: Smart City Networks

28 West Grand Avenue

Montvale, NJ 07645

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.

RUTLEDGE, ECENIA, PURNELL & HOFFMAN

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DEPOSIT
D371

DATE
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2. A check in the amount for \$100.00 for the filing fee.

THIS CHECK IS VOID WITHOUT A BLUE & PURPLE BACKGROUND AND AN ARTIFICIAL WATERMARK CERTIFICATION SEAL ON THE BACK - HOLD AT ANGLE TO VIEW SEAL

Smart City Networks, LP

28 West Grand Avenue
Montvale, NJ 07645
USA

CHECK DATE 10/4/00

CHECK NUMBER 0000007281

PAY EXACTLY One hundred and xx / 100 Dollars

TO THE ORDER OF Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399
USA

Check received with filing 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:
M.S.

CHECK AMOUNT

*****100.00

Martin A. Rubin

SIGNATURE HAS A COLLECTIBLE BACKGROUND AND BORDER CONTAINS MICROPRINTING

Summit Bank NJ
Montvale, NJ, 07645

0000007281



001535-7C

Foreign Limited Liability

SMART CITY TELECOMMUNICATIONS LLC

PRINCIPAL ADDRESS

28 WEST GRAND AVE.
MONTVALE NJ 07645

MAILING ADDRESS

28 WEST GRAND AVE.
MONTVALE NJ 07645

Document Number
M00000001807

FEI Number
APPLIED

Date Filed
09/06/2000

State
DE

Status
ACTIVE

Effective Date
NONE

Total Contribution
0.00

Registered Agent

Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Manager/Member Detail

Name & Address

Title

NONE

Annual Reports

Report Year

Filed Date

Intangible Tax

Previous Filing

Return to List

Next Filing

No Events
No Name History Information

[View Document Image\(s\)](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Corporations Inquiry

Corporations Help