

CAFÉ
THIRTY-A

October 27, 2000

061648-JC

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

DEPOSIT DATE
D 8 6 1 1 1 NOV 01 2000

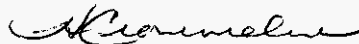
Gentlemen:

Please find enclosed the original and two copies of our completed application, together with \$100.00 fee, for a certificate to provide pay telephone service in my restaurant in Seagrove Beach (Santa Rosa Beach zip code), Florida.

Your prompt attention to the processing of this application would be greatly appreciated. Sprint removed our pay phone with no warning because of "low pay." I cannot get a telephone line provided by Sprint until I have a certificate number from your department and must allow my customers to use my business phone. For obvious reasons, this is not the ideal situation.

Thank you very much.

Very truly yours,



Harriet H. Crommelin
Owner

hhc
Enclosures

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RECEIVED
DIVISION OF RECORDS & REPORTING
NOV 01 2000

DOCUMENT NUMBER - DATE

1411 OCT 31 8

FPSC-RECORDS/REPORTING

ORIGINAL

061648-R

1. Name of company or name of individual (not fictitious name or d/b/a):

CAFE THIRTY-A, INC

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

CAFE THIRTY-A

3. Official mailing address:

Street: 3899 E. SCENIC HWY 30-A

P.O. Box:

City: SANTA ROSA BEACH

State: FL

Zip: 32459

4. Florida address:

Street: SAME

P.O. Box:

City:

State:

Zip:

5. Structure of organization:

() Individual

(X) Corporation

() General Partnership

() Limited Partnership

() Other:

6. If incorporated in Florida, provide proof of authority to operate in Florida: DOCUMENT NUMBER-DATE

Florida Secretary of State

Corporate Registration Number: P94000073748

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FPSC-RECORDS/REPORTING

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): 59-3275122

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:

1. **Name:** _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

2. 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?

1. The application:

Name: HARRIET H. CROMMELIN
Title: PRES.
Address: 44 SEAWATCH DR.
City/State/Zip: SANTA ROSA BEACH, FL 32459
Telephone No.: 850-231-¹⁴⁴³~~2766~~ Fax No.: 850-231-0498
Internet E-Mail Address: HARRIET@BNT.NET (LOWER CASE)
Internet Website Address: _____

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

Name: SAME
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: 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: NA

1. Is currently providing pay telephone service.

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

3. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

4. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

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: /

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:

<u>CAFE THIRTY-A, INC</u>	<u><i>Al Comedian</i></u>
Print Name	Signature
<u>PRES</u>	<u>10/27/00</u>
Title	Date
<u>850/231-2166</u>	<u>850/231-2128</u>
Telephone No.	Fax No.
Address: <u>3899 E. SCENIC 30-A</u>	
<u>SANTA ROSA BEACH, FL 32459</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:

CAFE THIRTY-A INC

Print Name

[Signature]

Signature

PRES

Title

10/27/00

Date

850/231-2166

Telephone No.

850/231-2128

Fax No.

Address: 3899 E. SCENIC 30-A

SANTA ROSA BEACH, FL 32459

****APPLICANT ACKNOWLEDGMENT****

Applicant: CAFE THIRTY-A, INC

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

CAFE THIRTY-A, INC
Print Name

[Signature]
Signature

PRES -
Title

10/27/00
Date

850/231-2166
Telephone No.

850/231-2128
Fax No.

Address: 3899 E. SCENIC HWY, 30A

SANTA ROSA BEACH, FL 32459

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.



October 27, 2000

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Harriet H. Crommelin
Owner

DOCUMENT NUMBER - DATE
9441
14 | 1 | OCT 31 8
PSC - RECORDS/REPORTING

CAFE THIRTY-A, INC.

TAX NO 76-00-006969-08
3899 E. CO. HWY. 30 A
SEAGROVE BEACH, FL 32459

9441

63-1421/832
03

PAY TO THE ORDER OF

Fla. PSC

DATE 10-27-00

\$ 100⁰⁰

One Hundred & 00/100

DOLLARS

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNTS

⑈009441⑈



Seagrove Beach, Florida 32459

Security features are included. Details on back.