010788-JC

### \*\*FLORIDA PUBLIC SERVICE COMMISSION\*\*

### DIVISION OF REGULATORY OVERSIGHT CERTIFICATION SECTION

## 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.
- <u>Print or type</u> all responses to each item requested in the application. If an item is not applicable, please explain. Pages 8, 9 and 10 <u>must</u> 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 nonrefundable <u>application fee of \$100.00</u> 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

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 £ 25-24.511 File Name: cmu-32.doc

DOCUMENT NUMBER-DATE

06667 MAY 29 5 FPSC-RECORDS/REPORTING

- 1. Name of company or name of individual (not fictitious name or d/b/a):
- 2. Name under which applicant will do business (fictitious name, etc.):

| 3. | Official mailing address:                                 |
|----|---|
|    | Official mailing address:<br>Street: 1220 Jimmy ANN DRIVE |
|    | P.O. Box:   |
|    | City: DAY TONA BEACH                                      |
|    | State: FL Zip: 32-117                                     |
| 4. | Florida address:<br>Street: 1220 Jimmy ANN JRIVE          |
|    | P.O. Box:*  |
|    | P.O. Box:<br>City: DAY TONA BEACH<br>State: FL Zip: 37117 |
|    | State: FL Zip: 37117                                      |
| 5. | Structure of organization:                                |

() Individual

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- ( Corporation
- () General Partnership
- () Limited Partnership
- ( ) Other: \_\_\_\_\_
- 6. If incorporated in Florida, provide proof of authority to operate in Florida:

| Florida Secretary of State<br>Corporate Registration Number: | G0008 | 7900211. |  |
|--|-------|----------|--|
|  |       |          |  |

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 Nam Registration Number:         |                                       | )211                                  |
|----------|---|---------------------------------------|---------------------------------------|
| F.E.I.   |   | 59 363 0728                           |                                       |
| , 1      | ividual, provide:                                   |                                       |                                       |
|          |   |                                       |                                       |
| Addr     | ess:  | ``                                    |                                       |
| City/s   | State/Zip:  |                                       | ۰<br>                                 |
| Teler    | hone No.:   | Fax No.:                              |                                       |
|          | net E-Mail Address:<br>net Website Address:         |                                       |                                       |
|          | <b>tnership,</b> provide name,<br>ership agreement: | title and address of all partne       | ers and a copy of                     |
| a.       | Name:   |                                       |                                       |
|          | Title:  | · · · · · · · · · · · · · · · · · · · |                                       |
| • •      | Address:  |                                       | · · · · · · · · · · · · · · · · · · · |
|          | City/State/Zip:                                     | · · · · · · · · · · · · · · · · · · · |                                       |
|          | Telephone No.:                                      | Fax No.:                              |                                       |
|          | Internet E-Mail Addres                              | S:                                    |                                       |
| ,        | Internet Website Addr                               | ess:                                  | · · ·                                 |
| <i>,</i> |   |                                       |                                       |

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 £ 25-24.511 File Name: cmu-32.doc

**10.** Partnership (continued)

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**11.** 

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| Partin | ership (continued)   |
|--------|--|
| b.     | Name:  |
|        | Title:   |
|        | Address:   |
|        | City/State/Zip:  |
| ,      | Telephone No.:Fax No.:   |
|        | Internet E-Mail Address:   |
|        | Internet Website Address:  |
| Who    | will serve as liaison to the Commission with regard to the following?                        |
| а.     | The application:   |
|        | Name: PAMELA OLI   |
|        | Name: <u>PAMELA OLI</u><br>Title: <u>ADMINISTRATOR</u>                                       |
|        | Address: 1220 JIMMY ANN DR   |
|        | City/State/Zip: DAYTONA BUIL FL 32117  |
|        | Telephone No.: (386) 274-1828 Fax No.: 274-183   |
|        | Internet E-Mail Address:   |
|        | Internet Website Address:  |
| b.     | Official Point of Contact for ongoing company operations including complaints and inquiries: |
|        | Nome PRICEA OLI  |

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| Name:      | PRMELT           |             |           |        |     |
|------------|------------------|-------------|-----------|--------|-----|
|            | DUINISTR         |             |           |        |     |
| Address:   | 1220 Jim         | my - AN     | n de      | ,      |     |
| City/State | Zip: DAYTON      | A BEAC      | It Fr     | 3211   | /   |
| Telephon   | e No.: (366) 274 | -1828 Fax N | No.: 386/ | 27-4-1 | 835 |
|            | -Mail Address:   |             |           | •      |     |
| Internet V | Vebsite Address: |             |           |        |     |

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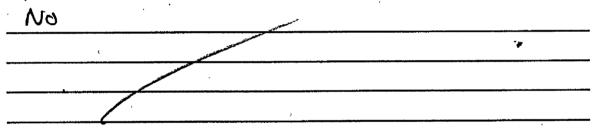
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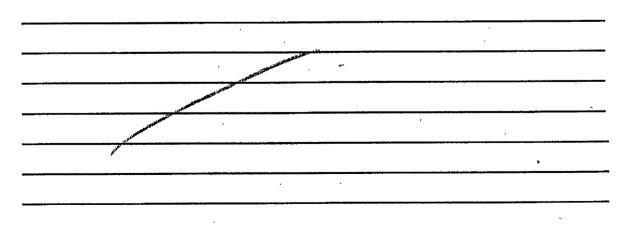
12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

 $\Lambda \ln$ 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.

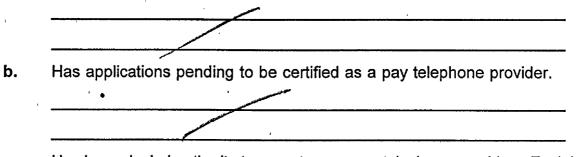


14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

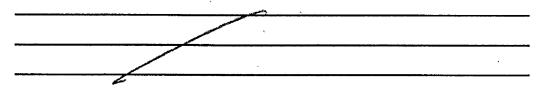


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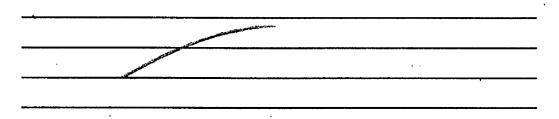
- **15.** List other states in which the applicant:
  - a. Is currently providing pay telephone service.



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



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



**16.** Please check  $(\checkmark)$  the services that will be provided:

() LOCAL
() LONG DISTANCE
() COIN
() CALLING CARD
() CREDIT CARD
() OTHER (Describe) \_

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- 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  $(\checkmark)$  all that apply.
- **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.

No Explain: lest

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: e.

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# **\*\*APPLICANT FEE/TAX STATEMENT\*\***

- 1. REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of <u>0.15 of one percent</u> 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 <u>two and one-half percent</u> on all intra- and interstate business.
- 3. SALES TAX: I understand the a <u>seven percent</u> sales tax must be paid on intraand interstate revenues.
- 4. APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

' OFFICIA **Print Name** Sidnati 0 Title Date Fax No. Tèlephone No. NN m m Address:

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511 File Name: cmu-32.doc

## \*\*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:  | Λ             | $\sim$   |
|-------------|------------|---------------|----------|
| PAMEL       | A OLI      | lanel         | er Ch.   |
| Print Name  |            | Signature     | · · ·    |
| ADMIN       | VISTRATOR  | 5/22          | 101      |
| Title       |            | Date          | }        |
| (386)       | 274-1828   | 386           | 274-1835 |
| Telephone N | 0.         | Fax No.       |          |
| Address:    | 1220 Jimmy | ANN.<br>BEACH | DRIVE    |
|             | DayTONA    | BEACH         | F. 32117 |
|             |            |               | /        |
|             | , · · ·    |               | <b>.</b> |
|             |            |               |          |
|             |            |               | · ·      |

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 £ 25-24.511 File Name: cmu-32.doc

# **\*\*APPLICANT ACKNOWLEDGMENT\*\***

PINELAS 7LE CENTER Applicant:

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

| Porme                  | ELA OLI                               | lan                                   | ely N                                 | 1     |
|------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-------|
| Print Name             |                                       | Signature                             | · · · · · · · · · · · · · · · · · · · |       |
| ADMIN                  | 1STRATOR                              |                                       | 122/01                                |       |
| Title                  |                                       | Date                                  | Ν                                     |       |
| (386) 2                | 94-1828                               | 386                                   | 274                                   | -1832 |
| <sup>\</sup> Telephone | No.                                   | Fax No.                               |                                       |       |
| Address:               | ·1220 Jon                             | ANY AN.                               | in. Dr                                | IVE   |
|                        | JAYTONA                               | Refich,                               | <u> </u>                              | 32117 |
|                        | · · · · · · · · · · · · · · · · · · · | 1                                     |                                       | · /   |
|                        |                                       | · · · · · · · · · · · · · · · · · · · |                                       |       |
|                        |                                       | •                                     |                                       |       |
|                        |                                       |                                       |                                       |       |
|                        | · ·                                   |                                       |                                       |       |

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.

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511 File Name: cmu-32.doc to avoid penalty and interest charges, the regulatory assessment fee return must be filed on or before FIELD(2) Pay Telephone Service Provider Regulatory Assessment Fee Return

| STATUS                      | S:  | Florida Public Service Commission<br>(See Filing Instructions on Back of Form) | FOR PSC<br>Check#                     | USE ONLY                                     |
|-----------------------------|---|--|---------------------------------------|--|
|                             | Actual Return<br>Estimated Return<br>Amended Return | FIELD(1)   | s<br>s<br>s                           | 06030(<br>0030)<br>P<br>06030(<br>0040)<br>I |
| PERIOD COVERED:<br>FIELD(3) |   |  |                                       | arer   |
|                             |   | Please Complete Below If Official Mailing Address Has Changed                  |                                       |  |
|                             | (Name of Company)                                   | (Address)  | (City/State)                          | (Zip)  |
| LINE<br><u>NO.</u><br>1.    | Gross Operating R                                   | ACCOUNT CLASSIFICATION   | S                                     |  |
| 2.                          | Gross Intrastate Re                                 |  |                                       |  |
| 3.                          | 2   | aid to Other Telecommunications Companies*                                     | (                                     | ्र ()<br>- भूगम्<br>                         |
| 4.                          | TOTAL REVENU<br>(Line 2 less Line 3                 | JES for Regulatory Assessment Fee Calculation                                  | <b>s</b>                              |  |
| 5.                          | Regulatory Assess                                   | nent Fee Due - (Multiply Line 4 by 0.0015)                                     |                                       |  |
| 6.                          | Penalty for Late Pa                                 | ayment (see "3. Failure to File by Due Date" on back)                          | · · · · · · · · · · · · · · · · · · · |  |
| 7.                          | Interest for Late P                                 | ayment (see "3. Failure to File by Due Date" on back)                          | )                                     |  |
| 8.                          | TOTAL AMOUN   | T DUE  | ś <b>\$</b>                           |  |
|                             | 1   | D IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM A                           | au. au                                | · 2 2  |
|                             |   | COMPLETED AND RETURNED REGARDLESS OF THE AMOUN                                 |                                       | CPORTED                                      |
| 9.                          | Number of pay tel<br>by this Return                 | ephones in operation at close of period covered                                |                                       | <u></u>                                      |

\* 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 informatic 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 misle: a public servery in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

(Date) (Signature of Company Official) (Title) Fax Number (386 274 -1835 Ø Telephone Number Ł. (Preparer of Form - Please Print Name) F.E.I. No.