

ORIGINAL

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

DISTRIBUTION CENTER

02 JUN -7 AM 11:51

**DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

020497-TC

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**

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:

LRM

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

05959 JUN-7 8

FPSC-COMMISSION CLERK

PAID

1. **Name of company or name of individual (not fictitious name or d/b/a):**
Taylor County Board of County Commissioners

2. **Name under which applicant will do business (fictitious name, etc.):**
Taylor County Board of County Commissioners

3. **Official mailing address:**

Street: _____

P.O. Box: 620

City: Perry

State: Fl. **Zip:** 32348

4. **Florida address:**

Street: 108 North Jefferson St

P.O. Box: _____

City: Perry

State: Fl. **Zip:** 32347

5. **Structure of organization:**

Individual

Corporation

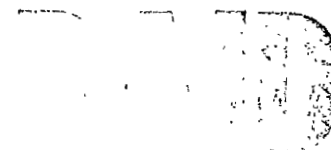
General Partnership

Limited Partnership

Other: Government

6. **If incorporated in Florida, provide proof of authority to operate in Florida:**

**Florida Secretary of State
Corporate Registration Number:** _____



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): 59-6000 879

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: _____

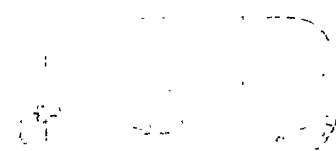
City/State/Zip: _____

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: William D. Griner
Title: Building Official
Address: 201 E. Green ST.
City/State/Zip: Perry, Fl. 32347
Telephone No.: 850 838-3500 Fax No.: 850 838-3501
Internet E-Mail Address: inspector@Taco.perryFl.com
Internet Website Address: Taco.perryFl.com

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

Name: William D. Griner
Title: Building Official
Address: 201 E Green ST.
City/State/Zip: Perry, Fl. 32347
Telephone No.: 838-3500 Fax No.: 838-3501
Internet E-Mail Address: inspector@Taco.perryFl.com
Internet Website Address: Taco.perryFl.com

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: NIA

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.

NIA

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.

NIA

15. List other states in which the applicant:

1. Is currently providing pay telephone service.

NONE

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

NONE

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

NONE

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

NONE

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: 1

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: _____

PAID

- 1. **ASSESSMENT FEE:** I understand that all telephone companies must pay a gross 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:

William D. Griner
Print Name

W. D. Griner
Signature

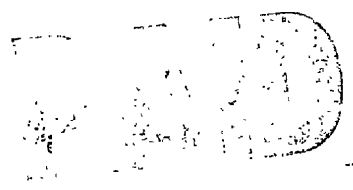
Building Official
Title

5-3-02
Date

850 838-3500
Telephone No.

850 838-3501
Fax No.

Address: 201 E. Green St.
Perry, Fl. 32347



****ACKNOWLEDGMENT****

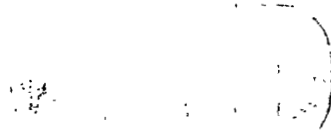
By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable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

<u>William D. Griner</u> Print Name	<u>W.D. Griner</u> Signature
<u>Building Official</u> Title	<u>5-3-02</u> Date
<u>850 838-3500</u> Telephone No.	<u>850 838-3501</u> Fax No.
Address: <u>201 E. Green ST</u>	
<u>Perry, Fl. 32347</u>	



****APPLICANT ACKNOWLEDGMENT****

Applicant: Taylor County Board of County
Commissioner's

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

William D. Griner
Print Name

W.D. Griner
Signature

Building official
Title

5-3-02
Date

850 - 838 - 3500
Telephone No.

850 838-3501
Fax No.

Address: 201 E. Green St
Perry, Fl. 32347

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.



Florida Department of Revenue

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

This Certificate is Non-transferable.

DR-14 R. 03/97

Issue Date -

Expiration Date

Certificate Number

Type of Organization

10/27/97

10/27/2002

72-04-003429-53C

COUNTY GOVERNMENT

This Certifies That

BOARD OF COUNTY COMMISSIONERS
108 N. JEFFERSON ST
PERRY FL 32347-0620

Is Exempt From the Payment of Sales and Use Tax on the Purchase or Lease of Tangible Personal Property, the Lease of Transient Rental Accommodations or Real Property.

L.H. Fuchs
Executive Director



Florida Department of Revenue

Important Facts

DR-14 R. 03/97

- Provide all vendors with a copy of your Consumer's Certificate of Exemption before making tax-exempt purchases.
- Your Consumer's Certificate of Exemption is to be used solely for your organization's customary nonprofit activities.
- Purchases by the exempt organization are only exempt when the Consumer's Certificate of Exemption is presented to the vendor and the payment is made directly by the organization.
- Purchases made by an individual on behalf of the organization are taxable, even if the individual is reimbursed by the organization.
- Transactions by an exempt organization such as sales or leases of tangible personal property, transient rental or sleeping accommodations, real property, or docking spaces are taxable. The organization must register for sales and use tax certification, and collect and remit sales tax on those transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Section 12A-1.070, F.A.C.).
- Changes in the organization's purpose, federal exemption status, or address must be reported immediately to the Department of Revenue.

UNDER NO CIRCUMSTANCES SHOULD THIS EXEMPTION BE USED FOR THE PERSONAL BENEFIT OF ANY INDIVIDUAL. ANY MISUSE OF THIS EXEMPTION WILL NECESSITATE ITS REVOCATION.

If you have any questions or need assistance, please contact:

Central Registration
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0100
904-487-4130