

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date August 23, 2002 Docket No. 020917-TC

1. Division Name/Staff Name: Division of Competitive Markets & Enforcement/Isler

2. OPR: Division of Competitive Markets & Enforcement/Isler

3. OCR: Office of the General Counsel

4. Suggested Docket Title: Cancellation by Florida Public Service Commission of PATS Certificate No. 7836 issued to Boulevard Hotel, Inc. for violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.

5. Suggested Docket Mailing List (attach separate sheet if necessary)
A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)
1. Parties and their representatives (if any):

Table with 2 columns for listing parties and their representatives.

2. Interested persons and their representatives (if any):

6. Check one:
XX Documentation is attached.
Documentation will be provided with recommendation.

DOCUMENT NUMBER: U8945 AUG 23 88 FPSC-COMMISSION CLERK

TRANSMISSION VERIFICATION REPORT

TIME : 07/26/2002 15:43
NAME :
FAX :
TEL :

DATE, TIME	07/26 15:39
FAX NO./NAME	613056748179
DURATION	00:03:33
PAGE(S)	05
RESULT	OK
MODE	STANDARD

Taxed
1) cover sheet (2 pp.)
2) pages 1, 8, 9, & 10 of Co:5 application (4 pp.)

July 26, 2002

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

**2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850**

TO:

Maryann Basabe

VOICE:

FAX: 305-674-8179

FROM:

Paula Isler

Voice: (850) 413-6502

Fax: (850) 413-6503

RE:

Boulevard Hotel, Inc. (TG814)

Dear Ms. Basabe:

I received your voice mail message this afternoon asking me for the phone number of the pay telephone in question. I do not have that kind of information, but hopefully, the following will help you.

On May 2, 2001, the Commission received an application from Boulevard Hotel, Inc. requesting a pay telephone certificate, along with the nonrefundable \$100 application fee. For your review, I am attaching several pages of the application. The first page just shows the name and address of Boulevard Hotel, Inc. Page 8 of the application is the "Applicant fee/tax statement" in which the applicant attests that they understand they will have to pay at least the minimum \$50.00 Regulatory Assessment Fee each year. Page 9 of the application is the "Acknowledgment" page in which the applicant acknowledges, among other things, that they understand there is a minimum \$50.00 Regulatory Assessment Fee each year. Page 10 is the "Applicant acknowledgment" page stating you have read and understood the Commission rules concerning providing pay telephone service. Pages 8 through 10 were all signed by Maryann Basabe.

Maryann Basabe

July 26, 2002

Page 2

On June 11, 2001, the Florida Public Service Commission issued Order No. PSC-01-1281-PAA-TC in Docket No. 010663-TC, which granted Boulevard Hotel, Inc. Pay Telephone Certificate No. 7836. On July 11, 2001, Order No. PSC-01-1454-CO-TC issued the Consummating Order making Boulevard Hotel, Inc.'s pay telephone certificate effective the same date (July 11, 2001).

The Regulatory Assessment Fee is due by January 30th of each year and the fee is .0015% of a company's revenues (in this case, for providing pay telephone service) for the prior calendar year. If a company had no revenues or in fact never installed any payphones, it still must pay the minimum \$50 fee by January 30th. If payment of the fee is postmarked after the due date, statutory penalty and interest charges are applicable.

If Boulevard Hotel, Inc. owes only the minimum Regulatory Assessment Fee for the period July 11, 2001 through December 31, 2001, the total due, **IF** payment is postmarked by July 29, 2002, is \$65.50 (\$50.00 fee, \$12.50 penalty, and \$3.00 interest). **IF** payment is postmarked between July 30 and August 28, 2002, the interest increases to \$3.50, or a total due of \$66.00.

If you decide that you no longer want to keep your pay telephone certificate active, Boulevard Hotel, Inc. must pay the past due amount, either pay the 2002 Regulatory Assessment Fee or provide a date certain it will be paid, and write a letter to the Commission requesting cancellation of your pay telephone certificate. As explained in my July 22nd fax, if full payment, along with the Regulatory Assessment Fee return form, is not received by August 12, 2002, I will have no choice but to open a docket for noncompliance with the Regulatory Assessment Fee rule. If that happens, a fine of \$500 or cancellation of the certificate is recommended, and any unpaid fees, including penalty and interest charges, are turned over to collections.

I hope this helps you better understand the Pay Telephone Service Regulatory Assessment Fee return form. However, if you still have questions, please let me know.

Paula Isler
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

010663-JC

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

BOULEVARD HOTEL INC.

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

BOULEVARD HOTEL INC

3. Official mailing address:

Street: 740 OCEAN DRIVE

P.O. Box: _____

City: MIAMI BEACH

State: FLORIDA Zip: 33139

4. Florida address:

Street: 740 Ocean Drive

P.O. Box: _____

City: MIAMI BEACH

State: FL Zip: 33139

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: DOCUMENT 50744 / 65-0184050

****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>MARYANN BASABE</u> Print Name	<u>Maryann Basabe</u> Signature
<u>GM</u> Title	<u>April 17-01</u> Date
<u>305 532 0376</u> Telephone No.	<u>305 674 8179</u> Fax No.
Address: <u>740 Ocean Drive</u>	
<u>Miami Beach FL 33139</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:

MARYANN BASABE
Print Name

Maryann Basabe
Signature

GM
Title

April 17-01
Date

305 532 0376
Telephone No.

305 - 532 9491
Fax No.

Address: 740 Ocean Dr
Miami Beach FL 33139

****APPLICANT ACKNOWLEDGMENT****

Applicant: MARYANN BASABE

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

MARYANN BASABE
Print Name

Maryann Basabe
Signature

GM
Title

April 17-01
Date

305 532 0376
Telephone No.

305 532 9491
Fax No.

Address: 740 Ocean DR.
Miami Beach FL 33139

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.

TRANSMISSION VERIFICATION REPORT

TIME : 07/22/2002 16:29
NAME :
FAX :
TEL :

DATE, TIME	07/22 16:27
FAX NO./NAME	613056748179
DURATION	00:01:09
PAGE(S)	02
RESULT	OK
MODE	STANDARD

*faxed
1) cover sheet (2P)*

July 22, 2002

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

**2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850**

TO:

Maryann Basabe, General Manager

VOICE: 305-532-0376
FAX: 305-674-8179

FROM:

Paula Isler

Voice: (850) 413-6502

Fax: (850) 413-6503

RE:

Regulatory Assessment Fee for TG814
Boulevard Hotel, Inc.

Dear Ms: Basabe:

This concerns Boulevard Hotel, Inc.'s payphone certificate. The Regulatory Assessment Fee is due by January 30th of each year for the prior year. The Regulatory Assessment Fee return form was mailed December 12, 2001 and due by January 30, 2002. When payment was not received, a delinquent notice was mailed February 21, 2002. I then wrote you on June 13, 2002 and explained the 2001 fee had not been paid. On June 18th, I received a voice mail message from "Mary" asking me to return the call to 305-532-0376. I was asked to say it was concerning payphones when I called back.

I called at 2:47 p.m. on June 19, 2002 and spoke with Marvin and asked for Mary and explained that I was calling concerning payphones. Marvin advised Mary was not in at the moment and I left my name and number. As of this date, I have not received a return call nor has payment of the 2001 Regulatory Assessment Fee, including statutory penalty and interest charges, been received.

Ms. Maryann Basabe

July 22, 2002

Page 2

If full payment is not received by August 12, 2002, I will have no choice but to open a docket to cancel the company's certificate for nonpayment of the fee and refer any unpaid balance to collections.

Let me know if you have any questions. Thanks,

Paula Isler

Florida Public Service Commission

2540 Shumard Oak Blvd.

Tallahassee, FL 32399-0850

STATE OF FLORIDA

COMMISSIONERS:
LILA A. JABER, CHAIRMAN
J. TERRY DEASON
BRAULIO L. BAEZ
MICHAEL A. PALECKI
RUDOLPH "RUDY" BRADLEY



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

June 13, 2002

Ms. Maryann Basabe, General Manager
Boulevard Hotel, Inc. (TG814)
740 Ocean Drive
Miami Beach, FL 33139-6220

Dear Ms. Basabe:

The Regulatory Assessment Fee (RAF) is due by January 30th of each year for the preceding calendar year. For certificate holders, the RAF is owed even if a telecommunications company may not have started operations or had any revenues. If payment is made after the due date, then statutory penalty and interest charges are applicable.

Our records show the 2001 RAF return notice was mailed December 12, 2001, and a delinquent notice was mailed February 20, 2002. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2001 RAF return form is enclosed.

If full payment, including penalty and interest charges, along with the RAF return form, are not received by July 5, 2002, it is my intention to establish a docket and recommend that the Commission fine your company \$500 or cancel your certificate. Please note that once a docket has been established, **just paying the delinquent RAF amount will not prevent your certificate from being cancelled.**

If you wish to cancel your certificate voluntarily and leave in good standing with the Commission, your company should pay the past due amount in full, complete the 2001 RAF return form, either pay the 2002 RAF or provide a date certain it will be paid, and comply with the requirements of Rule 25-24.514, Florida Administrative Code, copy enclosed. Any unpaid RAFs, including penalty and interest charges, are turned over to the Comptroller's Office for collection if the Commission cancels a company's certificate on its own motion (involuntary cancellations).

Ms. Maryann Basabe, General Manager
Page 2
June 13, 2002

If you have any questions, please contact me at (850) 413-6502-voice, (850) 413-6503-fax,
at the address below, or via internet e-mail at pisler@psc.state.fl.us.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
07/11/2001 TO 12/31/2001

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG814-01-0-R
 Boulevard Hotel, Inc.
 740 Ocean Drive
 Miami Beach, FL 33139-6220
 cc: P. Isler

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
 _____ 003001

\$ _____ P
 _____ 0603002
 _____ 004011

\$ _____ 1

Postmark Date _____

Initials of Preparer _____

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ _____

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return _____

* 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 information 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 mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number () _____

Fax Number () _____

F.E.I. No. _____

25-24.514 Cancellation of a Certificate.

- (1) The Commission may cancel a company's certificate for any of the following reasons:
- (a) Violation of the terms and conditions under which the authority was originally granted;
 - (b) Violation of Commission rules or orders;
 - (c) Violation of Florida Statutes; or,
 - (d) Failure to provide service for a period of six (6) months.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.

- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.

(3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.03, 364.285, 364.337, 364.345 FS.

History—New 1-5-87.

SENDER: COMPLETE THIS SECTION

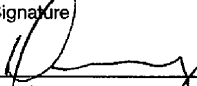
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TG814 Boulevard Hotel, Inc.
740 Ocean Drive
Miami Beach, Florida 33139-6220

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
2/23/02

C. Signature Agent
X  Addressee

D. Is delivery address different from item 1? Yes
YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7001 2510 0007 6218 3595
(Transfer from service)

FSS

COMPANY IDENTIFICATION

Printed on 06/13/2002 at 09:07:54 by PJI

Complete Name: Boulevard Hotel, Inc.

Mailing Name: Boulevard Hotel, Inc.

Company Code: TG814 FEID Number: 65-0184050

RAF ACCOUNT FOR THE PERIOD 01/01/2001 THROUGH 12/31/2001

Reg. Date: 07/11/2001 Inactive Date:
 Service: PAT - Pay Telephone
 Received: No RAF Form
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: No
 Payment Count: 0 Payments Made to Date
 Operating Rev: \$0.00 Interstate Rev: \$0.00
 RAF Rate: Net RAF Due: \$0.00

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Thursday, December 6, 2001 at 3:13 PM by Jackie Knight

Period covered: 01/01/2001 through 12/31/2001 RAF rate:
 Operating rev: \$0.00 Gross intrastate rev: \$0.00
 Documents: Delinquent letter mailed on 02/20/2002
 RAF form mailed on 12/06/2001