

030075-TC

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

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
CERTIFICATION**

**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 ~~alotted~~ space.
- ◆ Once completed, submit the original and two (2) copies of ~~this form and a non-refundable~~ **application fee of \$100.00** to:

X

**Florida Public Service Commission
Division of the Commission Clerk and Administrative Services
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 Competitive Markets and Enforcement
Certification
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

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

00757 JAN 24 8

FPSC-COMMISSION CLERK

ORIGINAL

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to PSC/CMU-32 (02/99)
deposit into the account of the
initials of person who forwarded check

JBM

DOCUMENT NUMBER PAID

00757 JAN 24

FPSC-COMMISSION CLERK

03 JAN 24 AM 10:21

DISTRIBUTION CENTER

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

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

3. Official mailing address:
Street: 13899 BISCAYNE BLVD SUITE 400
P.O. Box: _____
City: N MIAMI BEACH
State: FL Zip: 33181

4. Florida address:
Street: 13899 BISCAYNE BLVD SUITE 400
P.O. Box: _____
City: NORTH MIAMI BEACH
State: FL Zip: 33181

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: 72-1542576
PO 2000 129452

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): _____

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:

a. **Name:** _____

Title: _____

Address: _____

City/State/Zip: _____

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

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

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: X Lenora Kaus
Title: President
Address: 13899 Biscayne Blvd Suite 400
City/State/Zip: North Miami Be FL 33181
Telephone No.: 305 702 6390 Fax No.: 305 702 6398
Internet E-Mail Address: _____
Internet Website Address: _____

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

Name: X Lenora Kaus
Title: President
Address: 13899 Biscayne Blvd Suite 400
City/State/Zip: No. Miami Be. FL 33181
Telephone No.: 305 702 6390 Fax No.: 305 702 6398
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:

a. Is currently providing pay telephone service.

_____ 0 _____

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

_____ 0 _____

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.

_____ NO _____

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: 5

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 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. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

<u>Lenora KAUS</u>	<u>Lenora Kaus</u>
Print Name	Signature
<u>President</u>	<u>1-23-2003</u>
Title	Date
<u>305-702-6390</u>	<u>305-702-6398</u>
Telephone No.	Fax No.
Address: <u>13899 Biscayne Blvd Suite 400</u>	
<u>No. Miami Beach</u>	
<u>Florida 33181</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:

Lenora Kaus
Print Name

Lenora Kaus
Signature

President
Title

1-23-2003
Date

305-702-6390
Telephone No.

305-702-6398
Fax No.

Address: 13899 Biscayne Blvd-Suite 400
North Miami Beach
Florida 33181

****APPLICANT ACKNOWLEDGMENT****

Applicant: Public Telephone Coop.

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

LENOORA KAUS
Print Name

Lenora Kaus
Signature

President
Title

1-23-2003
Date

305-702-6390
Telephone No.

305-702-6398
Fax No.

Address: 13899 Biscayne Blvd Suite 400
North Miami Beach
Florida 33181

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.