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

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT
CERTIFICATION**

COMMISSION
CLERK

**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 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 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**

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:

[Handwritten initials]

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

JUN 25 10 26 AM '08

DISTRIBUTION CENTER

DOCUMENT NUMBER-DATE

07002 JUN 25 08

FPSC-COMMISSION CLERK

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

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

3. Official mailing address:
Street: 505 Heron Dr.
P.O. Box: _____
City: DeLray Beach
State: Florida Zip: _____

4. Florida address:
Street: 505 Heron Dr
P.O. Box: _____
City: DeLray Beach
State: Florida Zip: _____

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: _____

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: G 04105700108

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: Erik Lerman

Title: _____

Address: 505 Heron Drive

City/State/Zip: DeLray Beach FL 33444

Telephone No.: (561) 243-6266 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: Erik Lerman
Title: _____
Address: 505 Heron Dr
City/State/Zip: DeLray Beach, FL 33444
Telephone No.: (561) 243-6266 Fax No.: Same
Internet E-Mail Address: _____
Internet Website Address: _____

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

Name: Erik Lerman
Title: _____
Address: 505 Heron Dr
City/State/Zip: DeLray Beach, FL 33444
Telephone No.: (561) 243-6266 Fax No.: Same
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: N/A

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.

N/A

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.

—

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

—

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 (✓) 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: 20

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:

Erik Lerman

Print Name

Erik Lerman

Signature

Service Technician

Title

6/8/04

Date

(561) 243-6266

Telephone No.

(561) 243-6266

Fax No.

Address: 505 Heron Dr.

Delray Beach, FL 33444

****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:

Erik Lerman

Print Name

Erik Lerman

Signature

Service Technician

Title

6/8/04

Date

(561) 243-6266

Telephone No.

(561) 243-6266

Fax No.

Address: 505 Heron Dr

DeLray Beach, FL 33444

****APPLICANT ACKNOWLEDGMENT****

Applicant: Erik Lerman

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

<u>Erik Lerman</u> Print Name	<u>Erik Lerman</u> Signature
<u>Service Technician</u> Title	<u>4/8/04</u> Date
<u>(561) 243-6266</u> Telephone No.	<u>(561) 243-6266</u> Fax No.

Address: 505 Heron Dr.
Delray Beach, FL 33444

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 STATE
Glenda E. Hood
Secretary of State

April 16, 2004

SMART TEL
505 HERON DR
DELRAY BEACH, FL 33444

Subject: **SMART TEL REGISTRATION NUMBER: G04105700108**

This will acknowledge the filing of the above fictitious name registration which was registered on April 14, 2004. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.

Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at 850-245-6058.

Division of Corporations

/RH