

ORIGINAL

040824-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**

RECEIVED - FPSC
AUG - 9 PM 12: 39
COMMISSION
CLERK

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

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

- ◆ 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

Initials of person who forwarded check:


04 AUG - 9 5- 00 40

DISTRIBUTION CENTER

DOCUMENT NUMBER-DATE
 08635 AUG-9 3
 FPSC-COMMISSION CLERK

REDACTED

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

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

3. Official mailing address:
Street: 264 SW Tulip Blvd
P.O. Box: _____
City: Port Saint Lucie
State: FL Zip: 34953

4. Florida address:
Street: 264 SW Tulip Blvd
P.O. Box: _____
City: Port Saint Lucie
State: FL Zip: 34953

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: _____

REDACTED

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: N/A

8. F.E.I. Number (if applicable): N/A

9. If individual, provide:

Name: Juliette Powell

Title: Distributor

Address: 264 Sw Tulip Blvd

City/State/Zip: Port Saint Lucie FL 34953

Telephone No.: 772-342-1520 Fax No.: 772-343-0482

Internet E-Mail Address: JPowell954@Aol.com

Internet Website Address: N/A

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: N/A

Title: NA

Address: N/A

City/State/Zip: N/A

Telephone No.: N/A Fax No.: N/A

Internet E-Mail Address: N/A

Internet Website Address: NA

10. Partnership (continued)

b. Name: N/A
Title: N/A
Address: N/A
City/State/Zip: N/A
Telephone No.: N/A Fax No.: N/A
Internet E-Mail Address: N/A
Internet Website Address: N/A

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: Juliette Powell
Title: Distributor
Address: 264 SW Tulip Blvd
City/State/Zip: Port Saint Lucie FL 34953
Telephone No.: 772-342-1520 Fax No.: 772-343-0482
Internet E-Mail Address: JPowell954@aol.com
Internet Website Address: N/A

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

Name: Juliette Powell
Title: Distributor
Address: 264 SW Tulip Blvd
City/State/Zip: Port Saint Lucie FL 34953
Telephone No.: 772-342-1520 Fax No.: 772-343-0482
Internet E-Mail Address: JPowell954@aol.com
Internet Website Address: N/A

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.

N/A

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

N/A

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

N/A

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

N/A

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

N/A

16. Please check (✓) the services that will be provided:

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) Internet

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 (✓) 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:

Juliette Powell _____ Juliette Powell _____
Print Name Signature

Distribution Operations Manager _____ 7-31-04 _____
Title Date

772-342-1520 _____ 772-343-0482 _____
Telephone No. Fax No.

Address: 264 SW Tulip Blvd _____
Port Saint Lucie FL 34953 _____

****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>Juliette Powell</u> Print Name	<u>Juliette Powell</u> Signature
<u>Owner</u> Title	<u>7-31-04</u> Date
<u>772-342-1520</u> Telephone No.	<u>772-343-0482</u> Fax No.
Address:	<u>264 Saw Tulip Blvd</u>
	<u>Port Saint Lucie FL 34953</u>
	<u> </u>
	<u> </u>
	<u> </u>

****APPLICANT ACKNOWLEDGMENT****

Applicant: Juliette Powell

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

Juliette Powell
Print Name

Juliette Powell
Signature

Owner/Operator
Title

7-31-04
Date

772-342-1520
Telephone No.

772-343-0482
Fax No.

Address: 264 Sw Tulp Blvd
Port Saint Lucie FL 34953

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.

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

FIELD(1)

PERIOD COVERED:

FIELD(3)

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check# _____	
\$ _____	0603002
	003001
\$ _____	P
	0603002
	004011
\$ _____	I
Postmark Date _____	
Initials of Preparer _____	

_____ (Name of Company)	_____ (Address)	_____ (City/State)	_____ (Zip)
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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. _____	

The Sunshine State
LICENSE NUMBER

Florida
DRIVER LICENSE
CLASS E



JULIETTE POWELL
264 SW TULIP BLVD
PT ST LUCIE, FL 34953-0000

BIRTH DATE	SEX	HGT.	REST.	ENDORSE
05-08-78	F	5-05	A	
ISSUED	EXPIRES	DUPLICATE		
05-02-00	05-08-06	09-26-03		

Juliette Powell 

SAFE DRIVER

P080306260077
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR

JULIETTE POWELL

Juliette Powell
SIGNATURE