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10 MAR -5 AM 10:33
COMMISSION CLERK

REQUEST TO ESTABLISH DOCKET

(Please type or print. File original *plus* 1 copy with CLK.)

Date:	3/5/2010	Docket No.:	100102-TC
1. From Staff / Division:	Pruitt/Rad		
2. OPR:	RAD		
3. OCR:	GCL		
4. Suggested Docket Title:	Request for cancellation of PATS Certificate No. 8743 by Benny's of Liberty Inc., effective December 31, 2009.		
5. Program/Module/Submodule Assignment:	B1f		
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.		<input type="checkbox"/> Provided as an Attachment	
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
TH080	Benny's of Liberty Inc.		
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)			
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):	
7. Check one:	<input checked="" type="checkbox"/> Supporting Documentation Attached		<input type="checkbox"/> To be provided with Recommendation
Comments:			

DOCUMENT NUMBER-DATE
01522 MAR-5 09
FPSC-COMMISSION CLERK

BENNY'S BP
PO BOX 460
BRISTOL FL 32301

REF: TH 080-09-0-D
TO MR S Curtis Kiser

I'M REQUESTING the Cancellation
of My Certificate For this year.

Thank you in advance.

The Manager



STATE OF FLORIDA

COMMISSIONERS:
NANCY ARGENZIANO, CHAIRMAN
LISA POLAK EDGAR
NATHAN A. SKOP
DAVID E. KLEMENT
BEN A. "STEVE" STEVENS III



OFFICE OF THE GENERAL COUNSEL
S. CURTIS KISER
GENERAL COUNSEL
(850) 413-6199

Public Service Commission

February 22, 2010

TH O DEPOSIT DATE

019 MAR 05 2010

CK# 1365
100.00 R
5.00 P
1.00 J
2-27-2010

TH080-09-0-D
Benny's of Liberty Inc.
P. O. Box 460
Bristol, FL 32321-0460

Dear Certificate/Registration Holder:

The purpose of this letter is to inform you that the Commission has not received the 2009 Regulatory Assessment Fee (RAF) return and payment. As required by Section 364.336, Florida Statutes, and Rule 25-4.0161, Florida Administrative Code (F.A.C.), you were mailed a RAF return form on December 15, 2009, and payment was due on February 1, 2010.

Because you are delinquent in payment, in addition to the RAF, which is 0.0020 of a company's intrastate revenues or a minimum fee of \$100, whichever is greater, the company must now pay late payment charges. The late payment charges, consisting of interest and penalty, are outlined on the reverse side of the RAF return form. If you have misplaced or require a copy of the 2009 RAF return form, please contact David Brown or Valorie Moore at the numbers listed below or via e-mail.

If payment is not postmarked within 15 calendar days of receipt of this notice, as evidenced by the certified mail receipt, Rule 25-4.0161, F.A.C., automatically imposes a penalty of \$500, \$1,000, or \$2,000, in addition to the interest and penalty listed in the preceding paragraph. The penalty is based on the number of prior docketed against a company for violation of the RAF rule. For example, if a company has no prior docketed and fails to pay in accordance with this notice, it automatically will be assessed a \$500 penalty. For one prior docket, it automatically will be assessed a \$1,000 penalty and for two, a \$2,000 penalty. For a third docket, staff will submit a recommendation to the Commission seeking cancellation of the company's certificate or cancellation of its tariff and removal from the register.

Therefore, it is very important that you pay the 2009 Regulatory Assessment Fee plus late payment charges immediately. If you have any questions, please contact David Brown at (850) 413-6267 or Valorie Moore at (850) 413-6275 or via e-mail at dbrown@psc.state.fl.us or vmoores@psc.state.fl.us.

Sincerely,

*S. Curtis Kiser **
S. Curtis Kiser
Office of the General Counsel

cc: Fiscal Services Section

Benny BP
PO Box 460
BRISTOL FL 32301

TALLAHASSEE FL 323
27 FEB 2010 PM 21



OFFICE OF THE GENERAL COUNSEL
S Curtis Kiser
General Counsel
Capital Circle Office Center
2540 Shumard Oak Blvd
TALLAHASSEE FL 32399-0850

323990850

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

PERIOD COVERED:
02/05/2009 TO 12/31/2009

TH080-09-0-R
 Benny's of Liberty Inc.
 P. O. Box 460
 Bristol, FL 32321-0460

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # No Check!

\$ _____ 06-03-001 003001
 \$ _____ E
 \$ _____ P 06-03-001 004011
 \$ _____ T

Postmark Date _____
 Initials of Preparer _____

BENNY'S BP (Name of Company) PO Box 460 (Address) BRISTOL (City/State) FL (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (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 0.0020)	_____
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.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ _____ ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return <u>pay phone never used because malfunction.</u>	_____

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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] (Signature of Company Official) PRESIDENT (Title) 12-28-09 (Date)

Telephone Number (850) 643-2145 Fax Number (850) 643-2146

(Preparer of Form - Please Print Name) F.E.I. No. 36-4671962

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Pay Telephone Service Provider)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return is required twice a year and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, and
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the prior twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee Return may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0020 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount on Line 3. Annual revenue amounts are to be reported on the return for the period ended December 31.

On Line 3, deduct any amounts paid to another telecommunications company for the use of any telecommunications network (including installation charges) to provide service to its customers. *Do not deduct any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.*

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 6). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 7). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A company, for good cause shown in a written request, may be granted up to a 30-day extension. A request must be made by filing the enclosed *Regulatory Assessment Fee Extension Request* form (PSC/ADM 124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due (Line 8):

0.75% of the fee to be remitted for an extension of 15 days or less, or
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.

6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. Make your check payable to the Florida Public Service Commission. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

RECEIVED
JAN -7 AM 10:23
DIVISION OF REGULATORY SERVICES

10 JAN -6 PM 7:42
REGISTRATION CENTER

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Regulatory Analysis at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.