

## REQUEST TO ESTABLISH DOCKET

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

|  |   |  |   |
|--|---|--|---|
| Date:  | 5/18/2010   | Docket No.:  | 100300-TC   |
| 1. From Staff / Division:  |   | Division Of Regulatory Analysis/Pruitt             |   |
| 2. OPR:  | RAD   |  |   |
| 3. OCR:  | GCL   |  |   |
| 4. Suggested Docket Title:   |   |  |   |
| Compliance investigation of PATS Certificate No. 8765, issued to Hospitality Vending, Inc., for apparent first-time violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies. |   |  |   |
| 5. Program/Module/Submodule Assignment:  |   | A18a And A10                                       |   |
| 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):                |   |
| TH082  | .   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
| 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:  |   |  |   |

COMMISSION  
CLERK

10 MAY 18 PM 3:09

RECEIVED-FPSC

DOCUMENT NUMBER 1000

MAY 18 2010

FPSC-COMMISSION CLERK

COMPANY IDENTIFICATION

Printed on 05/18/2010 at 13:38:33 by NEP

Complete Name: Hospitality Vending, Inc.

Mailing Name: Hospitality Vending, Inc.

Company Code: TH082 FEID Number: 58-9383518

RAF ACCOUNT FOR THE PERIOD 01/01/2009 THROUGH 12/31/2009

Reg. Date: 09/30/2009 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 Monday, December 7, 2009 at 8:27 AM by David Brown

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0851



7009 3410 0002 4112 2145

DISTRIBUTION CENTER

10 MAR 22 AM 7:



AVnetpost

February 22, 2010

2/24

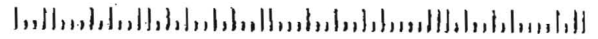
TH082-09-0-D  
Hospitality Vending, Inc.  
P. O. Box 692206  
Orlando, FL 32869-2206

NIXIE 327 50 1 96 03/17/10

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 32399083199 \*0838-07370-22-42

~~32869-2206-0951~~



**Nancy Pruitt**

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**From:** Nancy Pruitt  
**Sent:** Friday, April 02, 2010 10:30 AM  
**To:** 'Michael Averbukh'  
**Subject:** RE: Florida Regulatory Assessment Fee

I will e-mail you the RAF form direct from the RAF system in a separate e-mail.

Nancy Pruitt  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399  
850-413-6127  
850-413-6128 (fax)

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**From:** Michael Averbukh [mailto:hospitalityvending@msn.com]  
**Sent:** Friday, April 02, 2010 10:27 AM  
**To:** Nancy Pruitt  
**Subject:** RE: Florida Regulatory Assessment Fee

Yes, please e-mail us the form.

Thank you

*Regards,*  
**Michael Averbukh**  
President  
Hospitality Vending, Inc  
407-363-5500  
P. O. Box 692206  
Orlando, FL 32869

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**Subject:** Florida Regulatory Assessment Fee  
**Date:** Thu, 1 Apr 2010 15:22:04 -0400  
**From:** NPruitt@PSC.STATE.FL.US  
**To:** hospitalityvending@msn.com

The 2009 RAF for Hospitality Vending, Inc. (TH082) is past due. The certified letter requesting payment was returned marked "unclaimed". If payment is not received, a docket will be opened to cancel the payphone certificate. What is your company's correct mailing address? Would you like me to e-mail you the RAF form?

4/2/2010

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Nancy Pruitt  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399  
850-413-6127  
850-413-6128 (fax)

**Nancy Pruitt**

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**From:** Nancy Pruitt  
**Sent:** Friday, April 02, 2010 10:33 AM  
**To:** 'hospitalityvending@msn.com'  
**Subject:** RAF Form  
**Attachments:** raf-th082-09-0-r.doc

This e-mail was sent from The Florida Public Service Commission's Regulatory Assessment Fee (RAF) System.

Attached document type: Microsoft Word

# 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:**  
09/30/2009 TO 12/31/2009

TH082-09-0-R  
Hospitality Vending, Inc.  
P. O. Box 692206  
Orlando, FL 32869-2206

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check # \_\_\_\_\_  
\$ \_\_\_\_\_ 06-03-001  
003001  
\$ \_\_\_\_\_ E  
\$ \_\_\_\_\_ P 06-03-001  
004011  
\$ \_\_\_\_\_ I  
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 <sup>(1)</sup><br>(see "2. Fees" on back) | ( _____ )               |
| 4.       | <b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b><br>(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.       | <b>TOTAL AMOUNT DUE (MINIMUM \$100.00)</b>   | \$ _____ <sup>(2)</sup> |
| 10.      | Number of pay telephones in operation at close of period covered by this Return                    | _____                   |

(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 of Company Official) (Title) (Date)

\_\_\_\_\_  
(Preparer of Form - Please Print Name) Telephone Number ( ) Fax Number ( )

F.E.I. No. \_\_\_\_\_

# 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. **FEEES:** 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

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.