

0016

OCT 05 1998

9812627C

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT HARRIS R. CHERNOFF

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
HARRIS CHERNOFF

3. ADDRESS OF THE APPLICANT(S)
STREET 2031 NE 2 AV 218
CITY MIAMI
STATE & ZIP CODE FL 33179

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME ()

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP ()

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION ()

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME: _____

ADDRESS: _____

FORM PUBLIC SERVICE COMMISSION REQUIRED BY COMMISSION RULE NO. 18.040

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATIOND. **DOING BUSINESS UNDER A FICTITIOUS NAME:** ()

DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of State Office.

5. **PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:**

NAME: HERNANDEZ

TITLE: CEO

PHONE: 305 651 6635

6. **HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELED PAY TELEPHONE CERTIFICATES.**

NO

7. **IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.**

VIA8. **LIST THE STATES IN WHICH THE APPLICANT:**A. **IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.**NONE

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER

NO

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, EXPLAIN CIRCUMSTANCES

NONE

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS

NO

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER DESCRIBE

800, 411, 911

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 16

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR MAINTENANCE CONTRACT
- OTHER DESCRIBE

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950XXXX, AND 1-800? (See Rule 25-24.515(8), F.A.C.)

NO

FLORIDA PAY TELEPHONE CERTIFICATION APPLICATION

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.28.2, 4.28.4 and 4.28.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F AND STANDARDS) (See Rule 25-34.515(14), F.A.C.)

YES

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY CROSS RECEIPTS TAX. FURTHERMORE I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.




(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 10-2-98

APPLICANT ACKNOWLEDGMENT

Applicant HARRIS CHEROFF

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

Signature: 

Title: CEO

Date: 10-2-98

THE STATE OF FLORIDA AND THE PUBLIC SERVICE COMMISSION WITH THE APPLICATION BEFORE THE PUBLIC SERVICE COMMISSION. AGREES TO DO SO WILL BE HELD LIABLE FOR A PENALTY OF THE COMMISSION'S FINE AS SET.

PLEASE READ!!!

ATTACHMENT B

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

FOR

Certificate to Provide Pay Telephone Service

Within the State of Florida

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. A \$100 non-refundable application fee along with the enclosed Applicant Acknowledgement Card must be completed and accompany the application before processing will begin.
- C. If the answer to question #2 is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- D. Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- E. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- F. Use a separate sheet for each answer which will not fit the allotted space.
- G. If you have any questions about completing the form, contact the Certificate Section at (904) 413-6556.
- H. Once completed, the original/plus two (2) copies of this form, along with \$100 application fee, are to be submitted to:

Florida Public Service Commission
Gunter Building, 2540 Shumard Oak Boulevard
Capital Circle Office Center
Tallahassee, FL 32399-0850

98 OCT -5 PM 12 05
RECEIVED
COMMUNICATIONS

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2 NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
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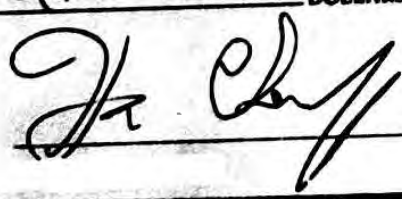
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NAME: Harris Chernoff

| | | |
|---|--|---|
| HARRIS R. CHERNOFF PH. 05-651-6836 2031 NE 2ND AVE., NO. 21J NORTH MIAMI BEACH, FL 33179 | | 568 020001170 DATE 10-2-98 |
| PAY TO THE ORDER OF <u>Florida Public Service Commission</u> \$ <u>100.00</u> | | |
| <u>ONE HUNDRED Dollars & 00 Cents</u> | | DOLLARS |
| MEMO <u>APPLICATION FMC (CERT)</u> | |  |

DOCUMENT NUMBER-DATE
10948 OCT-58
FPSC-RECORDS/REPORTING