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MAIL ROOM

# APPLICATION

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

## DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

### APPLICATION FORM for AUTHORITY TO PROVIDE (PATs) PAY TELEPHONE SERVICE WITHIN THE STATE OF FLORIDA

990288-TC

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### 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 and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgment Card, and a non-refundable **application fee of \$100.00 to:**

Florida Public Service Commission  
Division of Records and Reporting  
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 Communications  
Bureau of Certification and Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600

DEPOSIT  
D098

DATE  
MAR 08 1999

### APPLICATION

1. Name of company: ROBERT L. KNIPPENBERG  
990288-TC

2. Name under which applicant will do business (fictitious name, etc.):  
Ryckcom Payphone Co

3. Official mailing address (including street name & number, post office box, city, state, and zip code).  
Ryckcom Payphone Co.  
578 N.W. Lambrusco Drive  
PORT St. Lucie, FL. 34986-1701

4. Florida address (including street name & number, post office box, city, state, and zip code):  
Ryckman Payphone Co.  
578 N.W. Lambrusco Dr.  
PORT St. Lucie, FL 34986-1701

5. Structure of organization:

- Individual                      ( ) Corporation  
( ) General Partnership              ( ) Limited Partnership  
( ) Other, \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: \_\_\_\_\_

## APPLICATION

7. **If using fictitious name-d/b/a**, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:

(a) Florida Fictitious Name registration number: G99056900044

8 F. E. I. Number (if applicable): 216-38-1695

9. **If individual**, provide:

Name: Bob Knippenberg

Title: OWNER-OPERATOR

Address: 578 N.W. Lambrusco Drive

City/State/Zip: PORT ST. LUCIE, FL 34986

Telephone No.: 561-878-7714 Fax No.: NONE

Internet E-Mail Address: NONE

Internet Website Address: NONE

10. **If a 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.: \_\_\_\_\_

## APPLICATION

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(b) Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

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

(a) The application:

Name: BOB KWIPPENBERG

Title: OWNER/OPERATOR

Address: 578 NW Lambausco Drive

City/State/Zip: Port St. Lucie, FL

Telephone No.: 561-878-7714 Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(b) Official Point of Contact for the ongoing operations of the company:

Name: Bob Knippenberg

APPLICATION

Title: OWNER/OPERATOR  
Address: 578 NW Lambrusco Drive  
City/State/Zip: Port St. Lucie, FL 34986-1701  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: Bob Knippenberg  
Title: OWNER/OPERATOR  
Address: 578 NW Lambrusco Dr.  
City/State/Zip: Port St. Lucie, FL 34986-1701  
Telephone No.: 561-878-7714 Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

12 Indicate if applicant or any subsidiary, partner, officers, director, 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.

NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICATION

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.

NO

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.

NONE

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

NONE

## APPLICATION

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, rules, or orders. Explain circumstances.

NONE

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

LOCAL	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input checked="" type="checkbox"/>
CREDIT CARD	<input checked="" type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 35

## APPLICATION

18. How does the applicant intend to service and maintain **each** payphone (✓) (check all that apply)

PERSONALLY	<input checked="" type="checkbox"/>
FULL-TIME TECHNICIAN	<input type="checkbox"/>
PART-TIME TECHNICIAN	<input checked="" type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

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19. Will each of the pay telephones to be installed provide **access** to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)

Yes    ( ) No

Explain: \_\_\_\_\_

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20. Will each of the pay telephones to be installed conform to **subsections 4.29.2 - 4.29.4 and 4.29.8** of the American National Standard Specifications for **Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS)**(See Rule 25-24.515(13), F.A.C.).

Yes                      ( ) No



**\*\* APPLICANT FEE/TAX STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .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. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

**UTILITY OFFICIAL:**

Robert L. Krissenberg 3/4/99  
Signature Date

OWNER/operator 561-878-7714  
Title Telephone No

Address: Ryckcom Payphone Co  
578 No W- LAMBRUSCO DRIVE  
PORT ST. LUCIE, FL. 34986

Fax No. NONE

**ATTACHMENTS:**

A - Affidavit

B - Applicant Acknowledgment

**AFFIDAVIT**

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, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names or 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:

Robert L. Knippenberg 3-4-99  
Signature: \_\_\_\_\_ Date  
ROBERT L. KNIPPENBERG  
Printed Name: \_\_\_\_\_  
OWNER/OPERATOR NONE  
Title: \_\_\_\_\_ Fax No.  
Address: Ryckcom Payphone Co.  
578 N.W. LAMBRUSCO DRIVE  
PORT ST. LUCIE, FL. 34986

**APPLICANT ACKNOWLEDGMENT**

Applicant: Robert L. Knippenberg  
Ryckcom Payphone Co

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

Signature: Robert L. Knippenberg Date: March 4, 1999

Printed Name: ROBERT L. KNIPPENBERG

Title: OWNER / OPERATOR

Address: Robert L. Knippenberg  
Ryckcom Payphone Co  
578 NW Lambrosco Drive  
Port St. Lucie, FL 34986

Telephone No. 501-878-7714

Fax No. NONE

**THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED WITH 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

Katherine Harris  
Secretary of State

February 25, 1999

RYCKCOM PAYPHONE CO.  
578 N.W. LAMBRUSCO DRIVE  
PORT ST. LUCIE, FL 34986

Subject: **RYCKCOM PAYPHONE CO.**

REGISTRATION NUMBER: **G99056900044**

This will acknowledge the filing of the above fictitious name registration which was registered on February 25, 1999. This registration **gives no rights** to ownership of the name.

Each fictitious name registration must be renewed every five years between July 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.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may **contact** our office at (850) 488-9000.

/jf  
Division of Corporations

Letter No. 499A00008822

# State of Florida



## Department of State

I certify from the records of this office that RYCKCOM PAYPHONE CO. is a Fictitious Name registered with the Department of State on February 25, 1999.

The Registration Number of this Fictitious Name is G99056900044.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twenty-fifth day of February, 1999



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State

DEPOSIT  
D093

DATE  
MAR 08 1999

APPLICATION

1. Name of company: ROBERT L. KNIPPENBERG

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

Ryckcom Payphone Co

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

Ryckcom Payphone Co.  
578 N.W. Lambrusco Drive  
PORT St. Lucie, FL. 34986-1701

4. Florida address (including street name & number, post office box, city, state, and zip code):

Ryckman Payphone Co.  
578 N.W. Lambrusco Dr.  
PORT St. Lucie, FL 34986-1701

5. Structure of organization:

R. L. KNIPPENBERG  
OR ZELMA KNIPPENBERG  
SSN 216-38-1695 DL KS15-772-41-216  
578 N.W. LANBRUSCO DR. 561-878-7714  
PORT ST. LUCIE, FL 34986

5345

DATE 3-4-99

PAY TO THE ORDER OF Florida Public Service Commission \$ 100.00  
ONE HUNDRED AND 00/100 DOLLARS

BANK OF THE TREASURE COAST  
2900 SOUTHEAST MIDPORT ROAD  
PORT ST. LUCIE, FLORIDA 34983  
Pay phone service  
FOR Application fee

R.L. Knippenberg

Partnership

ate in Florida:

DOCUMENT NUMBER-DATE

03014 MAR-88

FPSC-RECORDS/REPORTING