



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: May 25, 1999

TO: Blanco Bayo, Director, Division of Records and Reporting

FROM: *TJM*
Toni J. McCoy, Regulatory Analyst, Division of Communications

SUBJECT: Open Docket No. 990505-TC

Please add the Mr. Pelletier's letter dated May 22, 1999 and the attached revised pages ²~~6~~ of 10 of the Pay Telephone application for Javier Pelletier, Docket No. 990505-TC. Mr. Pelletier originally applied with an out-of-date application. Staff mailed Mr. Pelletier a current application to complete to replace the originally submitted out-of-date application.

Call me if you have any questions, I can be reached at 850/413-6532.

Thank you.

AFA _____
 APP _____
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DOCUMENT NUMBER-DATE

06634 MAY 26 89

FPSC-RECORDS/REPORTING

JAVIER PELLETIER



18730 SW 316 STREET ♦ HOMESTEAD FLORIDA 33030 ♦ USA
Fax 305-245-2865 ♦ Home Phone 305- 245-2865

May 22, 1999

Ms. Toni J. McCoy
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE , FL 32399-0850

Certified
Z 448 275 145

RE: Javier Pelletier
Docket No. 990505-TC

Dear Ms. McCoy:

On May 21, 1999 I received your Certified letter and inside it was the PATS Application so now I'm sending the completed application to your attention, and I also add the Docket Number on this letter . If you have any questions, please call me at 305/245-2865.

Sincerely,

Javier Pelletier



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

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

3. Official mailing address:
Street: _____
P.O. Box: 650577 _____
City: MIAMI _____
State: FLORIDA **Zip:** 33265 _____

4. Florida address:
Street: 18730 SW 316 STREET _____
P.O. Box: _____
City: HOMESTEAD _____
State: FLORIDA **Zip:** 33030 _____

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: _____

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:** _____

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: _____ JAVIER , PELLETIER _____

Title: _____ OWNER _____

Address: _____ 18730 SW 316 STREET _____

City/State/Zip: _____ HOMESTEAD , FLORIDA 33030 _____

Telephone No.: _____ 305-245-2865 **Fax No.:** _____ 305-245-2865 _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. If 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.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

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

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

a. The application:

Name: JAVIER , PELLETIER
Title: OWNER
Address: 18730 SW 316 STREET
City/State/Zip: HOMESTEAD, FLORIDA 33030
Telephone No.: 305-245-2865 **Fax No.:** 305-245-2865
Internet E-Mail Address: _____
Internet Website Address: _____

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

Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ **Fax No.:** _____
Internet E-Mail Address: _____
Internet Website Address: _____

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.

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) _____

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

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/TAX 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. **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 the 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:

JAVIER , PELLETIER

Print Name



Signature

OWNER

Title

MAY 21, 1999

Date

305-245-2865

Telephone No.

305-245-2865

Fax No.

Address: 18730 SW 316 STREET

HOMESTEAD FLORIDA 33030

****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:

JAVIER , PELLETIER

Print Name



Signature

OWNER

Title

MAY 21, 1999

Date

305-245-2865

Telephone No.

305-245-2865

Fax No.

Address:

18730 SW 361 STREET

HOMESTEAD, FLORIDA 33030

****APPLICANT ACKNOWLEDGMENT****

Applicant: JAVIER , PELLETIER

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

JAVIER , PELLETIER
Print Name

Jan Pelletier
Signature

OWNER
Title

MAY 21, 1999
Date

305-245-2865
Telephone No.

305-245-2865
Fax No.

Address: _____

18730 SW 316 STREET

HOMESTEAD, FLORIDA 33030

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.