FLORIDA PUBLIC SERVICE COMMISSION

DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

APPLICATION FORM FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE WITHIN THE STATE OF FLORIDA

000052-TC

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. If an item is not applicable, please explain.
- Use a separate sheet for each answer which will not fit within the allotted space.
- Once completed, submit the original and two (2) copies of this form and a nonrefundable <u>application fee of \$100.00</u> to:

Florida Public Service Commission	DEPOSIT	DATE
Division of Records and Reporting 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770	D230 m	JAN 1 9 2000

If you have questions about completing the form, contact:

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

KIGON-IAM

CC:1 N9 81 NAL 00

3M

+ + ••••

FPSD-FEE GRPE/TEPORTING

(N. 195 JAN 198

DOCUMENT HUMBER-DATE

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

SALAUDDIN- CHAWDURY

- 2. Name under which applicant will do business (fictitious name, etc.): SALAUDDIN- CHAWDUIZY
- 3. Official mailing address:

4.

5.

Street: 4378 CREEKSIDE BLUD
P.O. Box:
City: 1018SIHHEE
State:
Florida address:
Street: 4378 CREEKSIDE BLUD
P.O. Box:
City: KISSINMEE'
State: <u>FL</u> Zip: <u>34746</u>
Structure of organization:
(YIndividual
() 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: _____いい 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:	NO
8.	F.E.I. Number (if applicable):(00
9.	If individual , provide:	
	Name: SALAUDDIN- C	CHAWDURY
	Title: <u>OWNER</u>	<u> </u>
	Address: 4378 CD EFICS	DE BLUD.
	City/State/Zip: <u>ICISSIMMEE F</u>	- <u>34746</u> -
	Telephone No.: 407-787.3481	Fax No .: 107-363-522 44
	Internet E-Mail Address:	DURY
	Internet Website Address:	·

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

Name:		<u></u>
Title:		
Address:		
City/State/Zip:	/	<u></u>
Telephone No.:	Fax No.:	

10.	Partr	Internet Website Address:
	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?
	а.	The application:
		Name: SALAUDDIN. CHAWDURY
		Title: <u>OWNER</u>
		Address: 4378 CREPKSIDE BLVD.
		City/State/Zip: KISSIMMEE FL- 34746
		Telephone No.: 407-787.3481 Fax No.: 1107-363-5221
		Internet E-Mail Address: CHAWDURY

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

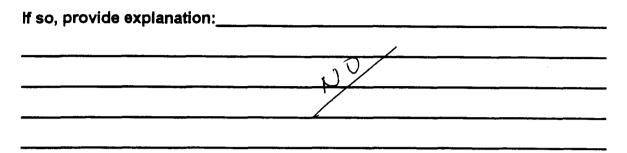
Internet Website Address: _____

Name:	SALAU	DDIN: CHAN	DURY
Title:	OWN	ER ·	·
Address:	4378	CREEKSIDE	BLVD.
City/State	Zip: <u>leis</u>	SINNEE FC- 31	174L
Telephon	e No.: <u>407</u> -	- 787-3481 _Fax No	407-3635224
internet E	-Mail Addres	SS: CHANDUR	` { '
Internet V	Vebsite Addr	'ess:	·

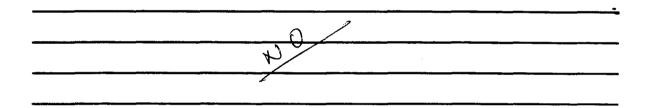
۰,

ι.

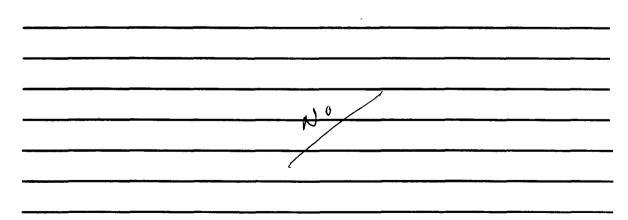
12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.



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.



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.



- 15. List other states in which the applicant:
 - a. Is currently providing pay telephone service.

Has app	lications pending to be certified as a pay telephone provide
	NO
Has b ee circumst	n denied authority to operate as a pay telephone provider. I ances.
	6 N
Has had statutes,	regulatory penalties imposed for violations of telecommunic rules, or orders. Explain circumstances.
	N 0

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

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511 ٨

÷

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

M Yes ()No Explain: 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 20. Code. Yes No Explain:

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511

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 <u>two and one-half percent</u> on all intra- and interstate business.
- 3. SALES TAX: I understand the a <u>seven percent</u> sales tax must be paid on intraand interstate revenues.
- 4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

SALAUDI	IN- CHAWDURY	Salandi Chawd
Print Name	••••••••••••••••••••••••••••••••••••••	Signature
OWNE	En	01-11-00
Title		Date
407-787	- 3481	407-363-5224
Telephone N	0.	Fax No.
Address:	4378 - CREEKSI	DE BLUD'
	KISSINHEE. FI	- 34741
	,,,,,,,,,,,,	

•_

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:

SALAUDE Print Name	DIN- CHA	WDURY_	<u>Salausa:</u> Chavy Signature
OWN E	R.		01-11- 2000 Date
UO7-78 Telephone N			<u> 107 - 363 - 5224</u> Fax No.
Address:		CREEK «	Fr- 34746

****APPLICANT ACKNOWLEDGMENT****

Applicant: SALAUDDIN- CHAWDURY

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

SALAU	DDIN CHAWDURY	Salauddi	Chaudy	
Print Name		Signature		
OW	NER.	01-11-200	0	
Title		Date	-	
407-7	87-3481	407-363-	5224	
Telephone N	10.	Fax No.		
Address:	4378 COEFICSIT	E BLUD.		
	EISSIMMEE FL	- 34746_		
			·	
	······	<u></u>		

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.

• ,

FLORIDA PUBLIC SERVICE COMMISSION

DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

APPLICATION FORM FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE WITHIN THE STATE OF FLORIDA 000052-TC

INSTRUCTIONS

- This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- <u>Print or type</u> all responses to each item requested in the application. If an item is not applicable, please explain.
- Use a separate sheet for each answer which will not fit within the allotted space.
- Once completed, submit the original and two (2) copies of this form and a nonrefundable <u>application fee of \$100.00</u> to:

Florida Public Service Commission	DEPOSIT	DATE
Division of Records and Reporting 2540 Shumard Oak Blvd.	D230 m	JAN 1 9 2000
Tallahassee, Florida 32399-0850		
(850) 413-6770		

NationsBank	Personal Money Order		No. 1354932
JANUARY 10, 2000	KESSENNEE		
같은 가지 않는 것 같은 것 같	SERVICE COMMISSION	홍규가 집중 관광과	*100.00**
**ONE HUNDRED DOLLARS AND	salar	Dollars	Not Valid Over \$1000
against loss or theft, sign and complete this Money NationsBank, N.A. San Antonio, Texas		iser (Drawer)	HAWDURY <u>VP (Clssing - H 347</u> 4)
II* 1354932II*		₽88.	