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

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 Division of Records and Reporting 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770

DEPOSIT

DATE

D 2 5 3 FEB 2 5 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

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 £ 25-24.511 DOCUMENT NUMBER-DATE 02543 FEB 248 FPSC-RECORDS/REPORTING

Name under which applicant will do b	usiness (fictitious name, etc.):
	APPENDER MONTACE PERA. 1913 - TAR
Official mailing address:	
Street:	en er sam sendelsen er en helsen steller er men er en sender at sender er sender er sender er er er er sender Fred en er state
Р.О. Вох: <u>8785</u>	11 (510)
City: SEMINOLE	
State: FLORIDA	Zip: 33775
n nobenidge vel af benesiter man -	
Florida address: Street: 14078 LEEWAR	A DRIVE
	o piere
P.O. Box:	i <u>de limite de digita 2011.</u> A de la contrata de la
City: SEMINOLE	22771
State: FLORIDA	Zip: 33776
Structure of organization:	
() Individual	
(X) Corporation	
() General Partnership	
() Limited Partnership	
	and which to present the
If incorporated in Florida, provide p	roof of authority to operate in Florida
Corporate Registration Numb	er:

\$

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:

1

Florida Fictitious Name Registration Number:
F.E.I. Number (if applicable):
If individual , provide:
Name: MATTHEW BEETAR
Title: OWNER
Address: 14078 LEEWARD DI.
City/State/Zip: SEMINOLE FL 33776
Telephone No.: 727-517-3352 Fax No.: 727-517-3352
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:

Fax No.:

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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?		
	a.	The application:		
		Name: MATTHEW BEETAR		
	Title: PRESIDENT			
		Address: 14078 LEEWARD DRIVE		
		City/State/Zip: SEMINOLE FL, 33776		
		Telephone No.:Fax No.:		
		Internet E-Mail Address: MATTSTER 4961 @ AOL		
		Internet Website Address:		
	b.	Official Point of Contact for ongoing company operations including complaints and inquiries:		
		Name: MATTHEW BEETAR		
		Title: OWNER		
		Address: PO BOX 8785		
		City/State/Zip: SEMINOLE FL. 33775		
		Telephone No.:Fax No.:		
		Internet E-Mail Address: MATTSTER 4961@ AOL		
		Internet Website Address:		

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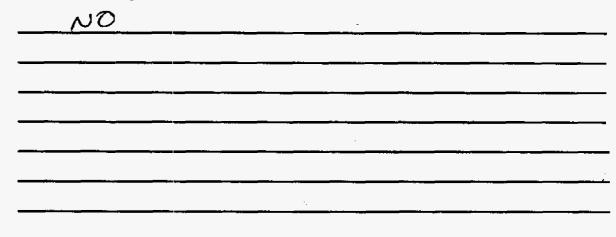
12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: NONE			
	<u>.</u>		

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.



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

Has applicati んりんと	ons pending to be certified as a pay telephone provider
Has been der circumstance	ied authority to operate as a pay telephone provider. Es.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Has had regu statutes, rule <i>い</i> のへく	latory penalties imposed for violations of telecommunic s, or orders. Explain circumstances.
*****	

(V) CALLING CARD (V) CREDIT CARD (V) OTHER (Describe) _

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16.

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- 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.

(v	PERSONALLY
ĺ	) 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: 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. No Explain:

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## ****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 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:

MATTHEW BEETAR

Print Name

OWNER

Title

727-517-3352

Telephone No

When But Signature 2-22-00

727-517-3352

Address:

14078 LEEWARD DR.	
SEMINOLE FL. 33776	
M&B TELCOM INC,	
PO BOX 8785	
SEMINOLE FL. 33775	

Torm 75C/CMJ-32 (02/99) Required by Commission Rule Nos. 25-24,510 & 25-24,511

#### **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:

MATTHEN BEETAR Print Name Signature OWNER Title 727-517-3352 Fax No 727-517-3352 Telephone No. 14078 LEEWARD DR. Address: SEMINOLE FL. 33776 MABTELCOM, INC. BOX 8785 FL, 33775 SEMINDLE

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 6 25-24.511

### **APPLICANT ACKNOWLEDGMENT**

Applicant: M& B TELCOM INC.

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

EW BEETAR	ManhuButa
	Signature
	2-22-00
······································	Date
7-3352	727-517-3352
0.	Fax No.
14078 LEENAR	0 M.
SEMINOLE FL	- 33776
MOB TELCOW	I INC.
PO BOX 8785	
SEMINOLE FL	. 33775
	SEMINOLE FL M&B TELCOW PO BOX 8785

#### 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.

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## **FLORIDA PUBLIC SERVICE COMMISSION**

# BUREAU OF SERVICE EVALUATION 000255

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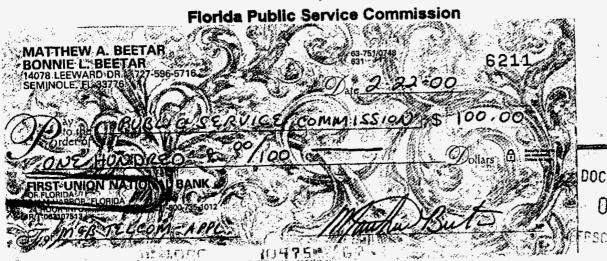
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