FLORIDA PUBLIC SERVICE COMMISSION

001777-TC

DATE

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 application fee of \$100.00 to:

Florida Public Service Commission NE ST **Division of Records and Reporting** 2540 Shumard Oak Blvd. D3966 DE018200 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 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 File Name: cmu-32.doc

DOCUMENT NUMBER-BATE

BS2 DECIIE

FPSC-RECORDS/REPORTING

Name of company or name of individual (no	LEM 110.
Name under which applicant will do busines	ss (fictitious name, etc.):
Official mailing address: Street:1465) らい	148 STREET. (
P.O.Box:	
City: miami	
State: [unids	Zip:33194
Florida address:	Ana 10
Street:Spmc_	AS BIWUK
P.O.Box:	<u></u>
City:	
State:	Zip:
Structure of organization:	
ndividual	
() Corporation	
() General Partnership	
() Limited Partnership	
() Other:	
If incorporated in Florida, provide proof of	authority to operate in Florida:
Florida Secretary of State Corporate Registration Number:	NA

ة مع م 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
RegistrationNumber:

- 8. F.E.I. Number (if applicable):_____
- 9. If individual, provide: _

;

Name: GRACIA INZEMIKS.
Title: DUNAN
Address: 14651 SW 1485T- Circle
City/State/Zip: MIAMI FC 33196
Telephone No.: Fax No.:
Internet E-Mail Address: CINZEMILO O CLOL. COM
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:		NA
	Internet Website Address:		

10. Partnership (continued)

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1

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

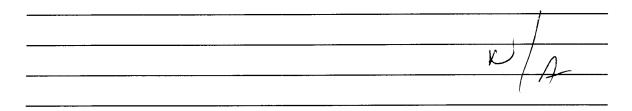
- Who will serve as liaison to the Commission with regard to the following? 11.
 - The application: a.

а.	
	Name: GRACIA INZENIKO
	Title: OUNAR.
	Address: 14651 SW 148 S7. CINCLE
	City/State/Zip: MIANI FL 33196
	Telephone No.: 305 254 2068 Fax No.: 305 - 254 - 0552
	Telephone No.: $\frac{305}{254} \frac{254}{2068}$ Fax No.: $\frac{305}{254} \frac{254}{0552}$ Internet E-Mail Address: $\frac{1}{100} \frac{100}{100} \frac{100}{100}$
	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:

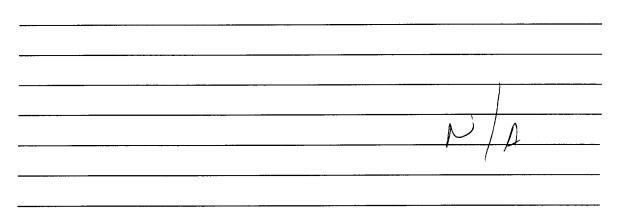
12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation:_____

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.

Jova Has applications pending to be certified as a pay telephone provider. b. K Has been denied authority to operate as a pay telephone provider. Explain C. circumstances. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances. d.

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

CAL NG DISTANCE OIN CALLING CARD **CREDIT CARD** OTHER (Describe) AN \overline{c} Ň M CES

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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.
- **19.** Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXX+0, 101XXX+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:

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

- 1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of <u>0.15 of one percent</u> 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 <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:	, 0
GRACIA INTENILLO	Jagu A.
Print Name	Signature /
OWNEN	12/04/000
Title	Date
305-254-2068	305 - 254 - 0252
Telephone No.	Fax No. Th
Address:	ITBSI SW ITBTH ST.CIRCH
	Minni FLA 33196

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ACKNOWLEDGMENT

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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."

	OFFICIAL:	β	
GNAC	is JNIGaillo	this	~14
Print Name		Signature	1
9	what	12/0	460
Title		Date	(
305-	254-2068	305-7	254-0552
Telephone I	10.	Fax No.	10.1
Address:	14651 SU	J 1485	st. Circle
	_ mig mi	FLO	33196
			· · · · · ·

****APPLICANT ACKNOWLEDGMENT****

GRACIA INZERILLO

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Applicant:

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service. NZERI /13 Signature DUNE Title Date 305 Fax No. **Telephone No.** Su Address:

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

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Florida Public Service Commission		
Division of Records and Reporting	DEPOSIT	DATE
2540 Shumard Oak Blvd.	D3968	DEC 12 2000
Tallahassee, Florida 32399-0850	D9 20 @	
(850) 413-6770		

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Florida Public Service Commission Division of Communications Bureau of Service Evaluation	
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