

State of Florida



# Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FLORIDA 32399-0850

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

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**DATE:** April 25, 2019

**TO:** Adam J. Teitzman, Commission Clerk, Office of Commission Clerk

**FROM:** Sakina Deas, Public Utility Analyst II, Office of Industry Development & Market Analysis *S.D.*

**RE:** Docket No. 20190035-TX- Application for certificate to provide local telecommunications service by City Communications, Inc.

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Attached is an amended application email from City Communications, Inc. Please add to docket file and change the Company name in MCD to the name listed on the attached application . If you have questions please contact me at 413-6504.

RECEIVED-FPSC  
2019 APR 25 AM 10:55  
COMMISSION  
CLERK

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# FLORIDA PUBLIC SERVICE COMMISSION

## OFFICE OF INDUSTRY DEVELOPMENT AND MARKET ANALYSIS

### APPLICATION FOR ORIGINAL AUTHORITY OR TRANSFER OF AUTHORITY TO PROVIDE TELECOMMUNICATIONS SERVICE IN THE STATE OF FLORIDA

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#### INSTRUCTIONS

This form should be used as the application for an original certificate and transfer of an existing certificate (from a Florida certificated company to a non-certificated company). In the case of a transfer, the information shall be provided by the transferee. If you have other questions about completing the form, call **(850) 413-6600**.

Print or type all responses to each item requested in the application. If an item is not applicable, please explain. All questions must be answered. If unable to answer the question in the allotted space, please continue on a separate sheet.

Once completed, submit the **original and one copy** of this form along with a **non-refundable** fee of **\$500.00** to:

**Florida Public Service Commission  
Office of Commission Clerk  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770**

# APPLICATION

This is an application for (check one):

**Original certificate** (new company)

**Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate rather than apply for a new certificate.

Please provide the following:

1. Full name of company, including fictitious name(s), that must match identically with name(s) on file with the Florida Department of State, Division of Corporations registration:

**City Communications, Inc**

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2. The Florida Secretary of State corporate registration number: **F18000004768**
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3. F.E.I. Number: **46-5117703**

4. Structure of organization:

The company will be operating as a:  
(Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Corporation                    | <input type="checkbox"/> General Partnership          |
| <input checked="" type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership          |
| <input type="checkbox"/> Limited Liability Company      | <input type="checkbox"/> Limited Partnership          |
| <input type="checkbox"/> Sole Proprietorship            | <input type="checkbox"/> Other, please specify below: |
- 

**If a partnership**, provide a copy of the partnership agreement.

**If a foreign limited partnership**, proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS). The Florida registration number is:

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5. Who will serve as point of contact to the Commission in regard to the following?

(a) This application:

Name: Kenny Perkins  
Title: Owner of RTC Associates, LLC  
Consultant to City Communications, Inc.  
Street Name & Number: 3075 Breckinridge Boulevard, Suite 425  
Post Office Box: \_\_\_\_\_  
City: Duluth  
State: Georgia  
Zip: 30096-4981  
Telephone No.: 678.436.5590 Ext. 301  
Fax No.: 888.315.4278  
E-Mail Address: kperkins@rtcteam.net  
Website Address: www.rtc-associates.com

(b) Official point of contact for the ongoing operations of the company:

Name: Faraz Mobeen  
Title: Chief Financial Officer  
Street Name & Number: 300 Village Center Dr., Suite 103  
Post Office Box: \_\_\_\_\_  
City: Woodstock  
State: Georgia  
Zip: 30188  
Telephone No.: 678-698-7475  
Fax No.: 866-601-2849  
E-Mail Address: cs@citycom.co  
Website Address: www.citycom.co

(b) Ongoing operations of the company:

(This company liaison will be the point of contact for FPSC correspondence. This point of contact can be updated if a change is necessary but this must be completed at the time the application is filed).

Name: Faraz Mobeen  
Title: Chief Financial Officer  
Street Name & Number: 300 Village Center Dr., Suite 103  
Post Office Box: \_\_\_\_\_  
City: Woodstock  
State: Georgia  
Zip: 30188  
Telephone No.: 678-698-7475  
Fax No.: 866-601-2849  
E-Mail Address: cs@citycom.co  
Website Address: www.citycom.co

(c) Optional secondary point of contact or liaison:  
(This point of contact will not receive FPSC correspondence but will be on file with the FPSC).

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Post Office Box: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

6. Physical address for the applicant that will do business in Florida:

Street address: c/o InCorp Service, Inc. 17888 67th Court North  
City: Loxahatchee  
State: Florida  
Zip: 33470  
Telephone No.: 800-246-2677  
Fax No.: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

7. List the state(s), and accompanying docket number(s), in which the applicant has:

(a) **operated** as a telecommunications company. \_\_\_\_\_

**California, Indiana, Kentucky, Michigan, Ohio, Oregon, and Wisconsin**

(b) **applications pending** to be certificated as a telecommunications company.

**Simultaneously to the filing of this Application, Applicant is filing and/or has pending applications in Mississippi, South Carolina, Tennessee and North Carolina.**

(c) **been certificated** to operate as a telecommunications company. \_\_\_\_\_

**California, Indiana, Kentucky, Michigan, Ohio, Oregon, and Wisconsin**

(d) **been denied authority** to operate as a telecommunications company and the circumstances involved. **Applicant was denied Application for Certification to Provide Local Telecommunications Service in Docket Number 20170238-TX before the Florida Public Service Commission for lack of prosecution of the application. Applicant relied upon a consultant to file its application with the PSC. The consultant failed to inform the Applicant of additionally requested information. To correct this matter, Applicant has engaged another consulting group and is submitting all required information required by law.**

(e) had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

Applicant has not had regulatory penalties imposed for violations of telecommunications statutes.

(f) been involved in civil court proceedings with another telecommunications entity, and the circumstances involved.

Applicant has not been party to any civil court proceedings with another telecommunications entity.

8. The following questions pertain to the officers and directors. Have any been:

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings?  Yes  No

If yes, provide explanation.

\_\_\_\_\_

(b) granted or denied a certificate in the State of Florida (this includes active and canceled certificates)?  Granted  Denied  Neither

If granted provide explanation and list the certificate holder and certificate number.

\_\_\_\_\_

If denied provide explanation.

See response supra to Question 7

(d).

(c) an officer, director, and partner in any other Florida certificated telecommunications company?  Yes  No

If yes, give name of company and relationship. If no longer associated with company, give reason why not.

\_\_\_\_\_

9. Florida Statute 364.335(1)(a) requires a company seeking a certificate of authority to demonstrate its managerial, technical, and financial ability to provide telecommunications service.

**Note:** *It is the applicant's burden to demonstrate that it possesses adequate managerial ability, technical ability, and financial ability. Additional supporting information may be supplied at the discretion of the applicant. For the purposes of this application, financial statements MUST contain the balance sheet, income statement, and statement of retained earnings.*

- (a) **Managerial ability:** An applicant must provide resumes of employees/officers of the company that would indicate sufficient managerial experiences of each. Please explain if a resume represents an individual that is not employed with the company and provide proof that the individual authorizes the use of the resume.
- (b) **Technical ability:** An applicant must provide resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance. Please explain if a resume represents an individual that is not employed with the company and provide proof that the individual authorizes the use of the resume.
- (c) **Financial ability:** An applicant must provide financial statements demonstrating financial ability by submitting a balance sheet, income statement, and retained earnings statement. An applicant that has audited financial statements for the most recent three years must provide those financial statements. If a full three years' historical data is not available, the application must include both historical financial data and pro forma data to supplement. An applicant of a newly established company must provide three years' pro forma data. If the applicant does not have audited financial statements, it must be so stated and signed by either the applicant's chief executive officer or chief financial officer affirming that the financial statements are true and correct.

**Applicant has engaged RTC Associate, LLC (<https://www.rtc-associates.com/>) to assist in ensuring compliance. RTC Associates, LLC is a multi-faceted consulting group that works to provide seamless compliance for its clients. In addition to relying upon the expertise of a third-party, please see attached resumes of management contained in Exhibit A.**

10. Where will you officially designate as your place of publicly publishing your schedule a/k/a tariffs or price lists)? (Tariffs or price lists MUST be publicly published to comply with Florida Statute 364.04).

Florida Public Service Commission

Website – Please provide Website address: **www.citycom.co**

Other – Please provide address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**THIS PAGE MUST BE COMPLETED AND SIGNED**

**REGULATORY ASSESSMENT FEE:** I understand that all telecommunications companies must pay a regulatory assessment fee. A minimum annual assessment fee, as defined by the Commission, is required.

**RECEIPT AND UNDERSTANDING OF RULES:** I understand the Florida Public Service Commission's rules, orders, and laws relating to the provisioning of telecommunications company service in Florida.

**APPLICANT ACKNOWLEDGEMENT:** By my signature below, I, the undersigned owner or officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical ability, managerial ability, and financial ability to provide telecommunications company service in the State of Florida. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. 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, orders and laws.

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 or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083.*"

I understand that any false statements can result in being denied a certificate of authority in Florida.

**COMPANY OWNER OR OFFICER**

Print Name: Faraz Mobeen  
Title: CEO  
Telephone No.: 877-841-1166  
E-Mail Address: CS@citycom.co

Signature:  Date: 02/07/2019

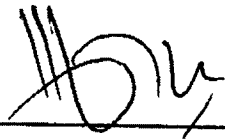
## CERTIFICATE TRANSFER

As current holder of Florida Public Service Commission Certificate Number \_\_\_\_\_,  
I have reviewed this application and join in the petitioner's request for a transfer of the  
certificate.

### COMPANY OWNER OR OFFICER

Print Name: Faraz Mobeen  
Title: CEO  
Street/Post Office Box: 300 Village Center Dr. Suite 103  
City: Woodstock  
State: GA  
Zip: 30188  
Telephone No.: 877-841-1166  
Fax No.: \_\_\_\_\_  
E-Mail Address: CS@citycom.co

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

02/07/2019