

**\*\*FLORIDA PUBLIC SERVICE COMMISSION\*\***

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

DEPOSIT

DATE

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

D217

DEC 09 1990

991882-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 non-refundable **application fee of \$100.00** to: ✓

Florida Public Service Commission  
Division of Records and Reporting ✓  
2540 Shumard Oak Blvd.  
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

MAIL ROOM  
99 DEC -9 AM 8:27  
RECEIVED  
DIVISION OF RECORDS AND REPORTING  
TALLAHASSEE, FLORIDA

1. Name of company or name of individual (not fictitious name or d/b/a):  
PINELLAS COUNTY CALL CENTER SERVICES, INC.

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

3. Official mailing address:  
Street: 3690 West Cogwood Circle  
P.O.Box: \_\_\_\_\_  
City: Beverly Hills, FL 34465  
State: Florida Zip: 34465

4. Florida address:  
Street: 30359 US Highway 19 North  
P.O.Box: \_\_\_\_\_  
City: Clearwater  
State: FL Zip: 33761-1053

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: P99000066494

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: \_\_\_\_\_ N/A

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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: \_\_\_\_\_ N/A

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:       NONE      

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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      

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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.

      NO      

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15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NO

b. Has applications pending to be certified as a pay telephone provider.

NO

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NO

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

NO

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: \_\_\_\_\_ 9 \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*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:**

Robert Martini 

Print Name

Signature

President

12/5/99

Title

Date

~~603 566~~ 877 8843626 603 627 4460

Telephone No.

Fax No.

Address: 27 Lowell St Ste 207  
Manchester NH 03101

**\*\* 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:**

Robert Martini Robert Martini  
Print Name Signature  
Pres 12/5/99  
Title Date  
877 884 3626 603 627 4460  
Telephone No. Fax No.  
Address: 27 Lowell St Suite 207  
MANCHESTER NH 03101

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: Pinellas County Call Center Services, Inc

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

James McFarland  
Print Name James McFarland  
Signature

General Manager  
Title 11/28/99  
Date

1 888 569 1212  
Telephone No. 888 568 1212  
Fax No.

Address: 3690 west cogwood circle  
Beverly Hills, FL 34465

**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\*\***

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FLORIDA PUBLIC  
SERVICE COMMISSION  
MAIL ROOM  
99 DEC -9 AM

**OFFICIAL CHECK** 167260886

Remitter: PINNELLAS COUNTY CALLCENTER

Date: DEC 06, 99

32901

PAY TO THE ORDER OF \*\*\*\*\*100.00

Drawer: Fleet Bank - NH

**\*\*FLORIDA PUBLIC SERVICE COMMISSION\*\***

\*\*\*\*\*  
DOCUMENT NUMBER-DATE  
\*\*\*\*\*

15107 DEC -9 99

Signature: Helene Phillips

Issued By Integrated Payment Systems Inc., Englewood, Colorado  
KeyBank National Association, Denver, Colorado