

ORIGINAL

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

DIVISION OF COMMUNICATIONS 001276-VL
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 non-refundable application fee of \$100.00 to:

	DEPOSIT	DATE
Florida Public Service Commission	D855	SEP 01 2000
Division of Records and Reporting		
2540 Shumard Oak Blvd.		
Tallahassee, Florida 32399-0860		
(850) 413-8770		

- ◆ 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 32399-0860
(850) 413-8600**

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

POMONA ENTERPRISES, INC. c/o ROMANO

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

D/B/A - ROTEL COMMUNICATIONS

3. Official mailing address:

Street: 4783 WATERMARK LANE

P.O. Box: _____

City: SARASOTA

State: FL Zip: 34238-4300

4. Florida address:

Street: - SAME -

P.O. Box: _____

City: _____

State: _____ Zip: _____

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: 59-2842537

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:

G 00222900101

8. F.E.L. Number (if applicable): 59-2842537

9. If individual, provide:

Name: _____

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: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____
10. Partnership (continued)
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: MR. PAT ROMANO
Title: PRESIDENT
Address: 4783 WATERMARK LANE
City/State/Zip: SARASOTA, FL 34238-4300
Telephone No.: 941/926-4732 Fax No.: _____
Internet E-Mail Address: PATR1278@AOL.COM
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: ~ SAME AS ABOVE ~
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: NO

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.

NO

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NONE

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

ONLY FOR FLORIDA - TO BE CERTIFIED -

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: 8

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) WARRANTY FOR 5 YEARS
-
-
-

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 4.28.6.4 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: _____
-
-
-

****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:

POMONA ENTERPRISES, INC.
Print Name c/o ROMANO

PRESIDENT
Title

941 926-4732
Telephone No.

Address: 4783 WATERMARK LANE

SARASOTA, FL. 34238-4300


Signature

8/23/2000
Date

Fax No.

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:

TOMMENA ENTERPRISES, INC.

c/o PAT ROMANO

Print Name

PRESIDENT

Title

941/926-4732

Telephone No.

Address:

*41783 WATERMARK LANE
SPARACOTA, FL 34238-4300*

Pat Romano

Signature

8/23/2000

Date

Fax No.

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

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

001278-12

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	DEPOSIT	DATE
Florida Public Service Commission Division of Records and Reporting 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770	D 3 5 5	SEP 01 2000

- If you have questions about completing the form, contact:

Florida Public Service Commission

State Capitol Building

809

Mr. & Mrs. P. Romano
4788 W. Grand Ave.
Sarasota, FL 34238-4800

DATE AUG. 29, 2000 55 55 440

PAY to the order of Florida Public Service Commission \$ 100.00
One hundred 00 DOLLARS
RESOURCE MANAGEMENT ACCOUNT

PAINE WEBBER
10000
COLUMBUS, OHIO 43261

Reginald Romano

FOR CASH

DOCUMENT NUMBER-DATE

10815 AUG 31 8

FPSC-RECORDS/REPORTING

30K

STATE OF FLORIDA

Commissioners:
J. TERRY DEASON, CHAIRMAN
E. LEON JACOBS, JR.
LILA A. JABER
BRADUJO L. BATEZ



DIVISION OF RECORDS & REPORTING
BLANCA S. BAYÓ
DIRECTOR
(850) 413-6770

Public Service Commission

September 1, 2000

Pat Romano
4783 Watermark Lane
Sarasota, Florida 34238-4300

Re: Docket No. 001276-TC

Dear Pat Romano:

This will acknowledge receipt of an application for certificate to provide pay telephone service by Pomona Enterprises, Inc. d/b/a ROTEL Communications, which was filed in this office on August 31, 2000, and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6248 or FAX (850) 413-7180.

Please make notes as well that Commission Rule 25-22.005(7), F.A.C., requires certificated companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of Records and Reporting
Florida Public Service Commission