

991137-TC

ORIGINAL

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

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

3. Official mailing address: DEPOSIT DATE
Street: c/o 440 King Street D204 # OCT 21 1990
P.O. Box:
City: Cocoa
State: Florida Zip: 32922

4. Florida address:
Street: 2295 S. U.S. HWY 1
P.O. Box:
City: Rockledge
State: Florida Zip: 32955

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:

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: _____ Gianfranco Zabaroni _____
Title: _____ Owner _____
Address: _____ c/o 440 King Street _____
City/State/Zip: _____ Cocoa, FL 32922 _____
Telephone No.: (407)632-3010 **Fax No.:** _____
Internet E-Mail Address: _____
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: n/a

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.

n/e

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.

n/a

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

n/a

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

n/a

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

n/a

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

n/a

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: 1

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: _____

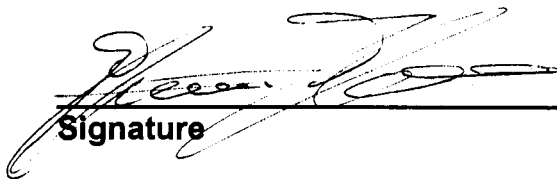
****APPLICANT FEE/TAX STATEMENT****

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:

Gianfranco Zabaroni

Print Name



Signature

Owner

Title

10/12/99

Date

(407)632-3010

Telephone No.

Fax No.

Address: c/o 440 King Street

Cocoa, FL 32922

7

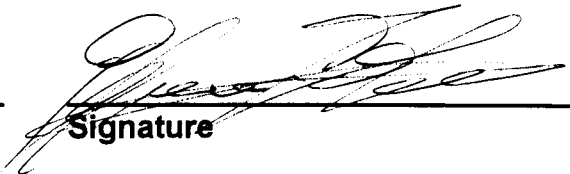
****ACKNOWLEDGMENT****

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."

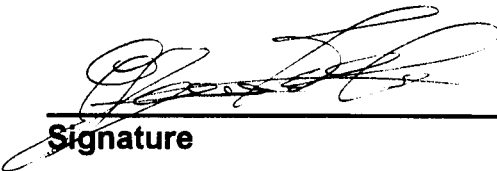
UTILITY OFFICIAL:

<u>Gianfranco Zabaroni</u>	
Print Name	Signature
<u>Owner</u>	<u>10/12/99</u>
Title	Date
<u>(407) 632-3010</u>	<u></u>
Telephone No.	Fax No.
Address: <u>c/o 440 King Street</u>	
<u>Cocoa, FL 32922</u>	
<u></u>	
<u></u>	
<u></u>	

****APPLICANT ACKNOWLEDGMENT****

Applicant: Gianfranco Zabaroni

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

Gianfranco Zabaroni
Print Name 
Signature

Owner
Title 10/12/99
Date

(407) 632-3010
Telephone No. **Fax No.**

Address: c/o 440 King Street
Cocoa, FL 32922

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.

STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JULIA L. JOHNSON
E. LEON JACOBS, JR.



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

Public Service Commission

October 22, 1999

Gianfranco Zabaroni
Bourbon House
2295 South U.S. Highway 1
Rockledge, Florida 32955

Re: Docket No. 991637-TC

Dear Mr. Zabaroni:

This will acknowledge receipt of an application for original certificate to provide pay telephone service by Gianfranco Zabaroni d/b/a Bourbon House, which was filed with this office on October 21, 1999 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) 413-6078 or FAX (850) 413-6079.

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

991637-TC

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

Gianfranco Zabaroni

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

Bourbon House

3. Official mailing address:

DEPOSIT

DATE

Street: c/o 440 King Street

D204

OCT 21 1999

P.O. Box: _____

City: Cocoa

State: Florida

Zip: 32922

4. Florida address:

Street: 2295 S. U.S. HWY 1

P.O. Box: _____

City: Rockledge

State: Florida

Zip: 32955

5. Structure of organization:

Individual

Corporation

General Partnership

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNT(S)

TOTALS OF INVOICES	
LESS % DISCOUNT	
LESS	
TOTAL DEDUCTIONS	
AMOUNT OF CHECK	



GIANFRANCO ZABARONI 100494
dba **BOURBON HOUSE**
2295 South U.S. Hwy 1
Rockledge, FL 32955

3257

63-215/631

DATE 10/13/99

PAY TO THE ORDER OF Florida Public Service Com. \$ 100.00

One Hundred & — ^{00/100} DOLLARS

SUNTRUST
SunTrust Bank, Central Florida, N.A.
Cocoa Office (407) 639-4786
Cocoa, FL

DOCUMENT NO: 10 DATE

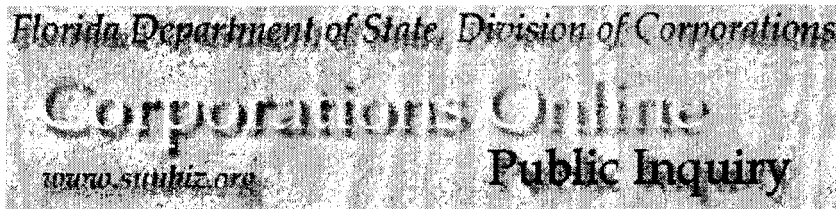
12957 OCT 21 99

FOR Pay telephone Service

Gianfranco Zabaroni

MP
TRUC RECORDS CORPORATION

0003257



BOURBON HOUSE
 C/O 440 KING STREET
 COCOA, FL 32922-

Document Number
 G97083000050
Expiration Date
 12/31/2002
Total Pages
 000000001

Status
 ACTIVE
Current Owners
 000000001
Events Filed
 000000000

Date Filed
 03/24/1997
County
 BREVARD
FEI Number
 NONE

No Filing History

Previous on List

Return to List

Next on List

Owner Information

Name & Address	FEI Number	Charter Number
ZABARONI, GIANFRANCO 1311 WOODINGHAM DRIVE ROCKLEDGE, FL 32955	NONE	NONE

Document Images

Action	Document Number	Fax Number	Contact Name
<input checked="" type="radio"/> Display Image <input type="radio"/> Fax Image	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit Reset

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Fictitious Name Inquiry

Fictitious Name Help

99 OCT 20 AM 7:43
 MAIL ROOM
 SEARCHED
 SERIALIZED
 INDEXED
 FILED