

991701-TC

PAY TELEPHONE SERVICE

DEPOSIT

DATE

D211

NOV 12 1999

This Package Contains

- ✓ Form PSC/CMU-32 (02/99) - Application Form for Certificate to Provide Pay Telephone Service Within the State of Florida
- ✓ Form PSC/CMU-26 (Rev. 4/98) - Pay Telephone Service Provider Regulatory Assessment Fee Return (For Information Use Only)
- ✓ Frequently Asked Questions Pay Telephone Service
- ✓ Rules Governing Pay Telephone Service
- ✓ Form PSC/CMU-2 (02/99) - Request to Block Incoming Calls
- ✓ Pay Telephone Service Physically Handicapped Rules ANSI Standards
- ✓ Sales and Use Tax and Gross Receipts Tax on Telecommunications (brochure)
- ✓ Florida Tax Status on Telecommunications (undated table)
- ✓ Municipal Public Service Tax Database
- ✓ Application to Collect Tax in Florida (DR-1 R. 11/97)

62 8 MV 21 NOV 99

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

DOCUMENT NUMBER-DATE

13940 NOV 12 99

FPSC-RECORDS/REPORTING

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

Zev. Inc.

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

WORLD WIDE ~~TELEPHONE CORPORATION~~ ~~TELECOMMUNICATIONS~~ (w w t c)
TELECOMMUNICATIONS "W W T C"

3. Official mailing address:

Street: 2180 - NE 123rd Street

P.O. Box: _____

City: NORTH MIAMI

State: FLORIDA

Zip: 33181

4. Florida address:

Street: SAME AS ABOVE

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: 549-113

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: G99291900181

8. F.E.I. Number (if applicable): 59-1772352

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

b. Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: _____
X 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.

- 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.

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

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

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

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: ~~10~~ 15

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) _____

or whatever means necessary.

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:

Zev Inc. Zev Gretah

Print Name

Zev Gretah

Signature

President

Title 891-7128 PHONE

305-956-9544 OR FAX

Telephone No.

Sept 9th 1999

Date 956 9544 PHONE

305-891-7128 OR FAX

Fax No.

Address:

2180 - N.E 123rd St

NORTH MIAMI, FL, 33181

****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>Zev Inc. Zev Gretak</u>	<u>Zev Gretak</u>
Print Name	Signature
<u>president</u>	<u>Sept 9th 1999</u>
Title	Date
<u>891 7128 PHONE</u>	<u>SAME #5</u>
<u>305-956 9544 FAX</u>	Fax No.
Telephone No.	
Address:	<u>2180 - N.E 123 rd SE</u>
	<u>NO - MIAMI FL. 33181</u>

****APPLICANT ACKNOWLEDGMENT****

Applicant: Zev Inc d.b.a
World Wide ~~TELEPHONE COMMUNICATIONS~~ ~~TELECOMMUNICATIONS (LLC)~~
TELECOMMUNICATIONS "WWTC"

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

Zev INC
Zev Greta
Print Name

Zev Greta President
Signature

President
Title

Sept 9th 1999
Date

956 9544
305 891 7128
Telephone No.

SAME #
Fax No.

Address: 2180 NE 123rd St
NORTH MIAMI FL. 33181

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.

991701-TC

PAY TELEPHONE SERVICE

DEPOSIT

DATE

D211

NOV 12 1999

This Package Contains

- ✓ Form PSC/CMU-32 (02/99) - Application Form for Certificate to Provide Pay Telephone Service Within the State of Florida
- ✓ Form PSC/CMU-26 (Rev. 4/98) - Pay Telephone Service Provider Regulatory Assessment Fee Return (For Information Use Only)
- ✓ Frequently Asked Questions Pay Telephone Service
- ✓ Rules Governing Pay Telephone Service
- ✓ Form PSC/CMU-2 (02/99) - Request to Block Incoming Calls
- ✓ Pay Telephone Service Physically Handicapped Rules ANSI Standards
- ✓ Sales and Use Tax and Gross Receipts Tax on Telecommunications (brochure)

Look for gray background on the front of this check, and the magenta® logo on back. If not present, do not cash.

6606

ZEV, INC.
 JUDY'S PLACE
 2180 N. E. 123RD STREET
 NORTH MIAMI, FL 33181

DATE NOV-8 - 99 63-4/630 FL 1375

PAY TO THE ORDER OF

Florida Public Service Commission

\$100 ~~00~~

one hundred dollars only ~~00~~

DOLLARS 

NationsBank
 NationsBank, N.A.

REDACTED

Rev. Anetats

ACH/R/T 063000047

FOR *WWTC*