



Public Service Commission

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

DATE: May 15, 2000

TO: Blanco Bayo, Director, Division of Records and Reporting

FROM: Toni J. McCoy, Regulatory Analyst, Division of Communications

SUBJECT: Open Docket No. 000468-TC

Please add the attached revised PATS Application to add to the docket file. The application the applicant originally submitted was not a current version of the PATS Application.

Call me if you have any questions, I can be reached at 850/413-6532.

Thank you.

- AFA _____
- APP _____
- CAF _____
- CMW _____
- OTR _____
- EAG _____
- LEG _____
- WAS _____
- OPC _____
- FOR _____
- SEC _____
- MAW _____
- ETH _____

G. Nemye

DOCUMENT NUMBER-DATE
 06028 MAY 16 8
 FPSC-RECORDS/REPORTING

2000 MAY 11 AM 10:50 **FLORIDA PUBLIC SERVICE COMMISSION****

FLORIDA
PUBLIC SERVICE COMM.
DIV. OF TELECOMMUNICATIONS

**DIVISION OF COMMUNICATIONS
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:

**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**

See ATTch

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

EILERS TRADE DOT COM

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

EILERS TRADE DOT COM

3. Official mailing address:

Street: _____

P.O. Box: P O BOX 10351

City: PANAMA CITY

State: FLORIDA Zip: 32404

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: _____

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: G99277900257

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: DALE CHARLES PETE EILERS

Title: OWNER

Address: 139 NORTH COMET AVE

City/State/Zip: CALLAWAY FL 32404

Telephone No.: 1-850-874-2111 **Fax No.:** 1-850-874-8758

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: _____

10. **Internet Website Address:** _____
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: DALE EILERS

Title: OWNER

Address: P.O. BOX 10351

City/State/Zip: PANAMA CITY FL 32404

Telephone No.: 1-850-874-2111 **Fax No.:** 850-874-8758

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: 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.

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: UP-TO SIX

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:

| | |
|---|---------------------------|
| <u>DALE EILERS</u> | <u><i>Dale Eilers</i></u> |
| Print Name | Signature |
| <u>OWNER</u> | <u>01 MAY 2000</u> |
| Title | Date |
| <u>1-850-874-2111</u> | <u>1-850-874-8758</u> |
| Telephone No. | Fax No. |
| Address: <u>P.O. BOX 10351, PANAMA CITY FL 32404</u> | |
| <u> </u> | |
| <u> </u> | |
| <u> </u> | |
| <u> </u> | |

****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:

DALE EILERS

Print Name

Dale Eilers

Signature

OWNER

Title

01 MAY 2000

Date

1-850-874-2111

Telephone No.

1-850-874-8758

Fax No.

Address: P.O. BOX 10351, PANAMA CITY FL 32404

****APPLICANT ACKNOWLEDGMENT****

Applicant: DALE EILERS

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

DALE EILERS
Print Name

Dale Eilers
Signature

OWNER
Title

01 MAY 2000
Date

1-850-874-2111
Telephone No.

1-850-874-8758
Fax No.

Address: P.O. BOX 10351, PANAMA CITY, FL 32404

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.



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Florida Department of Revenue

09/16/99

Certificate of Registration

Issued Pursuant to Chapter 212, Florida Statutes

This Certificate Is
Non-transferable.

DR-11
R. 12/97

Registration
Effective Date
09/15/99

Opening Date
09/15/99

Certificate Number
13-00-044380-32-3

Refer To This Number
When Reporting Tax.

This Certifies That

EILERS TRADE DOT COM F.S.
EILERS, DALE
136 N COMET AVE
PANAMA CITY FL 32404-7531

**Is Hereby Authorized and Empowered to Collect Sales
and Use Taxes For The State of Florida.**

THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE.



STATE OF FLORIDA
DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

L. H. Fuchs
Executive Director

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

The following is your sales tax certificate #:

13 - 00 - 044380 - 32 / 3

Business Name: EILERS TRADE DOT COM F.S.

First report 12/99 due on the 1st and delinquent after the 20th of 01/00.

Opening date: September 15, 1999

Filing Frequency: Monthly Quarterly Semi-annual Annual

The Florida Department of Revenue offers FREE workshops on how to correctly prepare this report. If you are interested in attending you may contact us at **872-4165**.

SALES TAX FACTS TO REMEMBER

1. Every person conducting business in the State of Florida that is subject to sales and use tax is responsible for filing a "Sales and Use Tax" return at the end of each assigned collection period.
2. In the event that your preprinted sales tax return does not arrive in the mail, it is your responsibility to contact the Florida Department of Revenue and request that a form be sent to you.
3. Your sales tax return is due the 1st of the month following the collection period and late after the 20th. Returns postmarked on the 20th are not considered late. When the 20th falls on a Saturday, Sunday, or a state or federal holiday, your return must be postmarked on or before the first working day following the 20th.
4. If your return is filed late, you lose the collection allowance and will be charged a penalty and interest.
5. You must register each location from which you do business and file a return for each location unless the Department has approved reporting in another manner.
6. You are required to file a return even though you may have no sales tax to report. Late filing a "zero sales" return will result in a penalty assessment.
7. It is your responsibility to notify the Florida Department of Revenue if you have any changes in your business (new location, mailing address, incorporation, change of partner in partnerships, etc.).
8. In the event that your business is sold or closed, the law requires you to pay all taxes, penalty and /or interest due within 15 days. A final return form is included in the sales tax coupon book.
9. You may extend your sales tax number to your suppliers when making purchases of items that will be resold, incorporated into an item of tangible personal property for sales, or exclusively rented as tangible personal property. All other purchases are taxable.
10. When accepting a tax number from another dealer instead of charging sales tax, you must keep on file a "Resale Certificate" which includes: business name, location address, reason for exempt purchases, signature of authorized agent and tax number. Resale certificates are available at a nominal cost from your local office supply store, or if you prefer, you may have your printer prepare a form for your use.

**PLEASE CONTACT THE DEPARTMENT OF REVENUE LOCAL
SERVICE CENTER IF YOU REQUIRE ADDITIONAL INFORMATION
OR ASSISTANCE REGARDING FLORIDA SALES AND USE TAX.**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 4, 1999

EILERS TRADE DOT COM F.S.
P.O. BOX 10351
PANAMA CITY, FL 32404

Subject: **EILERS TRADE DOT COM F.S.**

REGISTRATION NUMBER: **G99277900257**

This will acknowledge the filing of the above fictitious name registration which was registered on October 4, 1999. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/ac
Division of Corporations

Letter No. 699A00048110



Certificate of Registration

Issued Pursuant to Chapter 212, Florida Statutes

| | | | |
|---|---|--------------------------|-------------------------------|
| 13-06-045047-77-2 Certificate Number | 03/15/00 Registration Effective Date | 03/15/00 Opening Date | QUARTERLY Filing Frequency |
|---|---|--------------------------|-------------------------------|

This certifies that

EILERS TRADE DOT COM FS II
EILERS, DALE
139 N COMET AVE
PANAMA CITY FL 32404-7506

has met the sales and use tax registration requirements for the business location stated above and is authorized to collect and remit tax as required by Florida law. This certificate is non-transferable.

POST THIS CERTIFICATE IN A CONSPICUOUS PLACE

**THIS IS YOUR SALES & USE TAX CERTIFICATE OF REGISTRATION
(DETACH AND POST IN A CONSPICUOUS PLACE)**

**REFER TO THE BACK OF THIS SECTION FOR SPECIFIC
INFORMATION REGARDING YOUR COUNTY'S TAX RATES.**

THIS IS YOUR 2000 ANNUAL RESALE CERTIFICATE

2000 Annual Resale Certificate

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2000.

Business Name and Location Address

Registration Effective Date

Certificate Number

EILERS TRADE DOT COM FS II
EILERS, DALE
139 N COMET AVE
PANAMA CITY FL 32404-7506

MARCH 15, 2000

13-06-045047-77-2

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased after the above Registration Effective Date by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Re-rental as real property.
- Re-rental as transient rental property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active dealer or its authorized employees. Misuse of this Annual Resale Certificate will subject the user to penalties as provided by law.

Presented to: _____
(Insert name of seller on photocopy.) (date)

Presented by: _____
Authorized Signature (Purchaser) (date)