REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

Date November 1, 2000	Docket No. 00/657-70
1. Division Name/Staff Name Competitive Services	/Isler
2. OPR Competitive Services/Isler	
3. OCR Legal Services	
4. Suggested Docket Title Cancellation by Flori	da Public Service Commission of Pay Telephone Certificate
No. 4525 Issued to Public Communications Systems, I	nc. for Violation of Rule 25-4.0161, F.A.C., Regulatory
Assessment Fees: Telecommunications Companies	
5. Suggested Docket Mailing List (attach separate	cheat if nagaceany)
A. Provide NAMES ONLY for regulated companies o as shown in Rule 25-22.104, F.A.C.	
B. Provide COMPLETE name and address for all ot	
 Parties and their representatives (if any)
Edward J. Sears	
2	via (if any)
Interested Persons and their representati	ves (IT any)
6. Check one:XX_ Documentation is attached.	
Documentation will be provided w	with recommendation.
Documentation with the provided w	. E. , Commissione : Commissio
I:\PSC\RAR\WP\ESTDKT.	

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

14155 NOV-18

STATE OF FLORIDA

Commissioners: J. Terry Deason, Chairman E. Leon Jacobs, Jr. LILA A. Jaber



DIVISION OF COMPETITIVE SERVICES WALTER D'HAESELEER DIRECTOR (850) 413-6600

Public Service Commission

August 25, 2000

Mr. Edward Sears, President Public Communications Systems, Inc. 1128 Royal Palm Beach Blvd., Suite 190 Royal Palm Beach, FL 33411

Dear Mr. Sears:

This will acknowledge receipt of your letter dated August 21, 2000, which requested cancellation of your Pay Telephone Certificate No. 4525 because you are no longer providing pay telephone service. Before I can recommend that the Commission grant a voluntary cancellation, a company must not have an outstanding balance of the Regulatory Assessment Fee (RAF), including statutory penalty and interest charges.

Commission records show that you have a \$15.00 past due penalty and interest balance. A breakdown is enclosed. In addition, you will owe the 2000 RAF. You can either go ahead and pay the 2000 RAF (form enclosed) or write the Commission a letter and provide a date certain of when it will be paid. For example, you will pay the 2000 RAF within 30 days after the Order is issued granting you the voluntary cancellation. Enclosed is a copy of the cancellation rule.

As soon as we receive your check for the \$15.00 past due amount and either your check for the 2000 fee or the date that it will be paid, I will open a docket to voluntarily cancel your certificate. Please respond in writing by September 11, 2000.

Sincerely,

Paula J. Isler, Research Assistant

Daula J. Aslen

Bureau of Service Quality & Compliance

Enclosures

Public Communications Systems, Inc. PATS Certificate No. 4525 (TF590)

Year	Fee	Penalty	Interest	Notes
1998	Paid	\$5.00	\$1.00	Payment was due 02/01/99. Your check was postmarked 03/30/99.
1999	Paid	\$7.50	\$1.50	Payment was due 01/31/00. Your check was postmarked 04/07/00.
2000	\$50.00	n/a	n/a	The amount to the left is the minimum.
Total	\$50.00	\$12.50	\$2.50	Minimum total is <u>\$65.00</u> . The amount past due is \$15.00.

25-24.514 Cancellation of a Certificate.

- (1) The Commission may cancel a company's certificate for any of the following reasons:
- (a) Violation of the terms and conditions under which the authority was originally granted;
- (b) Violation of Commission rules or orders;
- (c) Violation of Florida Statutes; or,
- (d) Failure to provide service for a period of six (6) months.
- (2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.
- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.
- (3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS. Law Implemented 350.113, 350.127(1), 364.03, 364.285, 364.337, 364.345 FS. History-New 1-5-87.

TO AVOID PENALTY AND INTEREST CHARGES, THE JULATORY ASSESSMENT FEE RETURN MUST BE FILED ON U. JEFORE 01/30/2001

Pay Telephone Service Provider Regulatory Assessment Fee Return

STAT	US:		Service Commiss astructions on Back of Form)	sion	FOR PSC USE	ONLY
DED	_ Actual Return _ Estimated Return _ Amended Return	TF590 Public Communication 1128 Royal Palm Bea Royal Palm Beach, F	ach Blvd., Suite 19	90	ss	0603002 003001 P 0603002 004011
	OD COVERED:	,			Postmark Date	I
12/31	/00 TO /00	L			Initials of Preparer	
	. • •	Please Complete Below If O	fficial Mailing Address H	as Changed	<u> </u>	
	(Name of Company)		(Address)		(City/State)	(Zip)
LINE NO.		ACCOUNT CLASSIE	FICATION		AMO	UNT
1.	Gross Operating Re-	venue (Florida)			\$	
2.	Gross Intrastate Rev	enue				
3.	LESS: Amounts Pa (see "2. Fees" on ba	es*	<u></u>)		
4.	TOTAL REVENUE (Line 2 less Line 3)	ES for Regulatory Asses	sment Fee Calcul	lation	\$	
5.	Regulatory Assessme	ent Fee Due — (Multiply	y Line 4 by 0.001:	5)		
6.	Penalty for Late Pay	ment (see "3. Failure to	File by Due Date	on back)	r	
7.	Interest for Late Pay	ment (see "3. Failure to	File by Due Date	on back)		
8.	TOTAL AMOUNT	DUE			\$	
	AS PROVIDED	IN SECTION 364.336 FLORII	DA STATUTES, THE	MINIMUM ANN	JAL FEE IS \$50	
	THIS FORM MUST BE CO	OMPLETED AND RETURNED	REGARDLESS OF T	THE AMOUNT O	F REVENUES REPOR	RTED
9.	Number of pay telep by this Return	ohones in operation at clo	ose of period cover	red		
These a	amounts must be intrastate only and m	aust be verifiable.				
s a true ar	nd correct statement. I am aware th	above-named company, have read that pursuant to Section 837.06, Florida official duty shall be guilty of a misd	i Statutes, whoever knowin	gly makes a false star	mowledge and belief the alternent in writing with the	ove information intent to mislead
	(Signature of Compa	ny Official)		(Title)		(Date)
- (Preparer of Form - Pleas	e Print Name)	Telephone Number (Fax Number ()	
	,		F.E.I. No.			····

1. WHEN TO FILE: For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before July 30 for the six-month period January 1 through June 30, AND On or before January 30 for the six-month period July 1 through December 31.

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the prior twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. FEES: Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount on Line 3.

On Line 3, deduct any amount paid to another telecommunications company for the use of any telecommunications network (including installation charges) to provide service to its customers. <u>Do not deduct</u> any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. <u>DEDUCTIONS MUST BE INTRASTATE ONLY</u> AND MUST BE VERIFIABLE.

3. FAILURE TO FILE BY DUE DATE: Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 6). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 7). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. EXTENSION: A request for an extension of time up to 30 days may be made by filing the enclosed Request for Extension to File Regulatory Assessment Fee Return form (PSC/ADM-124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or 1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

- 5. FEE ADJUSTMENTS: You will be notified as to the amount and reason for any adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
- 6. MAILING INSTRUCTIONS: Please complete this form, make a copy for your records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. Make your check payable to the Florida Public Service Commission. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission

2540 Shumard Oak Boulevard

Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. ADDITIONAL ASSISTANCE: If you need additional information or assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Services at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.



: 561-793-4505

1128 Royal Palm Beach Bivo. Suite 190 Royal Palm Beach, Florida 33411 MAILROOM

August 21, 2000

Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, Florida 32399

Dear Public Service Commission.

Please, effective immediately, cancel my state issued certificate to provide public pay telephone services in the state of Florida. My certificate number is #4525 and is under my company name of Public Communications Systems, Inc. This company is no longer in business and has not been since January 2000.

Thank you for your time in this matter.

Sincerely,

Edward Sears

Edward Jeans

President

COMPETITIVE SERVICES OF VIVIENCES

2000 VNC St VN 8: +3

RAF ACCOUNT

Printed on 08/24/2000 at 16:56:56 by PJI

Public Communications Systems, Inc. (TF590)

Period Covered	Period Covered: 01/01/1999-12/31/1999		Yes	Operating Revenue:	\$23,120.00		
Service:	PAT	Received RAF Form:	Yes Interstate Revenue:		\$0.00		
Due Date:	01/31/2000	Payment Plan:	No	Net RAF Due:	\$50.00		
Postmark Date:	04/07/2000	Extension: No		Refund Issued:	\$0.00		
Satisfied:	No	RAF Rate:	0.0015	Fine Paid:	\$0.00		
DESCRIPTION		AMOUNT DUE		AMOUNT PAID	AMOUNT OWED		
RAF		\$50.00		\$50.00	\$0.00		
Penalty		\$7.50		\$0.00	\$7.50		
Interest		\$1.50		\$0.00	\$1.50		
Extension Fee		\$0.00		\$0.00	\$0.00		
Additional Pay	ment	\$0.00		\$0.00	\$0.00		
Total		\$59.00		\$50.00	\$9.00		

RAF ACCOUNT

Printed on 08/24/2000 at 16:57:06 by PJI

Public Communications Systems, Inc. (TF590)

Period Covered: 01/01/1998-12/31/1998		Yes Operating Revenue:		\$29,087.50		
AT	Received RAF Form:	Yes Interstate Reven		⇒: \$0.00		
2/01/1999	Payment Plan:	No	Net RAF Due:	\$50.00		
3/30/1999	Extension:	No	Refund Issued:	\$0.00		
0	RAF Rate:	0.0015	Fine Paid:	\$0.00		
TION	AMOUNT DUE	AM	OUNT PAID	AMOUNT OWED		
	\$50.00	\$5	0.00	\$0.00		
	\$5.00	\$	0.00	\$5.00		
	\$1.00	\$	0.00	\$1.00		
	\$0.00	\$	0.00	\$0.00		
nt	\$0.00	\$	0.00	\$0.00		
	\$56.00	\$5	0.00	\$6.00		
	1/01/1998-12/31/1998 AT 2/01/1999 3/30/1999 o FION	AT Received RAF Form: 2/01/1999 Payment Plan: 3/30/1999 Extension: RAF Rate: PION AMOUNT DUE \$50.00 \$1.00 \$0.00 nt \$0.00	### Received RAF Form: Yes	Received RAF Form: Yes Interstate Revenue:		

CHIMNY COMPANY REG MACT	RAF NO PERIOD RAF E EHUNG FORM	REQUILATORY A COLL PEE REVENUE ASSESSMENT PAYMENT REPORT: FEE AMOUNT	RAF COLL RAF POST DUE PAYMENT AGENCY PIO EXTENSION NARK DEPOSIT 55/30 DAYS DISCREP FEE RECEIVED DATE NUMBER 25% MAX	PENALTY DUE INTEREST LETTER LETTER PAID 1N/30 DAYS PAID MALED MALE
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TF590 Public Communicat 27-Feb-96		\$0.00		

RAF 98 CMPRY COMPANY CODE NAME	REG BLACTIVE DATE DATE	RAF NO PERIOD RAF ENDING FORM	REVÉNUE REPORT,	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT DISCREP	COLL RA AGENCY MOEKIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OST IARK DEPOSI		PENALTY I	UE INTEREST	DATE DATE DELMONT PAI LETTER LETTER MARED MARET
<u>a</u> b	<u>d (</u>	1		h			k I	m	deposit	0	D a	,	
TF590 Public Communicati	7-Feb-96 - 1	2-31-98	\$29,087.50	\$50.00	\$50.00	\$0.00		\$50.00 03	3/30/99 EJ117	\$5.00	<u> </u>	\$1.00	

CAMPANY COMPANY RECORD MAME DAT			VENUE REGULATO ASSESSMI		RAF PAYMENT DISCREP	COLL RAF AGENCY NO EXTEN		PENALTY DUE DEPOSIT 55/30 DAYS HUMBER 25% MAX	PENALTY DUE INTEREST LETTE PAID 13/30 DAYS PAID MALE	N LETTER
b C	d •	1 9	h		J k	i i	m	deposit o	P Q f a	†
TF590 Public Communicati 27-Feb	96 - 12-31-97	<u> </u>	\$31,773.24 \$	50.00 \$50.00	\$0.00	\$5	0.00 01/15/98	DG691		

RAF96	CMPNY	COMPANY NAME	REG DATE	MACTIVE DATE	RAF PERIOD ENDING	"X" NO RAF FORM		EVENUE REPORT.		EGULATORY SSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT DISCREP.	COLL AGENCY FEE	PAF POST DUE STEREST DELINONT PAI DETERMINING MARK DEPOSIT SAISO DAYS PENALTY DUE INTEREST DELINONT PAI NUMBER 25% MAX PAID 19/30 DAYS PAID MALED MALED
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	TF590	Public Communicati	27-Feb-96		12-31-96		Γ	\$1,115	.57	\$1.67	\$50.00	\$48.33	•	\$50.00 01-29-97 CH4\$2

CMPNY COMPANY REG CODE NAME DATE	RAF NO RAF DATE ENDING FORM	REGULATORY REVENUE ASSESSMENT	RAF PAYMENT & COLL FEE RAF COLL RAF PAYMENT PAYMENT AGENCY NO EXTENSION AMOUNT DISCREP FEE RECEIVED	POST DUE DILINGIT PAI DELINGIT PAI DATE DELINGIT PAI DELINGIT PAI DUE INTEREST LETTER LETTER DATE DATE DATE DATE DATE DATE DATE DATE
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CMPNY COMPANY CODE NAME	REG NACTIVE PERIOD RAF DATE DATE ENDING FORM	RAF & COLL FEE COLL PAYMENT AGENCY AMOUNT FEE	RAF \$10 EXTENSION RECEIVED	POST MARK DEPOSIT DATE NUMBER	PENALTY DUE SK30 DAYS PENALTY DUE 25% MAX PAID 1%30 DAY	INTEREST LETTER LETTER	DAYS AMOUNT D AMOUNT OF 755/15 DA PAID EXT 8.56/30 DA "RAP"
<u> </u>	E 4 1		M H		•	1	EXT DESIGNED RAF