

ORIGINAL

Docket #991421-TC
6 Pages

Re: PAY Telephone application
Docket No. 991421-TC

Date: 10/1/99

Dear Mr. McCoy

Please find attached pages, which is completed
and I will return the originals in today's mail.

I thank you in advance for your cooperation

Sincerely

Abel Poyser

RECEIVED

OCT 04 1999

CMU

AFA	_____
APP	_____
CAF	_____
CMU	_____
CTR	_____
EAG	_____
LEG	_____
MAS	_____
OPC	_____
PAI	_____
EC	_____
PAW	_____
TH	_____

DOCUMENT NUMBER-DATE

11954 OCT-4 99

FPSC-RECORDS/REPORTING

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 7

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:

ABDOL A. POURGHASSEM
Print Name

OWNER
Title

(954) 753-6913
Telephone No.

Address: 6059 N.W. 74th Street

PARKLAND, FL 33067

Abdol A. Pourghassem
Signature

9/16/99
Date

(954) 340-4794
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:

ABDEL A. BOURGHASSEM
Print Name
OWNER
Title
(954) 753-6913
Telephone No.

Abdel A. Bourghassem
Signature
9/16/99
Date
(954) 340-4754
Fax No.

Address: 6059 N.W. 74th Street
PARKLAND, FL 33067

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

99 OCT -4 AM
MAIL ROOM

****APPLICANT ACKNOWLEDGMENT****

Applicant: ABDOL A. POURGHASSEM

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

ABDOL A. POURGHASSEM
Print Name

Abdol A. Pourghassem
Signature

OWNER
Title

9/16/99
Date

(954) 753-6913
Telephone No.

(954) 340-4754
Fax No.

Address: 6059 N.W. 74th Street
PARKLAND, FL 33067

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.