

010200-TC

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

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

3. Official mailing address:  
Street: 2688 N.E. Dixie Hwy  
P.O. Box: \_\_\_\_\_  
City: Jensen Beach  
State: FL. Zip: 34957

4. Florida address:  
Street: 2688 N.E. Dixie Hwy  
P.O. Box: \_\_\_\_\_  
City: Jensen Beach  
State: FL. Zip: 34957

5. Structure of organization:

- |  |         |             |
|--|---------|-------------|
| <input checked="" type="checkbox"/> Individual | DEPOSIT | DATE        |
| <input type="checkbox"/> Corporation           | DO NOT  | FEB 12 2001 |
| <input type="checkbox"/> General Partnership   |         |             |
| <input type="checkbox"/> Limited Partnership   |         |             |

CROSSROADS TEXACO  
Ph 561-334-9331  
2688 N E Dixie Hwy  
Jensen Beach, FL 34957

1229  
63-1114/670

2-2-01 DATE

PAY TO THE ORDER OF FL. Public Service COMMISSION

\$ 100.00

*one hundred*  
**RIVERSIDE NATIONAL BANK**  
1778 N.E. JENSEN BEACH BLVD. JENSEN BEACH, FLORIDA  
FOR \_\_\_\_\_

DOLLARS   
DOCUMENT NUMBER-DATE  
01938 FEB-95

*[Signature]*

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

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

3. Official mailing address:  
Street: 2688 N.E. DIXIE HWY  
P.O. Box: \_\_\_\_\_  
City: JENSON BEACH  
State: FL. Zip: 34957

4. Florida address:  
Street: 2688 N.E. DIXIE HWY  
P.O. Box: \_\_\_\_\_  
City: JENSON BEACH  
State: FL. Zip: 34957

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

DEPOSIT                      DATE  
D O B L \*                      FEB 12 2001

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: CORSSROAD TEXACO

8. F.E.I. Number (if applicable): 59-3670376

9. If individual, provide:

Name: THAN Y. SAIO

Title: owner

Address: 2688 N.E. DIXIE HWY

City/State/Zip: Jensen Beach FL 34957

Telephone No.: (561) 334-9331 Fax No.: (561) 334-9331

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: Thair Y. Sa'io  
Title: owner  
Address: 2688 N.E. Dixie Hwy  
City/State/Zip: Jensen Beach FL 34957  
Telephone No. (561) 334-9331 Fax No. (561) 334-9331  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

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

Name: Thair Y. Sa'io  
Title: owner  
Address: 2688 N.E. Dixie Hwy  
City/State/Zip: Jensen Beach FL 34957  
Telephone No. (561) 334-9331 Fax No. (561) 334-9331  
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*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 2

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\*\***

- 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.
- 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.
- SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
- APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

**UTILITY OFFICIAL:**

THAN X. SAIG  
Print Name

[Signature]  
Signature

owner  
Title

1-29-01  
Date

(561) 334-9331  
Telephone No.

(561) 334-9331  
Fax No.

Address: 2600 N.E. DIXIE HWY.  
Jensen Beach FL  
34957

**\*\*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:**

Thair Y. Saw  
Print Name

[Signature]  
Signature

owner  
Title

1-29-01  
Date

(561) 334-9331  
Telephone No.

(561) 334-9331  
Fax No.

Address: 2638 NE Dixie HWY  
Jensen Beach FL  
34957

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: ~~Thair~~ Thair Y. Said

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

Thair Y. Said  
Print Name

[Signature]  
Signature

owner  
Title

1-29-01  
Date

(561) 334-9331  
Telephone No.

(561) 334-9331  
Fax No.

Address: 2608 N.E. Dixie HWY  
Jensen Beach FL.  
34957

**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.**