

990964-TC

DEPOSIT

DATE

D174

JUL 26 1999

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

JUL 26 AM 9:08

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

TAMPA MARINA + YACHT club INC MAIL ROOM

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

Rick's on The River

3. Official mailing address:

Street: ~~*~~

P.O. Box: 10022

City: TAMPA

State: FL Zip: 33679

4. Florida address:

Street: 2305 N. willow Ave

P.O. Box:

City: TAMPA

State: FL Zip: 33607

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: 094000066131
~~62-1578970~~

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: G 94339000048

8. F.E.I. Number (if applicable): 62-1578970

9. If individual, provide:

Name: N/A

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: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. Name: N/A
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: Ken Brackins
Title: President
Address: 4109 Zelnu St
City/State/Zip: Tampa, FL 33629
Telephone No.: 813 289-6000 Fax No.: 813 251-3010
Internet E-Mail Address: Golfe01@IBM.NET
Internet Website Address: _____

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

Name: Ken Brackins
Title: President
Address: 4109 Zelnu St
City/State/Zip: Tampa FL 33629
Telephone No.: (813) 289-6000 Fax No.: (813) 251-3010
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.

NO

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: TWO

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:

Ken BACKLINS
Print Name

Pres. dent
Title

(813) 289-6000
Telephone No.

Address: 2305 N. Willow Ave
TRAMP, FL. 33607


Signature

2/19/99
Date

(813) 251-3010
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:

Ken Barkins

Print Name

[Signature]

Signature

President

Title

7/20/99

Date

(813) 251-0369

Telephone No.

(813) 251-3010

Fax No.

Address: 2305 N. Willow Ave

Tampa FL 33607

****APPLICANT ACKNOWLEDGMENT****

Applicant: Tampa Marina & Yacht Club Inc.
D.B.A. Rick's on the River

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

Ken Brackins
Print Name


Signature

President
Title

7/19/99
Date

(813) 251-0369
Telephone No.

(813) 251-3010
Fax No.

Address: 2305 N. Willow Ave
TAMPA FL 33607

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.

07/21/99

FICTITIOUS NAME DOCUMENT SCREEN

11:16:1

SUMMARY FOR FILING: G94339000048

FILED: 12/05/1994

STATUS: ACTIVE

EXPIRES: 12/31/1999

Current Owners: 0001

County : HILLSBOROUGH

Pages in all forms/attachments: 0001

Events filed: 0000

Name KICKS ON THE RIVER

Addr 2305 N. WILLOW

TAMPA, FL 33607

- 1) OWNER TAMPA MARINA & YACHT CLUB INC
- 2305 N. WILLOW
- TAMPA, FL 33607

Charter #: P9400006613

Fee #: APPL

990964-TC

DEPOSIT

DATE

D174

JUL 26 1999

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

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

TAMPA MARINA + YACHT CLUB INC MAIL ROOM

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

Rick's on The River

3. Official mailing address:

Street:

P.O. Box: 10022

City: TAMPA

State: FL Zip: 33679

4. Florida address:

Street: 2305 N. Willow Ave

P.O. Box:

City: TAMPA

State: FL Zip: 33607

5. Structure of organization:

() Individual

Corporation

RICK'S ON THE RIVER 9-94
MARINA BAR & GRILLE
2305 N. WILLOW AVE
P.O. BOX 10022
TAMPA, FL 33679
PH: 813-251-0369 FAX: 813-251-3010

CENTRAL BANK OF TAMPA
MAIN OFFICE
TAMPA, FLORIDA 33677-4115

5906

7/21/99

PAY TO THE ORDER OF

FLORIDA PUBLIC SERVICE COMMISSION

\$ 100.00

One Hundred and 00/100

DOLLARS

FLORIDA PUBLIC SERVICE COMMISSION

DOCUMENT NUMBER - DATE

08814 JUL 26 99

MEMO

APP. FEE FOR PAY PHONE

FPSC RECORDS/REPORTING

005906

Security features included. Details on back