



Public Service Commission

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

DATE: September 10, 1999

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

FROM: Toni J. McCoy *TJM* Regulatory Analyst, Division of Telecommunications

SUBJECT: Open Docket No. 991090-TC, Revise CASR Title

Please revise the CASR title for the above docket from:

Application for certificate to provide pay telephone service by M and L Enterprises.

Change to:

Application for certificate to provide pay telephone service by Michael A. Myers and Lisa S. Myers d/b/a M and L Enterprises.

NOTE: See the attached Dept. of State Filing and revised PATS application. Please call if you have any questions, 413-6532.

Thank you.

AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 EAG _____
 LEG _____
 MAS _____
 OPC _____
 PAI _____
 SEC I
 WAW _____
 OTH CjaNonnye

DOCUMENT NUMBER-DATE
 11006 SEP 13 89
 FPSC-RECORDS/REPORTING



M AND L ENTERPRISES

610 8TH ST. S.E.
NAPLES, FL 34117-

Document Number
G99126900013

Status
ACTIVE

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05/06/1999

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NONE

No Filing History

Owner Information

MYERS, MICHAEL A. 610 8TH ST. S.E. NAPLES, FL 34117	NONE	NONE
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Document Images

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THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

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FLORIDA PUBLIC
SERVICE COMMISSION

****FLORIDA PUBLIC SERVICE COMMISSION****
99 SEP 10 PM 1:25
MAIL ROOM

**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

RECEIVED

SEP 10 1999

CMU

- ◆ 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

*Attn. Toni McCoy
Capital Circle Ctr Center*

Docut

991-090 TC

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

Michael & Lisa Myers

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

~~AAA~~ M and L Enterprises

3. Official mailing address:

Street: 610 8th St. S.E.

P.O. Box: _____

City: Naples

State: FL Zip: 34117

4. Florida address:

Street: Same

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: G 99126900013

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

9. If individual, provide:

Name: Michael & Lisa Myers

Title: Owners

Address: 610 8th St. S.E.

City/State/Zip: Naples, FL 34117

Telephone No.: 941-455-9206 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: _____

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: Michael Myers
Title: Owner
Address: 610 8th St. S.E.
City/State/Zip: Naples, FL 34117
Telephone No.: 941-455-9206 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

Name: Michael Myers
Title: Owner
Address: 610 8th St. S.E.
City/State/Zip: Naples, FL 34117
Telephone No.: 941-455-9206 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.

None

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

None

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

None

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: 10

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:

Michael Myers
Print Name

Michael Myers
Signature

Owner
Title

9/9/99
Date

941-455-9206
Telephone No.

Fax No.

Address: 610 8th St. S.E.
Naples, FL 34117

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:

Michael Myers
Print Name

Michael Myers
Signature

Owner
Title

9/9/99
Date

941-455-9206
Telephone No.

Fax No.

Address: 610 8th St. S.E.
Naples, FL 34117

****APPLICANT ACKNOWLEDGMENT****

Applicant: M and L Enterprises

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

Lisa MYERS
Michael Myers
Print Name

Lisa Myers
Michael Myers
Signature

Owners
Title

9/9/99
Date

941-455-9206
Telephone No.

Fax No.

Address: 610 8th St. S.E.
Naples, FL 34117

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.

MAILING AND LIAISON INFORMATION

AS OF 09/10/1999

Broward Business Services, Incorporated (TE624)

Mailing name

Broward Business Services, Incorporated

Company code

TE624

Mailing address

Broward Business Services, Incorporated
777 South State Road 7
Margate, FL 33068-2803

INTERNET E-mail address

shoosty@multitalk.com

Web site

<http://www.globalresponse.com>

Company liaison(s)

Stephen Shooster, President (954) 969-2314 or, (954) 973-7300

FAX number(s)

(954) 969-2344

COMPANY INFORMATION

AS OF 09/10/1999

Broward Business Services, Incorporated (TE624)

Location address

Broward Business Services, Incorporated
777 South State Road 7
Margate, FL 33068-2803

Regulation date

07/07/1992

Certificate(s)

3060

Services provided

PAT