

ORIGINAL

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

000479-JR

**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**

DEPOSIT	DATE
D 285 **	APR 25 2003

- ◆ 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**

00 APR 24 AM 9:00
 MAIL ROOM

1. Name of company or name of individual (not fictitious name or d/b/a):
Dave's Towing + Recovery, Inc.

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

3. Official mailing address:
Street: 1516 SW 12 St.
P.O. Box: _____
City: Ocala
State: FL Zip: 34474

4. Florida address:
Street: Same as above
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: P94000077078

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: G95048900020

8. F.E.I. Number (if applicable): 59-3289852

9. If individual, provide:

Name: _____

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: _____

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:** _____
- Title:** _____
- Address:** _____
- City/State/Zip:** _____
- Telephone No.:** _____ **Fax No.:** _____
- Internet E-Mail Address:** _____
- Internet Website Address:** _____
- b. Official Point of Contact for ongoing company operations including complaints and inquiries:
- Name:** _____
- Title:** _____
- Address:** _____
- City/State/Zip:** _____
- Telephone No.:** _____ **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: 1984 sentenced to serve 4 months in
a halfway house followed by 5 years probation
for Conspiracy to Possess with intent to distribute
marijuana. Restoration of civil rights issued
by the office of Executive Clemency 3-3-88 (see attached)

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.

N/A

b. Has applications pending to be certified as a pay telephone provider.

N/A

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

N/A

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

N/A

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: 6

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:

William D. Burtram, Sr.

Print Name



Signature

Pres.

Title

4-20-00

Date

352-867-5810

Telephone No.

352-867-5745

Fax No.

Address: 1516 SW 12 St

Ocala FL 34474

****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:

William D. Burtram, Sr.
Print Name


Signature

Pres.
Title

4-20-00
Date

352-867-5810
Telephone No.

352-867-5745
Fax No.

Address: 1516 SW 12 St
Ocala FL 34474

****APPLICANT ACKNOWLEDGMENT****

Applicant: Dave's Towing + Recovery, INC
by William D. Burttram, Sr.

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

William D. Burttram, Sr.
Print Name


Signature

Pres
Title

4-20-00
Date

352-867-5810
Telephone No.

352-867-5745
Fax No.

Address: 1516 SW 125T
Ocala FL 34474

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.



OFFICE OF EXECUTIVE CLEMENCY

Tallahassee, Florida

CERTIFICATE OF RESTORATION OF CIVIL RIGHTS

WHEREAS, the Governor with the concurrence of the requisite members of the Cabinet of the State of Florida have filed an Executive Order on March 3, 19 88, with the Secretary of the State, in compliance with Article IV, Section 8, Constitution of the State of Florida, which grants

WILLIAM DAVID BURTRAM,

restoration of civil rights, except the specific authority to possess or own a firearm for any and all felony convictions in the State of Florida and/or restoration of civil rights in the State of Florida for any and all felony convictions in any state other than Florida, or in any United States court or military court for which this person has been duly discharged from imprisonment and/or parole, adult community control or probation, and for which this person has not been heretofore granted clemency.

NOW, THEREFORE, I, the Coordinator of the Office of Executive Clemency, pursuant to said Order, and by virtue of the authority vested in me by the Governor with the concurrence of the requisite members of the Cabinet of the State of Florida, do hereby issue this certificate to

WILLIAM DAVID BURTRAM, 265-15-6345 DOB 12/25/54

and the same shall be evidence to all persons that this person is restored to all civil rights in this State, except the specific authority to possess or own a firearm, lost by reason of any and all felonies this person may have been convicted of in the State of Florida and/or any felony conviction in another state, federal, or military court.

Dated this 3rd day of March, A.D., 19 88.


COORDINATOR

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

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(850) 413-6770

DEPOSIT DATE
D285 APR 25 2000

DOCUMENT NUMBER-DATE
050505 APR 24 00

FPSC-RECORDS/REPORTING

- ◆ If you have questions about completing the form, contact:

MAIL F 00 APR 21
FLORIDA SERVICE C

DAVES TOWING & RECOVERY, INC.
PHONE 352-867-5810
1516 S W 12TH STREET
OCALA, FL 34474



DATE 4-20-00

PAY TO THE ORDER OF Fla Public Service Commission

\$100.00

THE SUM 100 DOLLARS

DOLLARS

FLORIDA CITIZENS BANK

05025-80
4/24/00

Walter...

FOR ap fee

000781