# \*\*FLORIDA PUBLIC SERVICE COMMISSION\*\*

## DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

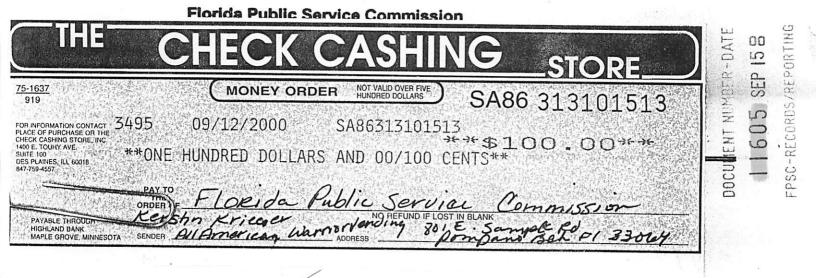
# APPLICATION FORM FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE WITHIN THE STATE OF FLORIDA

### 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 nonrefundable application fee of \$100.00 to:

Florida Public Service Commission<br/>Division of Records and ReportingDEPOSITDATE2540 Shumard Oak Blvd.D 3 6 2SEP 1 8 2000(850) 413-6770SEP 1 8 2000

If you have questions about completing the form, contact:



### \*\*FLORIDA PUBLIC SERVICE COMMISSION\*\*

### DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

## APPLICATION FORM FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE WITHIN THE STATE OF FLORIDA 001423-TC

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Florida Public Service Commission Division of Records and Reporting 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770

If you have questions about completing the form, contact:

Florida Public Service Commission Division of Communications Bureau of Service Evaluation 2540 Shumard Oak Bivd. Tallahassee, Florida 32399-0850 (850) 413-6600

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

ERSTIN KRIEGER

- 2. Name under which applicant will do business (fictitious name, etc.): ALL AMERICAN WARRIOR Vending
- 3. Official mailing address:

1

Street: 801 East SAMPLE Road P.O. Box: \_\_\_\_\_ City: PomPano Beach State: FLORIDA Zip: 33064

Florida address: 4.

Street: 801 East SAMPLE Rd 

State: FLORIDA Zip: 33064

- 5. Structure of organization:
  - () Individual
  - () Corporation
  - () General Partnership
  - () Limited Partnership
  - ( ) Other: \_\_\_\_
- If incorporated in Florida, provide proof of authority to operate in Florida: 6.

#### Florida Secretary of State Corporate Registration Number: \_

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09/06/00

#### FICTITIOUS NAME DOCUMENT SCREEN

14:19:0

SUMMARY FOR FILING: G00199900234FILED: 07/18/2000STATUS: ACTIVEEXPIRES: 12/31/2005Current Owners: 0001County : BROWARDPages in all forms/attachments: 0001Events filed: 0000Name ALL AMERICAN WARRIOR VENDINGEvents filed: 0000

Addr 801 EAST SAMPLE RD.

POMPANO BEACH, FL 33064 1) OWNER KRIEGER, KERSTIN K 801 EAST SAMPLE RD. POMPANO BEACH; FL 33064

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

### \*\*APPLICANT ACKNOWLEDGMENT

Applicant: Kerstin KRIEGER

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

KERSHIN KRIEGER Kurger int Name Signature

WOER

Date

<u>954-788-7632</u> Telephone No. Fax No. Fax No.

Address: <u>801 East SamPle Road</u> <u>PomPano Bch, F1 33064</u>

MUST BE COMPLETED THIS ACKNOWLEDGMENT FORM AND THE RETURNED AS PART OF THE APPLICATION BEFORE **CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT** IN A DELAY OF THE CERTIFICATE BEING ISSUED.

### \*\*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:

KRIEGER

JWDER

Title

Addres

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Signature

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# \*\*APPLICANT FEE/TAX STATEMENT\*\*

- 1. REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee in the amount of <u>0.15 of one percent</u> 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 <u>seven percent</u> sales tax must be paid on intraand interstate revenues.
- 4. APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

EFICIAL: (self ) RIFFIER Signatur Date Title 788-7632 **Telephone** No. Fax No. E. Sample Address: 33069

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- 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) 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: \_\_\_\_\_ () 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: \_\_\_\_

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19.

20.

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4.0	-	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: Kerstin KRIEGER	
		Title: _DWNER	
		Address: 801 East SamPle Road	
		City/State/Zip: PomPano BchF1 33064	
		Telephone No.: <u>9547887632</u> Fax No.: <u>Same</u>	
		Internet E-Mail Address: WARRIOR @ aol. Comm	
		Internet Website Address:	
	b.	Official Point of Contact for ongoing company operations including complaints and inquiries:	
		Name: Kerstin Kelebiek	
		Title: UWNER	
		Address: 801 East Sample Rd	
		City/State/Zip: Jompano Bch FL 33064	
		Telephone No.: 28/ 788 7632 Fax No.: Same	
		Internet E-Mail Address: Warrior a ast conn	
		Internet Website Address:	

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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:	
8.	F.E.I. Number (if applicable):	·
9.	<b>if individual</b> , provide:	
	Name:	
	Title:	- <del></del>
	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:	<u> </u>	

15. List other states in which the applicant:

Is currently providing pay telephone service. a. 11/A b. Has applications pending to be certified as a pay telephone provider. NIA \_\_\_\_\_ Has been denied authority to operate as a pay telephone provider. Explain C. circumstances. NIA Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances. d. NA Please check (1) the services that will be provided:

16.

LOCAL ( JLONG DISTANCE ( Y COIN ( CALLING CARD (XCREDIT CARD () OTHER (Describe)

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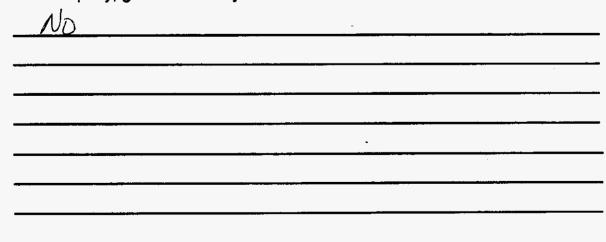
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12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending 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.

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.



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