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

### DIVISION OF REGULATORY OVERSIGHT ON CERTIFICATION SECTION

DATE NOV 1 6 2000

#### APPLICATION FORM FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE WITHIN THE STATE OF FLORIDA 001695-TC

#### 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. Pages 8, 9 and 10 must be completed and signed.
- 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 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 Regulatory Oversight Certification Section 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6480

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FPSC-RECORDS/REPORTING

- 1. Name of company or name of individual (not fictitious name or d/b/a): <u>Sight Bar</u> Crill Fac.
- 2. Name under which applicant will do business (fictitious name, etc.): Cafe Grandens Daiguini Deck

3.	Official mailing address:	
	Street: 5250 Ocean Blud	
	P.O. Box:	
	City: Sarajo ta	
	State: <u>Fc</u> Zip: <u>3/2/2</u>	
4.	Florida address:	
	Street: <u>Sqmc</u>	
	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: <u>P930000</u>	

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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: <u>693/09000/30</u> , 693/09000/30, 692/9900/		
8.	F.E.I. Number (if applicable): $65-0339284$		
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 partners agreement:			
	1. Name: <u>Troy Sypectt</u>		
	Title: President		
	Address: 5117 Sandy Cove Ave.		
	Address: <u>5117 Sandy Cure Aue</u> City/State/Zip: <u>Sanajo ta FC 34242</u>		
	Telephone No.: (941)349-3984 Fax No.: (941) 34(-3170		
	Internet E-Mail Address:		
	Internet Website Address: www.daigu.ridecksrithcon		

**10.** Partnership (continued)

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2.	Name: B-s, cll Matthes
	Title: UP. operations
	Address: 1914 Hillsdale PC
	City/State/Zip: Same Fr 34231
	Telephone No.: (941) 927-3(73 Fax No.: (941) 34(-3170
	Internet E-Mail Address: rangohome.com
	Internet Website Address: www.daigui-deckgrill.com

- 11. Who will serve as liaison to the Commission with regard to the following?
  - **1.** The application:

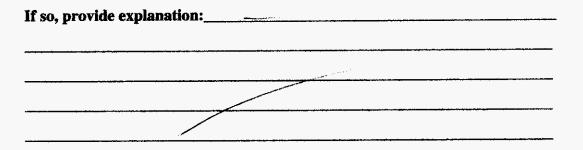
2.

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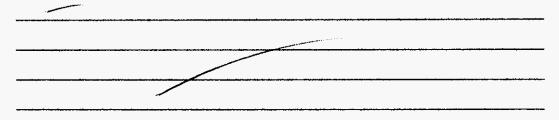
.

Name: Cry Petrangle
Title: <u>Controller</u>
Address: 5254 occan Blad
City/State/Zip: Saravo ta FC 34242
Telephone No. ( 941) 346 1664 Fax No.: (941) 346-317 0
Internet E-Mail Address:
Internet Website Address: une daiguri decherille com
Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: A-shell Matthey
Title: Up operations
Address: 1914 Hillsdale M
City/State/Zip: Sarasota 1-6 34231
Telephone No.: (94/1)927-3173 Fax No.: (94/1) 311-3170
Internet E-Mail Address: rangehome. com
Internet Website Address: now driger videck grill. com

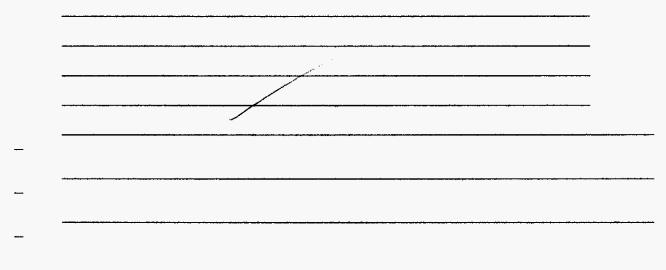
12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.



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.



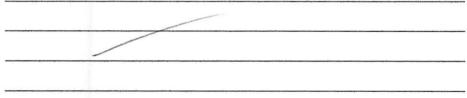
Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511 File Name: cmm-32.doc 15. List other states in which the applicant:

2.

3.

4.

- 1. Is currently providing pay telephone service.
  - Has applications pending to be certified as a pay telephone provider.
    Has been denied authority to operate as a pay telephone provider. Explain circumstances.
    Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.



16. Please check  $(\checkmark)$  the services that will be provided:

( ) LOCAL ( ) LONG DISTANCE ( ) COIN ( ) CALLING CARD ( ) CREDIT CARD ( ) OTHER (Describe) \_\_\_\_\_

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- 17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year:
- 18. How does the applicant intend to service and maintain each payphone? Check  $(\checkmark)$  all that apply.

	( ) FULL-TIME TECHNICIAN ( ) 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.         (e.g. 800, 877, and 888)?       See Rule 25-24.515(10), Florida Administrative Code.         (f)       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.

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

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- 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 <u>seven percent</u> 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:		
Russel	1 Mathes	MLN=	
Print Name		Signature	
VPop	crations	$\frac{10 - 3^{-0.0}}{\text{Date}}$ $(9741) = 9(1 - 3/7)^{0}$	
Title			
(941)346	~/664		
( <u>991)</u> 346-1669 <b>Telephone No.</b>		Fax No.	
Address:	5254 ocen	Blad Samusta KC 34242	
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## \*\*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:**

Print Name

Title

(941)346-1664

**Telephone No.** 

Address:

Signature

Date

Fax No.

FL 342-12 Blud Samota

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5254 Ocean

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

Applicant: Sicst Bars Grill Inc.

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

K-sscil Matthes Int Name Veoperations

Title

( 441) 346-1404 Telephone No.

10-31

Signature

Date

(941)34(-31) 0 Fax No.

occubled. Squoch FLSterr 5250 Address:

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.

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

001695-TC

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<ul> <li>If you have questions about completing the form</li> </ul>	, contact:
	an a
SIESTA BAR/GRILL, INC. d/b/a CAFE GARDENS & DAIQUIRI DECK 5250 OCEAN BLVD. SARASOTA, FLORIDA 34242 (941) 346-1664	13157 11/08/2000
PAY TO THE ORDER OF Florida Public Service Commission	\$**100.00
One Hundred and 00/100*********************************	

Florida Public Service Commission Division of Records and Reporting 2540 Shumard Oak Blvd. Tallahassee, FL. 32399-0850 MEMO:

Application Fee

#013157#

DOCUMENT NUMBER-DATE

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