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			210300 元下	- Mar
1.	Name of company or name of indiv There Y. SALD	vidual (not fictitious name	or d/b/a):	
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2.	Name under which applicant will do) business (fictitious name ට	e, etc.):	
3.	Official mailing address:	•		
	Street: 2688 N.E. Di	XIE HWX		
	P.O. Box:	······		
	City: Jenson Rea	ch		
	State: <u>FL</u>		157	
4.	Florida address:			
	Street: 2688 N. 2	- DIXIE HU	<u>) </u>	
	P.O. Box:			
	City: <u>Sensen</u> Be	_	963	
	State:	Zip: <u>3 4</u>	15	
5.	Structure of organization:			
	(X) Individual		DATE	
	() Corporation	D & 2 (0, 4)	FEB 1 2 2001	
	() General Partnership			
	() Limited Partnership			
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	and s.24(a), Art. 1 of the State (Carlo Danas da P	M
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	and the second			



Name of company or name of individual (not fictitious name or d/b/a):
Than Y · SA is

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2. Name under which applicant will do business (fictitious name, etc.): <u>CROSS ROAD</u> TOXACO

3.	Official mailing address:		
	Street: 2688 N.E. DIXR H	w¥	
	P.O. Box:		
	City: Jensen Beach		
	State: FL-	Zip:	157
4.	Florida address: Street: <u>2688 N.E. Di</u>	Xie Hu	JΥ
	P.O. Box:		•
	City: JENKON Beach		
	State:	Zip:Y	957
5.	Structure of organization:		
	(X) Individual	DEPOSIT	DATE
	() Corporation	D020*	FEB 1 2 2001
	() General Partnership		
	() Limited Partnership		
	() Other:	<u></u>	······

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State Corporate Registration Number: _

DOCUMENT NUMBER-DATE 2

01938 FEB-95

FPSC-FECORDS/REPORTING

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:

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	Florida Fictitious Name Registration Number: <u>CORSS ROAD TERACO</u>
8.	F.E.I. Number (if applicable): <u>59-3670376</u>
9.	If individual, provide:
	Name: Than X. SAID
	Title: <u>Ollinher</u>
	Address: 2688 N.F. Dixle Hull
	City/State/Zip: Jenson Beach FL 34957
	Telephone No. (561) 334-933 [Fax No. (561) 334-933]
	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)

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э.	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?

а.	The application:
	Name: Thy, C Y. SA io
	Title: <u>pumur</u>
	Address: 2688 N.E. DIXIC HWY
	City/State/Zip: Jensen Roge H FL. 34957
	Telephone No. (561) 334 - 9331 Fax No. (561/334-1331
	Internet E-Mail Address:
	Internet Website Address:
b.	Official Point of Contact for ongoing company operations including complaints and inquiries:
	Name: Than Y. SA'in
	Title: <u>owner</u>
	Address: 7682 N.E DIVIC HWY
	City/State/Zip: JONSEN Reach F-C34957
	Telephone No. (561) 334 9331 Fax No.: (561) 334 - 9331
	Internet E-Mail Address:
	Internet Website Address:

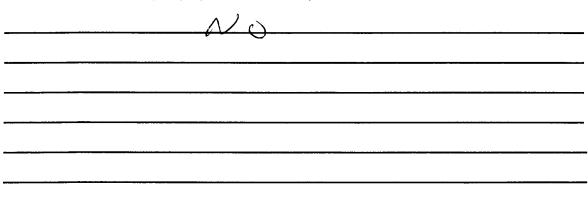
12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

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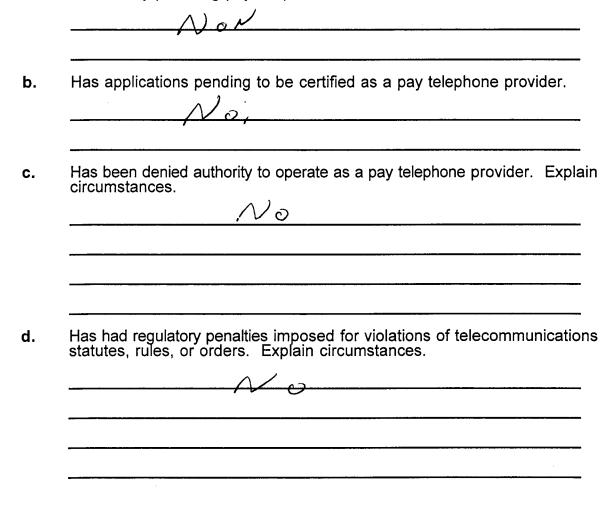
13.

Has the applicant or any subsidiary, partner, officer, director, or any stockholde 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.	vide explanation:	
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		
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		<u></u> .
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		
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		<u></u>
No	granted or denied a pay telephone certificate in the State of Fludes active and canceled pay telephone certificates.) If yes, p	orida?
	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.



- **15.** List other states in which the applicant:
 - **a.** Is currently providing pay telephone service.



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

- **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.

()) 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.

Ø 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 <u>two and one-half percent</u> 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.
- APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY	OFFICIAL:		\frown
Than	V.SAIS	L	<u>ei)</u>
Print Name		Signat	
_ou	Nen	/-	29-01
Title	(Date	
(561)	<u>334-9331</u> No.	(56	1/334-9331
		Fax No),
Address:	2688 N.	& DIXIC	offer.
	JENSON		FC.
			34957
	,		

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."

	<u>UTILITY</u>	<u>OFFICIAL:</u>	
	<u>Thq</u> Print Name	10 Y.Said	Signature
	<u>Ou</u>	min	1-29-01
	Title	_	Date
ſ	561)	334-9331	(561) 334-9331
	Telephone	No. '	Fax No.
	Address:	2638 NE	Dixie HWY
		JENSON BOU	ach FL,
			34957
			

****APPLICANT ACKNOWLEDGMENT****

. . .

Applicant

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

Their	Y. Said	$\chi(\lambda)$
Print Name		Signature
QU	nep	1-29-01
Title	· · · · ·	Date
56() 33	34-9331	(561)334-933)
Telephone No	p.	Fax No.
Address:	2688 N.E.	Dixio HWY
_	JENSEN BR	ach EL,
	- - -	34957
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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.