

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

FRANK KROPIK

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

DEPOSIT

DATE

~~DISC~~

MAY 24 1999

3. Official mailing address:

Street: 140 GULFSTREAM ST.

P.O. Box: \_\_\_\_\_

City: MARCO ISLAND

State: FLORIDA Zip: 34145

4. Florida address:

Street: 140 GULFSTREAM ST.

P.O. Box: MARCO ISLAND

City: \_\_\_\_\_

State: FLORIDA Zip: 34145

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:  
Registration Number: \_\_\_\_\_

8. F.E.I. Number (if applicable): \_\_\_\_\_

9. If individual, provide:

Name: Franck Konnik

Title: Owner

Address: 140 GULFSTREAM ST.

City/State/Zip: Marco Island, FL 34145

Telephone No.: 941-394-7032 Fax No.: \_\_\_\_\_

Internet E-Mail Address: F.Konnik@aol.com

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: FRANK KRPIK  
Title: OWNER  
Address: 140 GULFSTREAM ST.  
City/State/Zip: MARCO ISLAND, FL 34145  
Telephone No.: 941-394-7032 Fax No.: \_\_\_\_\_  
Internet E-Mail Address: FKRPIK@aol.com  
Internet Website Address: \_\_\_\_\_

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

Name: FRANK KRPIK  
Title: OWNER  
Address: 140 GULFSTREAM ST  
City/State/Zip: MARCO ISLAND, FL 34145  
Telephone No.: 941-394-7032 Fax No.: \_\_\_\_\_  
Internet E-Mail Address: FKRPIK@aol.com  
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

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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

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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

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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.

No

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

No

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

No

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

(✓) LOCAL

(✓) LONG DISTANCE

(✓) COIN

(✓) CALLING CARD

(✓) CREDIT CARD

(✓) OTHER (Describe) FREE 911

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 20

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:**

FRANK KROPIK  
Print Name

Frank Kropek  
Signature

Owner  
Title

5/16/99  
Date

941-394-7032  
Telephone No.

Fax No.

Address: 140 GULFSTREAM ST- MARCO ISLAND, FL 34145

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*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:**

FRANK KROPIK  
Print Name

Frank Kropik  
Signature

Owner  
Title

5/16/99  
Date

941-394-7032  
Telephone No.

\_\_\_\_\_  
Fax No.

Address: 140 GULFSTREAM ST. MARCO ISLAND, FL. 34145

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

Applicant: FRANK KROPIK

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

FRANK KROPIK  
Print Name

Frank Kropik  
Signature

Owner  
Title

5/16/99  
Date

941-394-7031  
Telephone No.

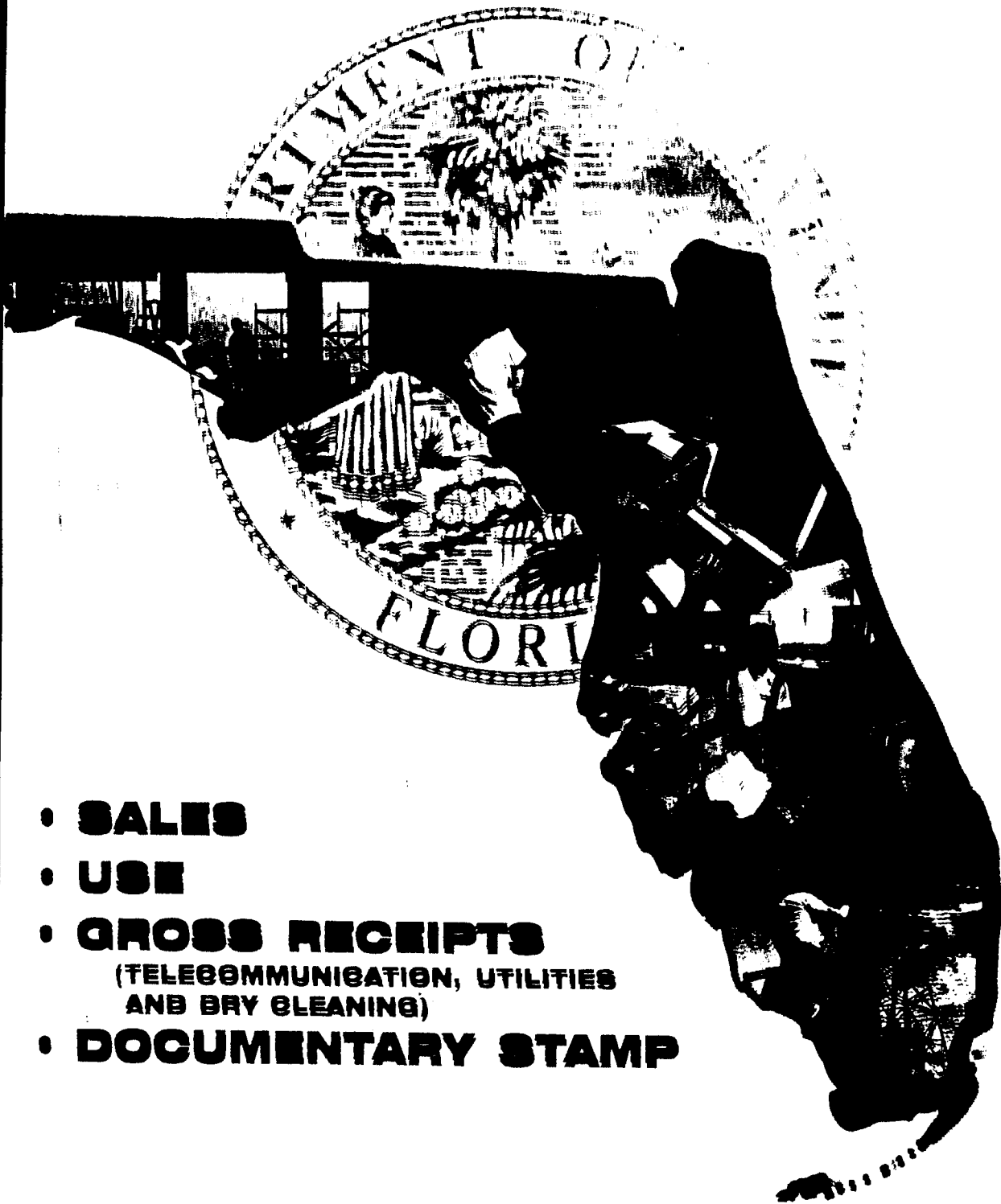
Fax No.

Address: 140 GULFSTREAM ST MARCO ISLAND, FL 34145

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.**

# APPLICATION TO COLLECT TAX IN FLORIDA



- **SALES**
- **USE**
- **GROSS RECEIPTS**  
(TELECOMMUNICATION, UTILITIES  
AND DRY CLEANING)
- **DOCUMENTARY STAMP**



Florida Department of Revenue

APPLICATION TO COLLECT TAX IN FLORIDA
Information

DR-1
R. 11/97

Who must apply?

Any person or entity doing business in Florida that is subject to Florida sales tax; use tax; gross receipts tax on telecommunications, utilities or dry cleaning; or documentary stamp tax.

What if I am already doing business and have not applied?

The business owner should immediately visit the nearest Department of Revenue service center to properly register and remit any taxes or penalties due. A business owner who begins taxable business activity prior to applying is subject to a \$100 late registration fee, and may be delinquent and have a tax liability.

What is the registration fee?

The registration fee is \$5. The fee is not required if your business location is not in Florida. There is no fee for dry cleaning. There is no fee required for any other tax.

When do I begin filing sales and use tax returns?

Tax returns must be filed for every collection period, beginning with the date your business opens. A return must be filed even if no tax was collected.

How do I contact the Florida Department of Revenue? You may visit, call or write to us at the following locations. Once you receive your account number, include it on any written correspondence. Registration and many other services are available at all locations.

Registration Information

5050 W. Tennessee Street
Tallahassee, FL 32399-0100
850-488-9750

Tax Information Services

1-800-352-3671 (Florida Only)
850-488-6800

Hearing or Speech Impaired Assistance

1-800-367-8331 (TDD line)

Service Center Locations

Clearwater Service Center
Arbor Shoreline Office Park
19337 US Hwy. 19 N, Ste. 200
Clearwater, FL 33764-3149
813-538-7400

Coral Springs Service Center
Florida Sunrise Tower
3111 N. University Dr., Ste. 501
Coral Springs, FL 33065-5096
954-346-3000

Daytona Beach Service Center
125 N. Ridgewood Ave., Ste. 301
Daytona Beach, FL 32114-3286
904-254-3901

Fort Myers Service Center
2295 Victoria Ave., Ste. 270
Fort Myers, FL 33901-3851
941-338-2400

Gainesville Service Center
2610 NW 43rd St., Ste. 2A
Gainesville, FL 32606-7415
352-955-2170

Hollywood Service Center
Taft Office Complex
6565 Taft St., Ste. 400
Hollywood, FL 33024-4000
954-967-1000

Jacksonville Service Center
921 N. Davis St., Ste. A-250
Jacksonville, FL 32209-6829
904-359-6070

Key West Service Center
3118 Flagler Ave.

Lake City Service Center
2651 W. US Hwy 90
Lake City, FL 32055-3115
904-758-0420

Lakeland Service Center
230 S. Florida Ave., Ste. 401
Lakeland, FL 33801-5047
941-499-2260

Leesburg Service Center
734 N. 3rd St., Ste. 117
Leesburg, FL 34748-4463
352-360-6660

Marianna Service Center
4230 Lafayette St., Ste. D
Marianna, FL 32446-3304
850-482-9518

Miami Service Center
8175 NW 12th St., Ste. 119
Miami, FL 33126-1831
305-470-5001

Naples Service Center
Wilson Professional Center
3200 Bailey Lane, Ste. 150
Naples, FL 34105-8523
941-436-1050

Orlando Service Center
5420 Diplomat Circle
Orlando, FL 32810-5605
407-623-1141

Panama City Service Center
651 W. 14th St., Ste. D
Panama City, FL 32401-2271
904-977-4166

Pensacola Service Center
3670-C North L Street
Pensacola, FL 32505-5217
850-595-5170

Port Richey Service Center
6709 Ridge Rd., Ste. 300
Port Richey, FL 34668-6842
813-841-4407

Port St. Lucie Service Center
900 E. Prima Vista Blvd., Ste. 300
Port St. Lucie, FL 34952-2335
561-871-7620

Sarasota Service Center
240 S. Pineapple Ave., 6th Floor
Sarasota, FL 34236-6725
941-361-6001

Tallahassee Service Center
2410 Allen Rd.
Tallahassee, FL 32312-2603
850-488-9719

Tampa Service Center
Sabal Park Office Ctr., Ste. 120
9503 Princess Palm Ave.
Tampa, FL 33619-1378
813-744-6344

Titusville Service Center
1431 Chaffee Dr., Ste. 4
Titusville, FL 32780-4796
407-383-2751

West Palm Beach Service Center
2468 Metrocentre Blvd.
West Palm Beach, FL 33407-5214
561-833-2222

Before returning application, remove instructions and retain for future reference.





SOLID WASTE

- Do you sell tires or batteries or rent/lease motor vehicles to others? ..... Yes  No
- If yes, answer the questions in this block.**
24. Do you make retail sales of new tires for motorized vehicles (either separately or as a part of a vehicle)? ..... Yes  No
25. Do you make retail sales of new, used, or remanufactured lead-acid batteries sold separately or as a component part of another product? ..... Yes  No
26. Are you in the business of renting or leasing motor vehicles that transport less than nine passengers to individuals or businesses? ..... Yes  No

DRY CLEANING

27. Do you own or operate a dry-cleaning plant in Florida? ..... Yes  No
- If yes, answer the questions in this block.**
28. Do you use perchloroethylene in the dry-cleaning process? ..... Yes  No
- If you use perchloroethylene, enclose \$30 dry-cleaning registration fee.**
29. Do you produce or import perchloroethylene? ..... Yes  No
- If yes, complete an Application for Florida License to Produce or Import Taxable Pollutants (Form DR-166).

MOTOR FUEL

30. Do you sell any type of fuel or use off-road diesel fuel? ..... Yes  No
- If yes, answer the questions in this block.**
31. Do you (or will you) make retail sales of gasoline, diesel fuel, or aviation fuel at posted retail prices? ..... Yes  No
- If yes to # 31, do you expect the sales of diesel fuel (as measured in gallons) to exceed the sales of gasoline? ..... Yes  No
- If yes to # 31, does this business exist as a marina? ..... Yes  No
- If yes to # 31, what is your seven (7) digit Florida Department of Environmental Protection Facility Registration Number for this location? \_\_\_\_\_
32. Do you use diesel fuel for non-highway purposes? ..... Yes  No

CONTRACTORS

33. Are you a contractor who improves real property? ..... Yes  No
- If yes, answer the questions in this block.**
- Do you most frequently operate as a  prime contractor  sub contractor? List the type of construction you perform (building, painting, electrical, etc.) \_\_\_\_\_
34. Do you operate under formal written contracts? ..... Yes  No
- If yes, what type of contracts do you operate under?  Lump Sum,  Cost Plus,  Fixed Fee, and \_\_\_\_\_ Other, please explain \_\_\_\_\_
35. Do you purchase any materials or supplies from vendors located outside of Florida? ..... Yes  No
36. Does your company have a current occupational license in any Florida county? ..... Yes  No
- If yes, please list all the counties in which you are licensed and the corresponding license numbers \_\_\_\_\_
37. Do you fabricate/manufacture any building components at a location other than contract sites? ..... Yes  No

TELECOMMUNICATION/ENERGY

38. Do you provide telecommunication services, electrical power, or gas? ..... Yes  No
- If yes, answer the questions in this block.**
- Do you sell:
- a. Electrical power ..... Yes  No
- b. Natural or manufactured gas ..... Yes  No
- c. Pay phone service ..... Yes  No
- d. 2-way cable television service ..... Yes  No
- e. Telex, telegram, teletype service ..... Yes  No
- f. Cellular or pagers service ..... Yes  No
- g. Long distance (inter-exchange service) ..... Yes  No
- h. Shared tenant utility service ..... Yes  No
- i. Telephone service (local exchange) ..... Yes  No
- j. Alternative access vendor service ..... Yes  No
- k. Other telecommunication services (By-Pass provider, etc.) ..... Yes  No
- Describe PAYPHONE PROVIDER (LOCAL AND LONG DISTANCE)

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

**\*\*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**

990658-7C

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**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**

- ◆ 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**

90658-TC

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

FRANK KROPIK

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

DEPOSIT DATE

D139 MAY 24 1999

3. Official mailing address:

Street: 140 GULFSTREAM ST.

P.O. Box: \_\_\_\_\_

City: MARCO ISLAND

State: FLORIDA Zip: 34145

4. Florida address:

Street: 140 GULFSTREAM ST.

P.O. Box: MARCO ISLAND

City: \_\_\_\_\_

State: FLORIDA Zip: 34145

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership

FRANK J KROPIK  
NORA D KROPIK  
140 GULFSTREAM ST.  
MARCO ISLAND, FL 34145  
941-394-7032

1603  
63-1202/670  
BRANCH 92614

to the Florida Public Service Commission \$ 100<sup>00</sup>

One hundred and <sup>XV</sup>/<sub>100</sub> Dollars



Silver Service

*Frank Kropek*

in Florida:

DOCUMENT NUMBER-DATE

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FPSC-RECORDS/REPORTING