



**THE CITY OF NEW YORK**  
**DEPARTMENT OF INFORMATION TECHNOLOGY & TELECOMMUNICATIONS**  
 Paul J. Cosgrave, Commissioner

**Stanley Shor**  
 Assistant Commissioner  
*Franchise Administration*

**PUBLIC PAY TELEPHONE (PPT)**  
**FRANCHISE FEE(S)**  
**YEAR 2009 QUARTERLY PAYMENT SCHEDULE**

<b>Payment Period:</b>	___	1 <sup>st</sup> Quarter	[January 1 – March 31]	90 days
(Check one)	___	2 <sup>nd</sup> Quarter	[April 1 – June 30]	91 days
	___	3 <sup>rd</sup> Quarter	[July 1 – September 30]	92 days
	___	4 <sup>th</sup> Quarter	[October 1 – December 31]	92 days

All payments made pursuant to Section 8.2.1(a) of the Franchising Agreement shall be made on a quarterly basis within thirty (30) days of the close of each calendar quarter.

In the event that any payment required by the Franchising Agreement is not actually received by the City within thirty (30) days of the close of each calendar quarter, interest thereon shall accrue from such date until payment is received in full.

All compensation reports furnished by the Company or its agent or designee in accordance with the Franchising Agreement shall be certified by an officer of the Company to be correct and in accordance with the books of account and records of the Company or its agent or designee. Any false entry in the books of account of the Company or false statement in the reports submitted to the City as to a material fact, intentionally or negligently made by the Company, shall constitute an Event of Default.

**Affirmation:**

I certify that the calculations below are correct and in accordance with the books and records of this company.

\_\_\_\_\_  
 Date Submitted

\_\_\_\_\_  
 Signature and Title of Signatory

\_\_\_\_\_  
 Company Name

## **PPT INVENTORY**

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**Number of Location Level-One PPTs (Curb Side):** \_\_\_\_\_

LINE 1

**Number of Location Level-Two PPTs (Building Line):** \_\_\_\_\_

LINE 2

**TOTAL NUMBER OF PPTs:** \_\_\_\_\_

*(Add Lines 1 and 2)*

## **FRANCHISE FEE(S) DUE:**

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**For Location Level-One PPTs (Curb Side)**

Gross Revenue this quarter for Level-One PPTs \$ \_\_\_\_\_

x (10%)

Amount due:

\$ \_\_\_\_\_

LINE A

**For Location Level-Two PPTs (Building Line)**

**1<sup>ST</sup> – 3<sup>RD</sup> QTR CALC = (\$0.625) x (Number of days in quarter) x (LINE 2)**

**4<sup>TH</sup> QTR CALC = ((\$0.625 x 14 days) + (\$0.650 x 78 days)) x (LINE 2)**

Amount due:

\$ \_\_\_\_\_

LINE B

**TOTAL AMOUNT DUE THIS QUARTER:** \$ \_\_\_\_\_

*(Add Lines A and B)*

## **PAYMENT**

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**CHECKS MUST BE MADE PAYABLE TO THE NYC DEPARTMENT OF FINANCE.**

**REMIT PAYMENT TO:**

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WAYNE KALISH

DIRECTOR OF FRANCHISE AUDIT & REVENUE

75 PARK PLACE, 9<sup>TH</sup> FLOOR

NEW YORK, NY 10007