



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

RECEIVED
 DATE: 4/29/26

APPLICATION DATE: 04/07/2026

PROPOSED DATE OPERATIONS WILL BEGIN: 04/15/2026

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: FLORIDA CARES TRANSPORT LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):
11906 AUTUMN FERN LANE, ORLANDO, FL 32827 ORANGE COUNTY

3. CONTACT INFORMATION: Business Phone (407) ~~209-5020~~ 550-8747
 Mobile Phone (254) 913-1631
 Email KWICKSTOPTX@YAHOO.COM

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER
 a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
WAJIHA NAUREEN KH	11906 AUTUMN FERN LANE	MEMBER
SHEHZAD KHAN	ORLANDO, FL 32827	MEMBER

6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH

7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER
 a. If other, please describe: _____

SECTION II: REQUISITES TO OBTAINING LICENSE

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: _____ NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: _____ NO

3. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):

Verifiable business or work references for 5 years, including one notarized letter of reference

Five verifiable personal/business references, including two notarized letters of reference

Five verifiable credit references, including two notarized letters of reference

4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: _____ NO

Example: Current letter from bank verifying business account status (no account numbers please).

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: _____ NO

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 1 _____

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
SHEHZAD KHAN	YES
IRFAN KHAN	YES
WAJIHA KHAN	YES
MOHAMMAD KHAN	YES

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of one notarized letter of reference from list below is required.

5 STAR VIERA INC, dba VIERA CHILDREN'S ACADEMY
3395 VIERA BLVD, VIERA, FL 32940
TEL: 321-433-2330 EMAIL : VCAKIDS@GMAIL.COM
MARCH 27TH 2019 TO FEBRUARY 10TH 2026
NOTARIZED LETTER FROM MS WHITNEY WISEMAN, DIRECTOR

2. List five personal or business references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
DR. MUHAMMAD KHAN	1515 HARWOOD LANE, ORLANDO, FL 32803	(801) 821-6945
BRITINI BLANKENSHIP	5330S. JOHN YOUNG PKWY, ORLANDO, FL 32839	(352) 573-9154
BONITA PAYTON	3395 VIERA BLVD, VIERA, FL 32940	(321) 877-8819
JULIE SCHUMACHER	3395 VIERA BLVD, VIERA FL, 32940	(301) 999-2017
AHMED FELO	9834 E. COLONIAL DR, ORLANDO, FL 32817	(360) 627-0411

3. List five credit references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
KRAIG RAINES	3009 ALVERA DRIVE, SALT LAKE CITY, UT 84117	(801) 971-3344
REZA GHAZVINI	9137 MONRE PLAZA WAY, SANDY, UT 84070	(801) 569-2200
SANAD MAKHZOUM	853 EAST 4680 SOUTH, A-329, MURRAY, UT 84117	(949) 742-4850
EDWARD J. DELL'OLIO	5390 STADIUM PKWY, VIERA, FL 32940	(321) 246-1628
CHARIDI BEYER	46 WEST 200 SOUTH, BOUNTIFUL, UT 84010	(801) 335-0031

