




## Interoffice Memorandum

## AGENDA ITEM

July 21, 2022

TO: Mayor Jerry L. Demings  
-AND-  
County Commissioners

THRU: Raul Pino, MD, MPH, Director  
Health Services Department 

FROM: Christian C. Zuver, M.D., Medical Director  
EMS Office of the Medical Director  
**Contact: (407) 836-7611**

SUBJECT: Paratransit Services License  
K & G Transport LLC  
**Consent Agenda – August 9, 2022**

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for K & G Transport LLC. K & G Transport LLC has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair/stretchers service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by K & G Transport LLC as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

**ACTION REQUESTED:** Approval and execution of the Paratransit Services License for K & G Transport LLC to provide wheelchair/stretchers service. The term of this license is from August 1, 2022 through August 1, 2024. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/jj

Attachments



**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

## APPLICATION

DATE:

5/6/2022

PROPOSED DATE OPERATIONS WILL BEGIN:

TBD**SECTION I: GENERAL INFORMATION**1. NAME OF  
SERVICE:K+G Pro Transport LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

17850 Coralwood Lane  
Croveland Fl. 34736

3. CONTACT INFORMATION:

Business Phone

Mobile Phone

407-466-5738

Email

Kgprotransport@gmail.com4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT  
AGENCY ☐ OTHER

a. If other, please describe: \_\_\_\_\_

5. CORPORATE OFFICERS AND DIRECTORS:

NAME  
POSITION

ADDRESS

OWNER VISHNU SABOOLAH - 17850 Coralwood Ln Groueland FL 34736  
SEETHA SABOOLAH - 17850 Coralwood Ln Groueland FL 34736

6. LEVEL OF SERVICE: ☒ WHEELCHAIR ☒ STRETCHER ☐ BOTH7. 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: One

### 2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR</u>
<u>DISHU</u>	<u>BABOOLAL</u>

## 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.


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

I VISITING BARBOLAN ADUS BEING EMPLOYED
BY TRI-STATE CEMENTS & MANUFACTURING Co
THE LAST (16) SIXTEEN YEARS
RAM SIOGA - 407-402-9576

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

NAME	ADDRESS	PHONE
MICHAEL BROWN	PO Box 560329 Monticello 34756	352-28-6104
ICU JAMES LALKEY	PO Box 121617 Clearwater FL 34711	407-948-0355
ARTHUR LOPRESTO	18301 South O'Brien Rd Groveland 34736	352-434-5645
DICK CROLEY	PO Box 14042 St. Petersburg FL 33733	805-586-8045
BRIAN RUTZBECK	16717 Inspiration Lane Groveland, FL 34736	352-455-4027

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

NAME	ADDRESS	PHONE
SARZOL INSURANCE	4369 HUNTER PK LK ORL 32837	351-206-8035
B&R TILES	302/310 N US HWY 29 MIAMI FL 33135	352-394-7158
CLEARWATER STORAGE	17420 S.R. 50 CLEARWATER 34711	407-905-0282
SECO ENTERPRISE	PO Box 301 SUMMITVILLE FL 33585	352-793-3801
CLEARWATER UTILITY	685 W. MONTROSS ST CLEARWATER 34711	352-241-7330

# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that K & G TRANSPORT LLC  
has complied with the Orange County Code 2001-9 and Rules and Regulations  
established by the Board of County Commissioners and is authorized to operate a Paratransit Service  
in Orange County.

Date of Issue: August 1, 2022 Date of Expiration: August 1, 2024

40-18 (7/14)

*Bryan W. Brooks*  
Mayor, Board of County Commissioners

