



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED

APPLICATION DATE:

DATE: 10/21/24

INITIALS: [Signature]

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: KLG Pro Transport LLC.
2. BUSINESS ADDRESS (INCLUDE COUNTY): 16440 Good Health Blvd. Clermont, FL 34711-8512
3. CONTACT INFORMATION: Name: Vishna Babafal (Kenny)
Business Phone: 407-466-5238
Mobile Phone: 407-466-5238
Email: kgprotransport@gmail.com

4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER

a. If other, please describe: _____

5. LEVEL OF SERVICE: ☐ WHEELCHAIR ☐ STRETCHER ☒ BOTH

6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

☒ YES, DATE: Expires 01/04/2025 ☐ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 2

2. EMPLOYEE ROSTER:

NAME

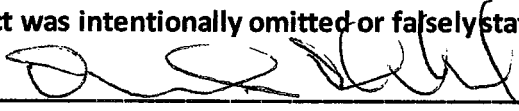
CURRENT CPR CARD (Y/N)

Provided to EMS Office

I, the undersigned representative of the service named in this application, do

hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for

operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

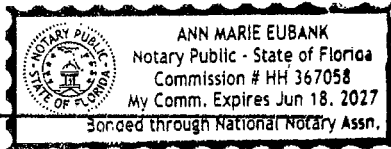


SIGNATURE OF APPLICANT OR REPRESENTATIVE

10/24/24

DATE:

NOTARY SEAL



NOTARY SIGNATURE

