



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

RECEIVED

DATE: 11/21/24
 INITIALS: [Signature]

APPLICATION DATE: 08/29/2024

PROPOSED DATE OPERATIONS WILL BEGIN: 01/01/2025

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: EXCELY HEALTH MEDICAL TRANSPORT LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

801 W State Road 436 Ste 2151 Altamonte Springs FL 32714 United States

SEMINOLE COUNTY

3. CONTACT INFORMATION: Business Phone 407-782-3804

Mobile Phone 407-782-3804

Email INFO@EXCELYTRANSPORT.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>
STEPHANIE SEVERE	1123 SIMEON ROAD OAKLAND, F	GENERAL MANAGER
WENDELL DALTIRUS	1123 SIMEON ROAD OAKLAND, F	MARKETING DIRECTOR

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>
WENDELL DALTIRUS	YES
STEPHANIE SEVERE	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.**

Healthtrust 2019-present (800) 783-7823
Fastaff 2021-2022. (800) 736-8773
Excely Health Medical Transport 2024-present 407-782-4804

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

NAME	ADDRESS	PHONE
BEN ROBERT	945 S Orange Blossom Trail Apopka, FL 32703	(407) 243-7800
PREDNOT DALTIRUS	2832 N Hiawasse Rd Orlando, FL 32818	(407) 222-4791
LORVENA SALOMON	1685 Lee Rd STE 210, Winter Park, FL 32789	(883) 600-1280
SHERLY LOUIS	Clermont, FL	(786) 521-2616
MICHAEL NOELUS	55 CITRUS GROVE BOULEVARD LOXAHATHEE FL 33	(561) 951 5869

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

NAME	ADDRESS	PHONE
Winter Garden Karate	1165 E Plant St, Ste 5, Winter Garden, FL 34787	+1 (407) 877-9951
Duke Energy	8407 Boggy Creek Rd, Orlando, FL 32824	(800) 777-9898
Town of oakland	220 N Tubb St, Oakland, FL 34760	(407) 656-1117
Capital one Auto	7933 Preston Road Plano , TX 75024	1-800-946-0332
Serve Bank	3201 Orchard Road Oswego, IL 60543	800-272-3286

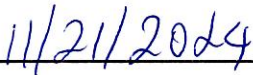


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I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation 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.

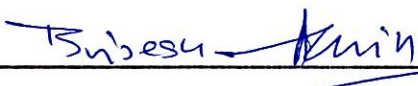


SIGNATURE OF APPLICANT OR REPRESENTATIVE



DATE

NOTARY SEAL



NOTARY SIGNATURE

