



PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED

DATE: 5/27/25
INITIALS: [Signature]

APPLICATION DATE: 05/06/2025

PROPOSED DATE OPERATIONS WILL BEGIN: 05/15/2025

SECTION I: GENERAL INFORMATION

1. **NAME OF SERVICE:** Metaride, LLC

2. **BUSINESS ADDRESS (INCLUDE COUNTY):**

109 Live Oaks Blvd 180284, Casselberry, FL 32707

3. **CONTACT INFORMATION:** Business Phone (321) 240-8832

Mobile Phone

Email Info@metaride.net

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>
Joseph Mentor	6373 Ruthie Dr, Orlando, FL 32818	Chief Executive Officer

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>
Joseph Mentor	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.**

City Of Apopka
Carl's Creation
Seminole State College
Metaworld Transportation
Taxcure Financial Services

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

NAME	ADDRESS	PHONE
Carl Berne	700 Jordan Ave, Orlando, DL 32809	(407) 453-3459
Giovanni Dellgrottaglia	1300 Marden Road #200, Apopka, FL 32703	(352) 708-0491
Wolff Jacques	1900 Centre Pointe Blvd, Tallahassee, FL 32308	(850) 405-5022
Stephanie Registre	10800 NW 82nd Terrace, Doral, FL 33178	(786) 612-5520
Guitry Saint Preux	6428 Bear Ct, Waldorf, MD 20603	(978) 235-5312

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

NAME	ADDRESS	PHONE
Oasis Transportation Services	945 S Orange Blossom Trail, Apopka, FL 32703	(407) 243-7800
S F Auto Sales	4823 Silver Star Rd Ste 140, Orlando, FL 32808	(863) 304-3172
City Of Apopka	112 East 6th St, Apopka, FL 32703	(407) 703-1771
Taxcure Financial Services	4899 W Colonial Dr, Orlando, FL 32808	(407) 704-6443
LJM Block Masonry	2507 North Hastings St, Orlando, FL 32808	(407) 417-8147



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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.



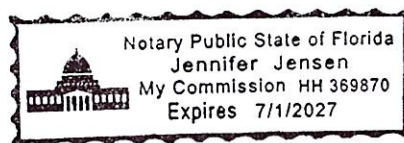
SIGNATURE OF APPLICANT OR REPRESENTATIVE

Driver's License

5/27/25

DATE

NOTARY SEAL





NOTARY SIGNATURE