



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

RECEIVED

DATE: 6/12/25
INITIALS: [Signature]

APPLICATION DATE: 05/26/2025

PROPOSED DATE OPERATIONS WILL BEGIN: _____

SECTION I: GENERAL INFORMATION

1. **NAME OF SERVICE:** Non- Emergency Medical Transportation Gracemyley-LLC CV

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

4653 Miranda Cir orlando FL 32818, Orange County

3. **CONTACT INFORMATION:** **Business Phone** 4075955668

Mobile Phone _____

Email gracemyley@gmail.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>
Cleguy Verdieu	5806 Grand Canyon Dr	President

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:****NAME****CURRENT CPR CARD (Y/N)**

Cleguy Verdieu

11/01/2025

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.**

Big Star Transit (Subcontractor) 2023 - Present (NEMT)
UZURV (Driver Contractor) 2022 (NEMT) Until June 2023
Silveride (Subcontractor) 2021 until Jun 2023 (NEMT)
Uber (Independent Driver Partner) 2019 until Various Periods
DoorDash (Delivery Contractor) Various Periods

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

NAME	ADDRESS	PHONE
Ader Joseph	8362 sumner av fort Myles Fl 33908	(786)8591778
Pastor Altidor Ives	1347 Madison Ivy Cir Apopka Fl 32812	(407)7609047
Jae Bruno Erickson	746 Sherwood Terr dr apt.206 Orlando Fl,32818	(321)7462870
Judes Paul	5479 Vineland rd apt.9110 orlando Fl32811	(407)7317271
Gedeon Ludwige	4663 Miranda cir Orlando Fl 32818	(305)9101186

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

NAME	ADDRESS	PHONE
Duke Energy	P.o.Box 70516 Charlotte Nc28272	4076291010
Wells Fargo	131 N orange Av suite 105 Orlando Fl 32801	321 3546975
Xfinity	3701 Grandewood Blvd Orlando Fl 32837	4074995007
Orange County Utilities	P.o. Box 105573 Atlanta ,Ga 330348	8006261140
Geico Insurance	2105 WTown Center Blvd, Orlando Fl 32837	4072042600

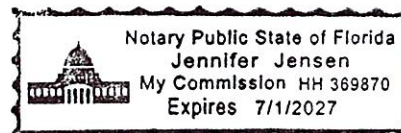


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I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation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



06-05-2025

 DATE

Driver's License

NOTARY SEAL



 NOTARY SIGNATURE