June 24, 2021

TO:

Mayor Jerry L. Demings

-AND-

**County Commissioners** 

THRU:

Yolanda G. Martinez, EdPhD., PhD., 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

Mears Destination Services, Inc Consent Agenda – July 13, 2021

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Mears Destination Services, Inc. Mears Destination Services, Inc has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair/stretcher service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by Mears Destination Services, Inc as contained in Orange County Ordinance 2001-09.

**ACTION REQUESTED:** 

Approval and execution of the renewal Paratransit Services License for Mears Destination Services, Inc to provide wheelchair/stretcher service. The term of this license is from August 1, 2021 through August 1, 2023. There is no cost to the County. **(EMS Office of the** 

**Medical Director)** 

CCZ/cf

**Attachments** 



## RENEWAL PARATRANSIT SERVICES: APPLICATION FOR LICENSE

APPLICATION DATE: 5/25/21		
SECTION I: GENERAL INFORMATION		
1. NAME OF SERVICE: Mears Destination Services, Inc		
2. BUSINESS ADDRESS (INCLUDE COUNTY):		
324 W. Gore Street		
Orlando, FL 32806		
3. CONTACT INFORMATION: Name: Ariel Christenson		
Business Phone: 407-422-4561		
Mobile Phone: 407-702-5191		
Email: achristenson@mears.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:		
$\boxtimes$ YES, DATE: $\frac{(a/2/2021)}{}$ $\square$ NO		
SECTION II: VEHICLES AND STAFFING		
4. AND SADED OF VEHICLES IN ODERATION.		

## 2. EMPLOYEE ROSTER:

NAME	CURRENT CPR CARD (Y/N)
See attached employee roster.	
· · · · · · · · · · · · · · · · · · ·	
<del></del>	
I, the undersigned representative of the servattest the information provided in this appl of my knowledge, and that my service meet a paratransit services in Orange County and as provided in Orange County Code of Ordin 137, licenses obtained by an application in comitted or falsely stated are subject to revoce SIGNATURE OF APPLICANT OR REPRESENTAT	ication is truthful and honest to the best is all of the requirements for operation of the State of Florida. I acknowledge that nances Chapter 20, Division 3, Section 20 which any material fact was intentionally cation.
DATE:  NOTARY SEAD  MACHINE 2, 2021	Notary Public - State of Florida Commission # GG 908567 My Comm. Expires Aug 28, 2023 Bonded through National Notary Assn.

