

**PARATRANSIT SERVICES:****APPLICATION FOR LICENSE****RECEIVED**DATE: 4/9/25
INITIALS: [Signature]APPLICATION DATE: 04-07-2025PROPOSED DATE OPERATIONS WILL BEGIN: June 2025**SECTION I: GENERAL INFORMATION**1. NAME OF SERVICE: McCare Transport LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

7726 Winegard Rd AV47 Orlando FL 32809
Orange County3. CONTACT INFORMATION: Business Phone 689 318 2253Mobile Phone 347 765 3466Email mcaretransportusa@gmail.com4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
Hubert Metellus	407 N Observatory Dr Orlando FL 32835	CEO
Eagnola Metellus		Manager

6. LEVEL OF SERVICE: ☐ WHEELCHAIR ☐ STRETCHER ☒ BOTH7. 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>
Hubert Metellus	yes
Fagnola Metellus	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.

Metellus Lining INC 2019 -
owner operator

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

NAME	ADDRESS	PHONE
Rokoli	6900 S. OBT ste 406 Orlando FL 32809	850-704-2777
Care Medical Transportation	6220 OBT ste 601 Orlando FL 32809	904-557-6162
Byoldine Feole	112 Union Rd Apt 26 Spring Valley NY 10982	914-821-0844
SSI Tax Services	7130 S OBT ste 131 Orlando FL 32809	321-202-3348
Jude Charles	26 Nelson st dorchester MA 02124	857-247-4817


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

NAME	ADDRESS	PHONE
Central FL Insurance	740 Florida Central Pkwy Longwood FL	407-960-7200
Budget Handicap Vans	7617 Ellis Rd, ste 104 w Melbourne FL	615-674-3404
Roda Transport LLC	2159 E Hyde Dr Deltona FL 32738	312-217-8629
Xprint LLC	6220 S Orange B Trl ste 601 Orlando FL	407-910-5551
BRB Tax Firm	563 Ferguson Dr, Orlando FL 32805	321-318-6407



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

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.

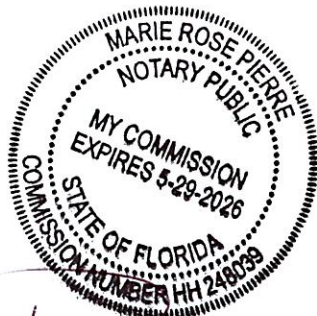
Hubert Metellus 

SIGNATURE OF APPLICANT OR REPRESENTATIVE

04-07-2025

DATE

NOTARY SEAL



Marie Rose Pierre 04/09/2025

NOTARY SIGNATURE