

Interoffice Memorandum

AGENDA ITEM

June 21, 2023

TO: Mayor Jerry L. Demings

-AND-

County Commissioners

THRU: Raul Pino, MD, MPH, Director

Health Services Department

FROM: Christian C. Zuver, M.D., Medical Direct

EMS Office of the Medical Director

Contact: (407) 836-7611

SUBJECT: Paratransit Services License

Renewal for Mears Destination Services, Inc.

Consent Agenda – July 11, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Mears Destination Services, Inc. Mears Destination Services, Inc. has submitted the attached renewal 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 shall be from August 1, 2023 and will terminate on July 31, 2025. There is no cost to the County. **(EMS Office**

of the Medical Director)

CCZ/ii

Attachments

COUNTY
GOVERNMENT
F L O R I D A



APPLICATION FOR LICENSE



APPLICATION DATE: 2/13/2023

SE	CTI	ON	I: GE	NERAL	INFORM	NOITAN

1.	NAME OF SERVICE: Mears Destination Services					
2.	BUSINESS ADDRESS (INCLUDE COUNTY): 324 W Gore Street Orlando, FL 32806 Orange County					
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:					
	☑ YES, DATE: Expires 4 1 2023 □NO					
	SECTION II: VEHICLES AND STAFFING					
1.	NUMBER OF VEHICLES IN OPERATION: 6					
2.	EMPLOYEE ROSTER: See attached					
	NAME CURRENT CPR CARD (Y/N)					
	Provided to EMS Office					

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

ATE:

NOTARY SEAL

YVETTE BERTRAN
Notary Public - State of Florida
Commission # GG 908567

My Comm. Expires Aug 28, 2023 Bonded through National Notary Assn.

NOTARY SIGNATURE

2/16/2023



Orange County
Board of County Commissioners
Emergency Medical Services

Emergen	cy Medical Services		
This is to certify that	Mears Destination Services, Inc.		
has complied with the Orange County Co	de2001-9	and Rules and Regulations	
established by the Board of County Comm	nissioners and is authorized	to operate a Paratransit Service	
in Orange County.	EDAMENT		
Date of Issue: August 1, 2023	Date of Expiratio	n:July 31, 2025	
	Byuni.		
40-18 (7/14)	for Mayor, Board of	County Commissioners	
		COUNTRIL	