March 17, 2022

TO: Mayor Jerry L. Demings

-AND-

County Commissioners

John Goodrich, Deputy Director 5. bability
Health Services D THRU:

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

EMS Office of the Medical Director

Contact: (407) 836-7611

SUBJECT: Paratransit Services License

BBC Enterprises LLC dba Oasis Transportation Services

Consent Agenda - April 5, 2022

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for BBC Enterprises LLC dba Oasis Transportation Services. BBC Enterprises LLC dba Oasis Transportation Services 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 BBC Enterprises LLC dba Oasis Transportation Services as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

ACTION REQUESTED: Approval and execution of the Paratransit Services License

> for BBC Enterprises LLC dba Oasis Transportation Services to provide wheelchair/stretcher service. The term of this license is from May 31, 2022 through May 31, 2024. There is no cost to the County. (EMS Office of the Medical

Director)

CCZ/cf

Attachments



RENEWAL PARATRANSIT SERVICES: APPLICATION FOR LICENSE

APPLICATION DATE: 3/15/3	1,2
SECTION I: GENERAL INFORM	
	2 Enterfrises Uc de Dasis transportation Servi
2. BUSINESS ADDRESS (INCLU	
948 S. Brance Ol	lossom trail, APOPKa, FC 32703
	Name: Ben Robert
	Business Phone: 407-243-7800
	Mobile Phone: 407 - 790 - 6753
	Email: benroberto oasis transports-lon
4. OWNERSHIP TYPE: 図PRIV	ATE CORPORATION GOVERNMENT AGENCY OTHER
a. If other, please desc	ribe:
5. LEVEL OF SERVICE: WHE	ELCHAIR ISTRETCHER KEBOTH
6. PROOF OF CURRENT INSUR	ANCE SUBMITTED TO EMS OFFICE:
⊠ YES, DATE: <u>2/28/22</u>	
2/00/00	
CECTION II. VEHICLES AND CT	CAPPING
SECTION II: VEHICLES AND ST	
1. NUMBER OF VEHICLES IN O	PERATION: 🔏
e 11),	
2. EMPLOYEE ROSTER:	
NAME	CURRENT CPR CARD (Y/N)
Tonia Abams Donna Anderson Jerry Bartee	Ä
Donna Anderson) 1
Herry Barke	Y

Anglique Soler	4	Katwina Simpking Wardell Bruel	y
Luchaung Brown	, Y	wardell Buel	
Indensky Delmas	4	Robert Huarne	ck. Y
Shkendra Caldwell	V	John Jones	4
Samontha Hicks		Anya nelson	V
Jerrick Frazier	7	James Sarran	
Larry Hoard	V	Welma Rogers	V.
	/		7
attest the information p	provided in this	ne service named in this applica s application is truthful and hor meets all of the requirements f	nest to the bes

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

DATE

NOTARY SEAL

Notary Public State of Florida Crystal Ford My Commission GG 345306

My Commission GG 345396 Expires 06/16/2023

NOTARY SIGNATURE

