




Interoffice Memorandum

AGENDA ITEM

March 3, 2022

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
Med Transit LLC
Consent Agenda – March 22, 2022

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Med Transit LLC. Med Transit LLC has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair/stretchers service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by Med Transit LLC 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 Med Transit LLC to provide wheelchair/stretchers service. The term of this license is from March 31, 2022 through March 31, 2024. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: January 10, 2022

PROPOSED DATE OPERATIONS WILL BEGIN: March 1, 2022

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Med Transit LLC
2. BUSINESS ADDRESS (INCLUDE COUNTY):
3945 Rose of Sharon Drive, Orlando, FL 32808 Orange County
3. CONTACT INFORMATION: Business Phone 407-801-1992
Mobile Phone 321-279-1218
Email Medtransitllc@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>
Mario Ballantyne	3945 Rose of Sharon Drive	Owner
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: 1/10/2022 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: 1/24/2022 NO

Example: Current letter from bank verifying business account status (no account numbers please).

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 1/10/2022 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>
MARIO BALLANTYNE	1/6/2024
NORMAN KINSEY	1/6/2024

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.

Alex Ross (Okane Road Service) P.O. Box 592344 Orlando, FL 32859 407-985-0627	2017-present
Andy Shunk (ORMC Radiology) Supervisor 434 S. R Longwood, FL 239-405-5937	2016-present

Amber Griffin (Consultate Health)	3301 Arnold Ave. Orlando, FL 32812	407-765-2597
Erik Sommers (ORMC)	555 SR 434 Longwood, FL	954-325-6560
Shelia Barr (MTH)	515 Washington & O'Fallon, FL	702-884-5982

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

NAME	ADDRESS	PHONE
Pamela Randle	1401 Cricket Club Circle Orlando, FL	407-601-9228
Top Choice (Marlyn Juste)	1003 Skirhman Suite 202 Orlando, FL	407-233-4421
Thomas Burt	9901 Armando Circle Orlando, FL	407-242-0717
Tavaris Bowers	418 Big Cedar Way Brandon, FL	813-562-8631
Kesha Boone	2644 Gold Dust Circle Kissimmee, FL	407-276-2488

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

NAME	ADDRESS	PHONE
AE Mazuka Jessica Cuella	1529 Mineral Springs Ave N Providence, RI	401-355-9300
Metro Self Storage Pablo Torres	311 W MLK Jr Blvd. Seffner FL 813-	813-655-6422
T Mobile	5422 N. O.B.T. Orlando, FL	800-937-8997
Custom Coachworks Raymond Medina	5959 Amo Ave Orlando, FL 32809	407-534-0954
Universal Tire & Auto Oscar Rossi Repair	329 Park Springs Circle Apt 7 Plant City, FL	813-521-0480

T Mobile Account # 963906337

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.

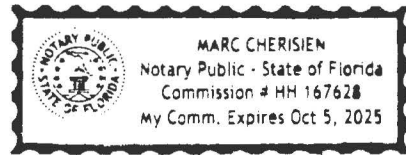
Mario Bellardis

SIGNATURE OF APPLICANT OR REPRESENTATIVE

1/6/22

DATE

NOTARY SEAL



Marc Cheriien

NOTARY SIGNATURE

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that MED TRANSIT LLC
has complied with the Orange County Code 2001-9 and Rules and Regulations
established by the Board of County Commissioners and is authorized to operate a Paratransit Service
in Orange County.

Date of Issue: March 31, 2022

Date of Expiration: March 31, 2024



Byron W. Brooks
Mayor, Board of County Commissioners