



RECEIVED
PARATRANSIT SERVICES:
DATE: 3/21/2025
APPLICATION FOR LICENSE: ALS: [Signature]

APPLICATION DATE: 02/26/2025

PROPOSED DATE OPERATIONS WILL BEGIN: _____

SECTION I: GENERAL INFORMATION

1. **NAME OF SERVICE:** Mina Transportation LLC
2. **BUSINESS ADDRESS (INCLUDE COUNTY):**
2075 Gold Dust Dr. Minneola, Florida, 34715, Lake County

3. **CONTACT INFORMATION:** **Business Phone** (407) 427-3091
Mobile Phone (407) 724-1086
Email rd@minatransportation.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>
<u>Luis Dominguez</u>	<u>2075 Gold Dust Dr. Minneola, Florida</u>	<u>Manager</u>
_____	_____	_____
_____	_____	_____
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: _____ ☐ 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: 3

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
JORGE A. VILLALOBOS VILLALOBOS	Y
LAINET JESUS VASQUEZ BECERRA	Y
JOEL ALBERTO RUIZ GARCIA	Y

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.

Mina Transportation LLC - Owner - Since Jul 2019

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

NAME	ADDRESS	PHONE
Luis Correa	5987 Lee Vista Blvd. Apt 107. Orlando, FL. 32822	(407) 334-6624
Kns Mobility LLC	9100 Conroy Windermere Road, Orlando, FL 34786	(407) 617-7348
Raphael Mantellini	1408 Ridge St, Kissimmee, FL 34744	(407) 990-0125
Juan Mattei	352 McCoy Village Ct. Apopka, FL. 32712	(689) 269-4901
Jorge Villalobos	336 PARKLAND CIR. APT 201 KISSIMMEE, FL 34744	(407) 624-9818

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

NAME	ADDRESS	PHONE
American Express	P.O. Box 981537, El Paso, TX. 79998	(800) 874-2717
Garzor Insurance Group	4369 Hunters Park Lane Orlando, FL. 32837	(321) 251-8035
Modivcare	5875 NW 163rd Street, Suite 203, Miami, FL. 33014	(386) 682-9662
Alivi	5775 Blue Lagoon Drive, Suite 450 Miami, FL 33126	(786) 638-4955
407Dynopro	1408 Ridge St, Kissimmee, FL 34744	(407) 729-9347



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.

Lin Dominguez

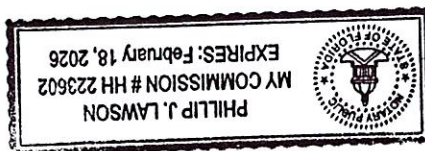
SIGNATURE OF APPLICANT OR REPRESENTATIVE

03-21-2025

DATE

DL# 1552-586-81-024-0

NOTARY SEAL



Phillip J. Lawson

NOTARY SIGNATURE