



Interoffice Memorandum

AGENDA ITEM

APPROVED BY ORANGE
COUNTY BOARD OF COUNTY
COMMISSIONERS

BCC Mtg. Date: November 15, 2016

October 27, 2016

TO: Mayor Teresa Jacobs
-AND-
Board of County Commissioners

FROM: Christopher Hunter, M.D., Ph.D., Director
Health Services Department
Contact: (407) 836-7611

A handwritten signature in black ink, appearing to be "CH", written over a horizontal line.

SUBJECT: Paratransit Services License
Safeway Transportation System, LLC
Consent Agenda – November 15, 2016

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Safeway Transportation System, LLC. Safeway Transportation System, 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 Safeway Transportation System, 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 Safeway Transportation System, LLC to provide wheelchair/stretchers service. The term of this license is from November 30, 2016 through November 30, 2018. There is no cost to the County. **(EMS Office of the Medical Director)**

CH/cf

Attachments

Cc: George Ralls, M.D., Deputy County Administrator



PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 09/01/2016

PROPOSED DATE OPERATIONS WILL BEGIN: 10/01/2016 (as soon as possible)

SECTION I: GENERAL INFORMATION

1. **NAME OF SERVICE:** Safeway Transportation System, LLC

2. **BUSINESS ADDRESS (INCLUDE COUNTY):**

107 Hidden Springs Circle Kissimmee, FL 34743

Osceola County, USA

3. **CONTACT INFORMATION:** **Business Phone** 407-927-8660

Mobile Phone 407-927-8660

Email safewayts@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>
Monica Viteri	107 Hidden Springs Circle Kissimmee, FL 34743	President

6. **LEVEL OF SERVICE:** ☐ **WHEELCHAIR** ☐ **STRETCHER** ☒ **BOTH**

7. **COMMUNICATIONS EQUIPMENT:** ☒ **TELEPHONE** ☐ **TWO-WAY RADIO** ☐ **OTHER**

a. **If other, please describe:** _____

Revision Date: 04/22/2016

SECTION II: REQUISITES TO OBTAINING LICENSE**1. PAYMENT OF ALL APPLICABLE FEES:**☒ **YES, DATE:** Submitted with application on 9/7/16 ☐ **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 FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:**☒ **YES, DATE:** Submitted with application on 9/7/16 ☐ **NO**

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:☒ **YES, DATE:** Submitted with application on 9/7/16 ☐ **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>
Jorge Viteri	Y
Monica Viteri (non-driver)	N
Ashley Ruiz (non-driver)	N

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.

Pro-Care Inc.	4710 Eisenhower Blvd Tampa, FL 33634	866.941.7878	4/22/13 - Present
Access Mobile LLC	1627 E Vine Street Ste 133 Kissimmee, FL 34744	407.201.8858	02/01/2011 - 04/22/13

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

NAME	ADDRESS	PHONE
Henry Bedoya	3083 Ashland Lane N Kissimmee, FL 34741	(407) 375 - 8650
Monica Balda	3083 Ashland Lane N Kissimmee, FL 34741	(407) 375 -5916
Jose Javier Garibaldi	442 Los Altos Way #304 Altamonte Springs, FL 32714	(407) 452-2209
Iliana Ruiz	12965 Nebraska Woods Ct. Orlando, FL 32824	(407) 247-4080
Donald Lassaw	P.O. Box 920098 Boca Raton, FL 33497	(877)-605-0005

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

NAME	ADDRESS	PHONE
Mayra Rosado TiCF, Inc.	5146 Curry Ford Rd. Orlando, FL 32812	(407) 380 - 9097
Albeiro Osorio Cooper Taxes	12250 Menta St #202 Orlando, FL 32837	(407) 851 - 4445
Fairwinds Credit Union	1319 E Osceola Pkwy Kissimmee, FL 34743	(407) 277 - 5045
The Mobility Store, LLC	915 N Florida Ave. Lakeland, FL 33801	(407) 688 - 3994
Xavier Macias Tampa Motors	2818 N Florida Ave Tampa, FL 33602	(855) 717 - 4908



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.

Monica Viteri

SIGNATURE OF APPLICANT OR REPRESENTATIVE

9/7/16

DATE



ELIA E. TORRES
MY COMMISSION # FF 062664
EXPIRES: October 14, 2017
Bonded Thru Budget Notary Services

NOTARY SEAL

Elia E. Torres

NOTARY SIGNATURE

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that SAFEGWAY TRANSPORTION SYSTEM, 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: November 30, 2016

Date of Expiration: November 30, 2018

40-18 (7/14)



B. J. Lakshmanan
Mayor, Board of County Commissioners