



## Interoffice Memorandum

AGENDA ITEM

July 12, 2018

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

THRU: George A. Ralls, M.D., Deputy County Administrator  
County Administrator's Office

FROM: Christian C. Zuver, M.D., Medical Director  
EMS Office of the Medical Director  
**Contact: (407) 836-7611**

SUBJECT: Paratransit Services License  
Crown Medical Transport, LLC  
**Consent Agenda – July 31, 2018**

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Crown Medical Transport, LLC. Crown Medical Transport, 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 Crown Medical Transport, 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 Crown Medical Transport, LLC to provide wheelchair/stretchers service. The term of this license is from August 1, 2018 through August 1, 2020. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

APPLICATION DATE: 05/23/2018

PROPOSED DATE OPERATIONS WILL BEGIN: July 2018

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: CROWN MEDICAL TRANSPORT, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

210 SPRINGVIEW COMMERCE DR, UNIT 120  
DEBARV FL 32713

3. CONTACT INFORMATION: Business Phone 386 516 6968

Mobile Phone \_\_\_\_\_

Email CS @ crownmedtransport.com

4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER

a. If other, please describe: \_\_\_\_\_

5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
IMRAN BHALLOO	5626 VERSAILLES LN SANFORD FL 32771	PRESIDENT
FIDAHUSSEIN KHAKI	1513 LOBELIA DR LAKE MARY FL 32746	CEO
GULAMALI RAWJI	4752 GRASSENDALE TER SANFORD FL 32771	COO

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

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

a. If other, please describe: SOFTWARE APPLICATION

**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:** 2

**2. EMPLOYEE ROSTER:**

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
IMRAN BHALLOO	NO
FIDRUSSEIN KHAKI	NO
GULAMALI RAWJI	NO
JOSE CAQUIAS	YES

## 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.

CROWN TECH SOLUTIONS	2011- PRESENT	PRESIDENT
ENOVATIVE GEAR INC	2014 - PRESENT	
KB PROPERTY VENTURES LLC	2017 - PRESENT	

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

NAME	ADDRESS	PHONE
HARMINDER SINGH	600 RINEHART RD STE 3118 LAKE MARY FL	407 831 1399 ✓
SUHAILABBAS JUSAB	2648 TWEED RUN SANFORD FL 32771	407 474 4878 ✓
FAZLEABBAS KHAKI	1421 PINE OAK TRAIL SANFORD FL 32773	407 227 1513 ✓
ORLANDO GARZON	4582 WHIMBREL PL WINTER PARK FL	407 310 8560
STEPHEN EFFERTZ	2625 WOOD DUCK VILLAGE, DELAND FL	352 208 5621

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

NAME	ADDRESS	PHONE
BROAD AND CASSEL	390 N ORANGE AVE STE 1400 ORLANDO FL	407 839 4209 ✓
REMAX LEGACY	4300 CHURCH ST SANFORD FL 32771	407 667 7779 ✓
CENTER STATE	945 S ORANGE AVE ORLANDO FL 32806	407 563 0226 ✓
G ZEIN INSURANCE	409 W HALLANDALE BEACH BLVD STE 215	954 454 9599 ✓
CHASE BANK	4190 W STATE RD 46 SANFORD FL 32771	407 321 2049 ✓



**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.

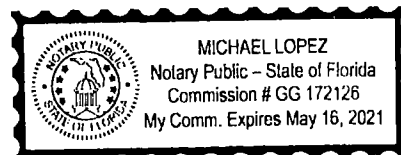
*Ahaki*

**SIGNATURE OF APPLICANT OR REPRESENTATIVE**

*05/17/2018*

**DATE**

**NOTARY SEAL**



*[Signature]*

**NOTARY SIGNATURE**

# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that CROWN MEDICAL TRANSPORT, 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: August 1, 2018

Date of Expiration: August 1, 2020



M. J. Dalchanda  
Mayor, Board of County Commissioners  
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