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PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

DATE: 5/22/2026
INITIALS: [Signature]

APPLICATION DATE: May 22, 2026

PROPOSED DATE OPERATIONS WILL BEGIN: 9/2023

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Sunshine Family Transport

2. BUSINESS ADDRESS (INCLUDE COUNTY):

20 S Rose Ave, Suite 20
Kissimmee, FL 34741 Osceola County

3. CONTACT INFORMATION: Business Phone 407-799 7269

Mobile Phone _____

Email Sunshinefamilytransport@gmail.com

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

a. If other, please describe: Limited liability company

5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
<u>Vanessa Williams</u>	<u>12588 Kirby Smith Rd Orlando</u>	<u>CFO</u>
<u>Peter Mads Williams</u>	<u>6393 Lightner Dr, Orlando</u>	<u>CEO</u>
<u>Denise Thomas</u>	<u>2712 Big Timber Dr Kissimmee</u>	<u>COO</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: 5/22/2026 ☐ 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: 5/22/2026 ☐ NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

☒ YES, DATE: 5/22/2026 ☐ NO

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 4

2. EMPLOYEE ROSTER: 1099 Contractors

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Andre Mattis	yes
Delroy Thomas	yes
Vanessa Williams	yes
Francis Torres	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.

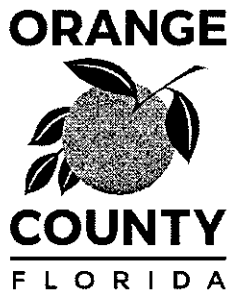
Nemours Children's Hospital	7/2020 - Current
Team Health	8/2010 - current

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

NAME	ADDRESS	PHONE
Amelia Cover	1884 Cayman Cove Cir St Cloud	813 317 8976
Antonio Jackson	3063 Patterson Groves Dr Haines City	407 556 1160
Sheneen Williams	18 Purdon Dr Blountville TN	860 597 8426
Bubba Shaffer	12488 Kirby Smith Rd Orlando	407 467 5408
Denise Williams	5697 67 th Ave N. Pinellas Park, FL	813 944 8110

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

NAME	ADDRESS	PHONE
Chase Bank	1401 N Main St. Kissimmee	407 846 2770
Vital Path Training	2712 Big Timber Dr Kissimmee	407 556 5618
Tail Safe	20 S Rose Ave, Kissimmee FL	407 201 7988
Mario Wilb Photography	6393 Lightner Dr, Orlando	407-399-5797
Mask Mind Small Buss	4300 N. University Dr, Lake Hills	954-529-3005



PARATRANSIT SERVICES:
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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.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

DATE

NOTARY SEAL

NOTARY SIGNATURE

