



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
G8D, LLC
Consent Agenda – July 31, 2018

J. Landry

CCZ

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for G8D, LLC. G8D, 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 G8D, 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 G8D, 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



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 07/07/2018

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: G8D, LLC
2. BUSINESS ADDRESS (INCLUDE COUNTY):
13857 OCEAN PINE CIRCLE, ORLANDO, FLORIDA 32828
ORANGE COUNTY
3. CONTACT INFORMATION: Name: DENNIS JAVIER
Business Phone: 407-509-1259
Mobile Phone: 407-461-8513
Email: g8d11c@gmail.com
4. OWNERSHIP TYPE: ☐ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☒ OTHER
a. If other, please describe: PARTNERSHIP
5. LEVEL OF SERVICE: ☒ WHEELCHAIR ☒ STRETCHER ☐ BOTH
6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:
☒ YES, DATE: 02/01/2018 ☐ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 2

2. EMPLOYEE ROSTER:

NAME

CURRENT CPR CARD (Y/N)

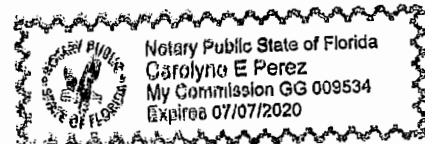
DENNIS JAVIER	y
RODOLFO MUNOZ	y
EDWIN VERIN	y
7	7

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]
 SIGNATURE OF APPLICANT OR REPRESENTATIVE

07/07/2018
 DATE:

NOTARY SEAL
[Signature]
 NOTARY SIGNATURE



acknowledged before me on 7/7/18

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that G8D, 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



H. J. Dalchondar
Mayor, Board of County Commissioners
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