



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

RECEIVED

APPLICATION DATE:

DATE: 6/20/25

INITIALS: [Signature]

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Senior Concierge and Transportation
2. BUSINESS ADDRESS (INCLUDE COUNTY): 4493 Kirkland Blvd. Orlando, 32811
3. CONTACT INFORMATION: Name: Toya Harrell
Business Phone: 407-219-4524
Mobile Phone: 407-325-6436
Email: SCmedtransport@gmail.com
4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER
a. If other, please describe: _____
5. LEVEL OF SERVICE: ☐ WHEELCHAIR ☐ STRETCHER ☒ BOTH
6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:
☒ YES, DATE: Expires _____ ☐ NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 2
2. EMPLOYEE ROSTER:

<u>NAME</u> <u>Daran McGann</u> <u>Ny'kee Harrell</u>	<u>CURRENT CPR CARD (Y/N)</u> <u>(Y)</u>
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Provided to EMS Office

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.

Jaya Hurd

SIGNATURE OF APPLICANT OR REPRESENTATIVE

6/20/2025

DATE:

NOTARY SEAL

[Signature]
NOTARY SIGNATURE

