



PARATRANSIT SERVICES:

RECEIVED

APPLICATION FOR LICENSE

DATE: 8/8/25  
INITIALS: [Signature]

APPLICATION DATE: 7-8-25

PROPOSED DATE OPERATIONS WILL BEGIN: 7/31/25

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: SSS Non Emergency Medical Transport

2. BUSINESS ADDRESS (INCLUDE COUNTY):  
Lake County - 1695 Grand Oak Ave  
Clermont FL 34711

3. CONTACT INFORMATION: Business Phone 352-217-6505  
Mobile Phone 352-217-6505  
Email sssmedicaltransport@gmail.com

4. OWNERSHIP TYPE:  PRIVATE CORPORATION  GOVERNMENT AGENCY  OTHER

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

5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
<u>Harold Ali</u>	<u>1695 Grand Oak Ave</u>	<u>owner</u>
<u>Angarie Ali</u>	<u>same</u>	<u>owner</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: \_\_\_\_\_  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. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
HAROLD ALI	Y

## 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.

Costco - 4/2020 to Present

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

NAME	ADDRESS	PHONE
Vishwanath Saperaud	318 N. Wekiwa Springs Rd. <sup>Apopka</sup> 32703	407-592-3215
Salina Mohamed	225 Chestnut Creek Dr. <sup>Apopka</sup> 32703	407-312-8375
Vishnu Babooel	16440 Good Heath Blvd. <sup>Clermont</sup> 34711	407-466-5338
Ameruck Singh	12628 Bay Breeze Ct. <sup>Clermont</sup> 34711	407-953-4924
Joshua Bissoon	449 SE Jupiter Ter. <sup>St. Lucie</sup> 34983	772-801-7873

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

NAME	ADDRESS	PHONE
Costco	4600 Collina Ter. <sup>Clermont</sup> 34711	813-813-407363
Lennox Dubra	11167 Creek Haven Dr. <sup>Riverwood</sup> 33569	813-857-6574
Shranny Saperaud	318 N. Wekiwa Springs Rd. <sup>Apopka</sup> 32703	407-488-5890
Sherwin Sargeant	812 N. Horton Ave. <sup>Orlando</sup> 32803	407-616/693
Geethadevi Babooel	16440 Good Heath Blvd. <sup>Clermont</sup> 34711	321-624-5023



**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.

*Howell A. L.*

SIGNATURE OF APPLICANT OR REPRESENTATIVE

7/12/25

DATE

NOTARY SEAL  JOSEPH LLUVERAS  
Notary Public  
State of Florida  
Comm# HH379945  
Expires 3/28/2027

*Joseph Lluveras*

NOTARY SIGNATURE

STATE OF FLORIDA, COUNTY OF LAKE  
Sworn to and subscribed before me this  
12 day of July 2025  
*Joseph Lluveras*  
Signature of Notary Public, State of Florida  
Joseph Lluveras  
Print, Type Commissioned Name of Notary Public  
Personally Known  or  produced identification  
Type of identification produced FLDL