



Interoffice Memorandum

AGENDA ITEM

October 22, 2020

TO: Mayor Jerry L. Demings
-AND-
Board of County Commissioners

THRU: Yolanda G. Martinez, EdPhD., PhD., Director
Health Services Department

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

SUBJECT: Paratransit Services License
Safeway Transportation System
Consent Agenda – November 10, 2020

A handwritten signature in black ink, appearing to be "CCZ", is written over the "FROM" field of the memorandum.

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Safeway Transportation System. Safeway Transportation System 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 Safeway Transportation System as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Safeway Transportation System to provide wheelchair/stretchers service. The term of this license is from November 30, 2020 through November 30, 2022. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: 10/3/2020

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Safeway Transportation System

2. BUSINESS ADDRESS (INCLUDE COUNTY):
2909 Roxbury Court Kissimmee, FL 34743, Osceola County

3. CONTACT INFORMATION: Name: Monica Viteri
Business Phone: 407-927-8660
Mobile Phone: 407-350-0527
Email: safewayts@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: 07/2020 NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 1

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Carlos Laz	Y
Monica Viteri	Y
Cristopher Laz	Y
Jorge Viteri	Y

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.

Monica Viteri
 SIGNATURE OF APPLICANT OR REPRESENTATIVE

10/04/2020
 DATE:

NOTARY SEAL
[Signature]
 NOTARY SIGNATURE

State of Florida
 County of Osceola
 Sworn to (or affirmed) and subscribed before me
 this 4 day of October, 2020 by Monica A. Viteri

Personally Known _____
 or produced Identification X
 Type of Identification Produced
FLDL



[Signature]
 Jorge L. Enriquez
 NOTARY PUBLIC
 STATE OF FLORIDA
 Comm# GG244403
 Expires 8/1/2022



License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that SAFEWAY TRANSPORTATION SYSTEM
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: November 30, 2020

Date of Expiration: November 30, 2022

Bryant W. Brooks

Mayor, Board of County Commissioners

