RECEIVED
DATE: 3/11/26
INITIALS:

RENEWAL PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE:

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: BBC Enterprises LLC / Oasis transportation
2. BUSINESS ADDRESS (INCLUDE COUNTY): 9455 Orange Blossom trail, Apopka, FL
3. CONTACT INFORMATION: Name: Ben Robert

   Business Phone: 407-790-6753

   Mobile Phone: 407 790-6753

   Email: benroberts@oasistransports.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: 8
2. EMPLOYEE ROSTER: Attached

   NAME CURRENT CPR CARD (Y/N)

   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.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

3/11/26

DATE:

NOTARY SEAL

Notary Public State of Florida
Jennifer Jensen
My Commission HH 369870
Expires 7/1/2027

NOTARY SIGNATURE

J. Jensen

Driver's License