

**RECEIVED****PARATRANSIT SERVICES:****APPLICATION FOR LICENSE**DATE: 10/20/25INITIALS: [Signature]APPLICATION DATE: October 19, 2025PROPOSED DATE OPERATIONS WILL BEGIN: November 1st, 2025**SECTION I: GENERAL INFORMATION**1. NAME OF SERVICE: D.O.T.S. Transit LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

19346 Mardi Gras Street, Orlando Florida 32833Orange County3. CONTACT INFORMATION: Business Phone 347.778.8577Mobile Phone 347.778.8577Email leveniap.dotstransit@gmail.com4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER

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

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Levenia Phills	19346 Mardi Gras Street, Orlando	Owner

6. LEVEL OF SERVICE: ☒ WHEELCHAIR ☐ STRETCHER ☐ BOTH7. COMMUNICATIONS EQUIPMENT: ☒ TELEPHONE ☐ TWO-WAY RADIO ☐ OTHER

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

## **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.**

*ClimbHigher Logistics - May/2019 - April/2024
*Trandev/Lynx Third Party LLC - April/2024 - December/2024
*D.O.T.S. Transit LLC - November/2024 - Current

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

NAME	ADDRESS	PHONE
*Brenda Ross	519 Shady Pine Drive, Seneca SC	336-420-9151
Jose Morales	mavenusa@gmail.com	646-239-8743
Steven Belser	steven.belser@alivi.com	786-607-8205
Natalee Rossomanno	lolacakes17@gmail.com	786-691-5397
*Markee White	white1ucf@gmail.com	321-765-4321

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

NAME	ADDRESS	PHONE
*Nirav Chheda	nirav@bambi.health	516-761-7935
Marcy Fobes	12231 East Colonial Dr, Orlando FL	407-587-0045
Imoh Oton	15190 SW 136 Street, Miami FL	305-222-7070
Mario Francios	mr.francoism@gmail.com	305-761-3325
*Tanya White	tanya@twlawgroup.org	407-720-8282

**SECTION II: REQUISITES TO OBTAINING LICENSE****1. PAYMENT OF ALL APPLICABLE FEES:**

☒ YES, DATE: October 19, 2025 ☐ 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: October 20th 2025 ☐ NO

*Example: Current letter from bank verifying business account status (no account numbers please).*

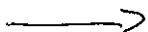
**5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:**

☐ YES, DATE: \_\_\_\_\_ ☐ NO

**SECTION III: VEHICLES AND STAFFING**

**1. NUMBER OF VEHICLES IN OPERATION:** 1

**2. EMPLOYEE ROSTER:**

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Levenia Phills	Yes 



**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.

*Liveria Phillips*

**SIGNATURE OF APPLICANT OR REPRESENTATIVE**

*10/6/2025*

**DATE**

**NOTARY SEAL**



*Heather Robinson*

**NOTARY SIGNATURE**