

March 23, 2017

TO:

Mayor Teresa Jacobs

-AND-

**Board of County Commissioners** 

FROM:

George A. Ralls, M.D., Deputy County Administrator's Office

Contact: (407) 836-5496

SUBJECT:

Paratransit Services License

Lifestar Transportation, LLC

Consent Agenda - April 11, 2017

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Lifestar Transportation, LLC. Lifestar Transportation, LLC has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair/stretcher service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by Lifestar Transportation, LLC as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

**ACTION REQUESTED**: Approval and execution of the Paratransit Services

License for Lifestar Transportation, LLC to provide wheelchair/stretcher service. The term of this license is from April 30, 2017 through April 30, 2019. There is no (EMS Office of the Medical cost to the County.

Director)

GAR/cf

**Attachments** 



# PARATRANSIT SERVICES: APPLICATION FOR LICENSE

APPLIC	CATION DATE: 01-30-17				
PROPO	OSED DATE OPERATIONS WILL BEGIN:02-28-17				
SECTI	ON I: GENERAL INFORMATION				
1.	NAME OF SERVICE: Lifestar Transportation, LLC				
2.	2. BUSINESS ADDRESS (INCLUDE COUNTY):				
	2602 Lutza Way Kissimmee, Florida 34746				
3.	CONTACT INFORMATION: Business Phone 407-383-4112				
	Mobile Phone				
	Email info@lifestartransportation.com				
4.	OWNERSHIP TYPE: ■PRIVATE CORPORATION □GOVERNMENT AGENCY □OTHER				
	a. If other, please describe:				
5.	CORPORATE OFFICERS AND DIRECTORS:				
	NAME ADDRESS POSITION				
	Dwight Swasey 2602 Lutza Way Kissimmee, FL. 34746 Manager				
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:			
_,	.1.1	NO	If not completed at the time of application, payment of fees and vehicle inspection by the EMS Office must be	
2.	VEHICLE INSPECTION COMPLETED BY EMS OFFIC	E:	completed prior to commencing operations. Failure to do so may result in revocation of license.	
	☐ YES, DATE:	NO	in revocation of necrose.	
3.	REFERENCES/LETTERS OF SUPPORT SUBMITTED	TO EN	IS OFFICE (Attachment I):	
	☑ Verifiable business or work references fo letter of reference	r 5 ye	ars, including one notarized	
	☐ Five verifiable personal/business reference reference	ces, ir	ncluding two notarized letters of	
	Five verifiable credit references, including	g two	notarized letters of reference	
4.	CURRENT FINANCIAL STATEMENT SUBMITTED TO	O EMS	S OFFICE:	
	☐ YES, DATE: ☐	NO		
	Example: Current letter from bank verifying business account status (no account numbers please). <u>MUST BE NOTARIZED</u>			
5.	PROOF OF INSURANCE SUBMITTED TO EMS OFF	ICE:	If insurance coverage has not beer obtained at the time of application the	
	YES, DATE:01-07-17     □	INO	provider must obtain insurance coverage and provide certificates of insurance	
			coverage to the county prior to commencing operations. Failure to do so	
SECTI	ON III: VEHICLES AND STAFFING		may result in revocation of license.	
1.	NUMBER OF VEHICLES IN OPERATION:1			
2.	EMPLOYEE ROSTER:			
	NAME		CURRENT CPR CARD (Y/N)	
Dwi	ght Swasey		Yes	

## **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.

Currently employed with Orange County Fire Rescue x 16 years				

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

NAME	ADDRESS	PHONE
	6002 Mausser Drive	
Medgina Moise	Orlando, Florida 32822	407-470-8767
	1047 Princess Gate Blvd	
Pedro Portuondo	Winter Park, Florida 32792	321-279-5197
	4150 Eastgate Drive	
Robert Griffin	Orlando, Florida 32839	225-205-9049
Darion Butler	4862 Terra Sole Place St. Cloud, Florida 34771	407-748-5853
Desiree Nugent	1400 NW 12th Ave Miami, Florida 33136	305-689-5378

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

NAME	ADDRESS	PHÓNE
Key Auto Repair	102 W. Wetherbee Road	
Mo Khan, Cheryl Khan	Orlando, Florida 32824	407-988-3353
Quick Florida Quotes	15190 SW 136 Street, Ste. 10	
Imoh Oton	Miami, Florida 33196	305-222-7070
Shadow Graphics	3714 Vineland Road	
Jimmy Corio	Orlando, Florida 32811	407-481-8282
Plantation Ford Garry Sichler	707 North State Road 7 Plantation, Florida 33317	954-584-2400
World of Independence, Inc	1084 S. Divison Ave	
Shannon Josey	Orlando, Florida 32805	407-422-1069



#### **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.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

02-10-17

DATE

**NOTARY SEAL** 



**NOTARY SIGNATURE** 

