



## Interoffice Memorandum

## AGENDA ITEM

April 20, 2017

TO: Mayor Teresa Jacobs  
-AND-  
Board of County Commissioners

FROM: George A. Ralls, M.D., Deputy County Administrator *J. Goodrich*  
County Administrator's Office  
**Contact: (407) 836-5496**

SUBJECT: Paratransit Services License  
Right By Your Side, LLC  
**Consent Agenda – May 9, 2017**

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Right By Your Side, LLC. Right By Your Side, LLC 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 Right By Your Side, 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 Right By Your Side, LLC to provide wheelchair/stretchers service. The term of this license is from May 1, 2017 through May 1, 2019. There is no cost to the County. **(EMS Office of the Medical Director)**

GAR/cf

Attachments



**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

APPLICATION DATE: Feb 24, 2017

PROPOSED DATE OPERATIONS WILL BEGIN: March 25, 2017

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: RIGHT BY YOUR SIDE, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

717 Hupa Court Seminole County  
Lake Mary, FL 32746

3. CONTACT INFORMATION: Business Phone 800-494-1238

Mobile Phone 407-773-5937

Email rbysrtransport@gmail.com

4. 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>
<u>Minaz Sherazee</u>	<u>717 Hupa Ct, Lake Mary, FL</u>	<u>CEO</u>
<u>M Irfan Sherazee</u>	<u>717 Hupa Ct, Lake Mary, FL</u>	<u>DIRECTOR</u>

6. LEVEL OF SERVICE: ☐ WHEELCHAIR ☐ STRETCHER ☒ BOTH

7. COMMUNICATIONS EQUIPMENT: ☒ TELEPHONE ☐ TWO-WAY RADIO ☐ OTHER

a. If other, please describe: Text message

**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

If not completed at the time of application, payment of fees and vehicle inspection by the EMS Office must be completed prior to commencing operations. Failure to do so may result in revocation of license.

**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 FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:**☒ YES, DATE: \_\_\_\_\_☐ NO

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

**5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:**☐ YES, DATE: \_\_\_\_\_☐ NO

If insurance coverage has not been obtained at the time of application the provider must obtain insurance coverage and provide certificates of insurance coverage to the county prior to commencing operations. Failure to do so may result in revocation of license.

**SECTION III: VEHICLES AND STAFFING****1. NUMBER OF VEHICLES IN OPERATION:** 3**2. EMPLOYEE ROSTER:**

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Minaz Sherazee	Y
M. Irfan Sherazee	Y
Wayne McGann	Y
Sanea Williams	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.

Citibank Nov. 18, 2004 – July 27, 2016	

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

	NAME	ADDRESS	PHONE	
Marie Garcia	Deltona Healthcare	1851 Elcham Dr, Deltona, FL	(386) 479-4385	Letter
	Abbas AbdulHussein	1265 Upsala Rd, Sanford, FL	(407) 970-1815	
SRS	Shabbir Nathani	416 Commerce Way, Longwood, FL	(407) 478-2626	Notarized letter
	Lake Mary Health+Rehab	710 N. Sun Drive, Lake Mary, FL	(407) 805-3131	Notarized letter
	Max Manekia	111 Central Park Place, Sanford, FL	(407) 474-3080	

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

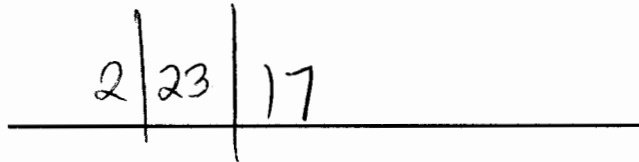
	NAME	ADDRESS	PHONE	
Riyaaz Sivraj	Cyber Marketing	2451 Old Lake Mary Rd, Sanford, FL	(407) 324-2700	letter
Syed Ali	Asia Motors	1748 N. Manheim Rd, Stone Park	(708) 223-0360	
Sam Datto Professional Insurance	Cutting Edge	1055 Nursery Road, Winter Springs	(407) 341-7100	notarized letter
	Matt Clemens	2003 W. Kennedy Blvd, Tampa	(813) 251-4900 ext 235	notarized letter
AZRA Khalfan	Sign+Lucite Products	80-10 51 <sup>st</sup> Ave Elmhurst, NY	(718) 779-6505	

**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.

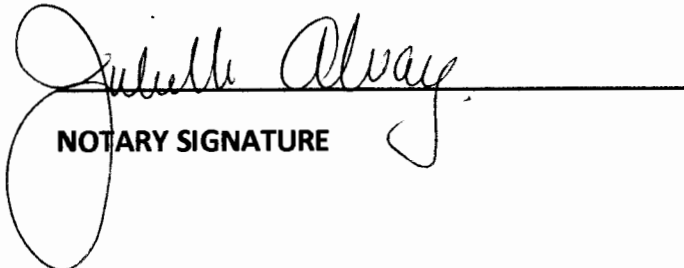
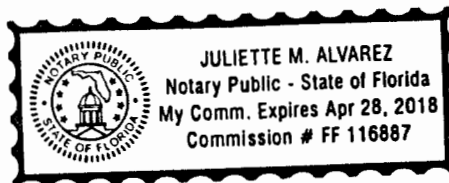


SIGNATURE OF APPLICANT OR REPRESENTATIVE



DATE

NOTARY SEAL



NOTARY SIGNATURE

# License Paratransit Services

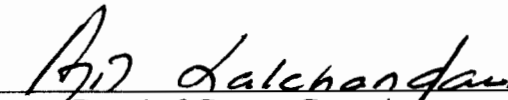
Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that **RIGHT BY YOUR SIDE, LLC**  
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: May 1, 2017

Date of Expiration: May 1, 2019

40-18 (7/14)

  
\_\_\_\_\_  
Mayor, Board of County Commissioners

