

April 26, 2017

- TO: Mayor Teresa Jacobs -AND-Board of County Commissioners
- FROM: George A. Ralls, M.D., Deputy County Administrator County Administrator's Office Contact: (407) 836-5496



SUBJECT: Paratransit Services License OWL Inc Consent Agenda – May 9, 2017

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for OWL Inc. OWL Inc 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 OWL Inc 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 OWL Inc to provide wheelchair/stretcher service. The term of this license is from May 31, 2017 through May 31, 2019. There is no cost to the County. (EMS Office of the Medical Director)

GAR/cf

Attachments



## **RENEWAL PARATRANSIT SERVICES:**

## **APPLICATION FOR LICENSE**

APPLICATION DATE:April 18. 2017
SECTION I: GENERAL INFORMATION
1. NAME OF SERVICE:Owl Inc
2. BUSINESS ADDRESS (INCLUDE COUNTY):
690 N Semoran Blvd Orlando Fl 32807 Orange County
3. CONTACT INFORMATION: Name Anthony Crittenden
Business Phone 407-940-7940
Mobile Phone386-878-6520
email _anthony_crittenden@att.net
4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER
a. If other, please describe:
5. LEVEL OF SERVICE: DWHEELCHAIR DSTRETCHER
6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:
⊠ YES, DATE: <u>4/19/2017</u> □NO

## SECTION II: VEHICLES AND STAFFING

- 1. NUMBER OF VEHICLES IN OPERATION: \_\_\_\_\_14\_\_\_\_
- 2. EMPLOYEE ROSTER:

NAME

CURRENT CPR CARD (Y/N)

SEE Addached

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 pubject to revocation.

SIGNATVRE OF APPLICANT OR REPRESENTATIVE

7017

DATE:

**NOTARY SEAL** 

JENNIFER JENSEN NOTARY PUBLIC STATE OF FLORIDA Commit FF240354 Expires 7/1/2019

**NOTARY SIGNATURE** 

## License Paratransit Services

Orange County Board of County Commissioners Emergency Medical Services

This is to certify that <u>OWL INC</u> has complied with the Orange County Code <u>V 21619</u> and Rules and Regulations established by the Board of Code ty Commissioners and is authorized to operate a Paratransit Service in Orange County.

Date of Issue: May 31, 2017

Expiration: May 31, 2019

layor, Board of County Commissioners

NITCO

40-18 (7/14)