



Interoffice Memorandum

AGENDA ITEM

May 18, 2017

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

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

SUBJECT: Paratransit Services License
Instant Transit, LLC
Consent Agenda – June 6, 2017

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

GAR/cf

Attachments



APPLICATION FOR LICENSE

APPLICATION DATE: 02-24-2017

PROPOSED DATE OPERATIONS WILL BEGIN: 6/1/2017

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Instant Transit, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

5361 Dove Tree Street Orlando, Florida 32811 Orange County

3. CONTACT INFORMATION: Business Phone 407-777-4109

Mobile Phone 321-746-0771

Email instanttransit@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>
Jesulet Joseph	2858 Roundabout Lane Orlando, FL. 32818	Owner
Eugene Welsh	5361 Dove Tree Street Orlando, FL. 32811	Owner

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:**☒ YES, DATE: 2/20/17☐ NO**2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:**☐ YES, DATE: _____☒ NO

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 NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:**☒ YES, DATE: 2/21/2017☐ NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:☒ YES, DATE: 5/1/2017☐ 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: 1****2. EMPLOYEE ROSTER:****NAME****CURRENT CPR CARD (Y/N)**Jesulet JosephYes CPR CertifiedEugene WelshYes CPR Certified

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.

Orlando Health
Verbatim Languages
Metro West Nursing and Rehab

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

NAME	ADDRESS	PHONE
Beyonel Joseph	2858 Roundabout Lane Orlando, FL 32818	321-442-4491
Xiomara Coppola	410 Pennsylvania Ave. Rockledge, FL 32955	321-458-8678
Rosemonde Joseph	2858 Roundabout Lane Orlando, FL 32818	407-668-2893
Kourteney Coffey	513 Loyola Circle Unit 19203 Orlando, FL 32828	904-716-5921
Guerda Geffrard	2858 Pythagoras Circle Ocoee, FL 34761	407-230-2020

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

NAME	ADDRESS	PHONE
Fairwinds Credit Union	35 W. Central Blvd. Orlando, FL 32801	321-206-8035
McCoy Ferderal CU	35 W Michigan St, Orlando, FL 32806	407-855-5452
Reggie CHAVANNEZ	407-492-2756	
T-Mobile/Jarrood	8894 W. Colonial Dr. Ste 100, Ocoee, FL 34761	407-253-7946
Garzor Insurance	4248 Town Center Blvd. Orlando, FL 32837	321-206-8035
Spectrum/Brian Goldbeck	3767 All American BLVD Orlando, FL 32810	877-244-9246



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.

A handwritten signature in black ink, appearing to read "Leah [unclear]", written over a horizontal line.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

The date "02/24/2017" handwritten in black ink over a horizontal line.

DATE

NOTARY SEAL



QUIANA GOMEZ
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF092347
Expires 2/12/2018

A handwritten signature in black ink, appearing to read "Quiana Gomez", written over a horizontal line.

NOTARY SIGNATURE

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that INSTANT TRANSIT, 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: June 1, 2017

Date of Expiration: June 1, 2019

40-18 (7/14)



Art Lakshanda
Mayor, Board of County Commissioners