



## Interoffice Memorandum

## AGENDA ITEM

October 25, 2018

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

THRU: John Goodrich, Acting Director *J. Goodrich*  
Health Services Department

FROM: Christian C. Zuver, M.D., Medical Director  
EMS Office of the Medical Director  
**Contact: (407) 836-7611**

SUBJECT: Paratransit Services License  
Safeway Transportation System, LLC  
**Consent Agenda – November 13, 2018**

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Safeway Transportation System, LLC. Safeway Transportation System, 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 Safeway Transportation System, LLC as contained in Orange County Ordinance 2001-09.

**ACTION REQUESTED:** Approval and execution of the renewal Paratransit Services License for Safeway Transportation System, LLC to provide wheelchair/stretchers service. The term of this license is from November 30, 2018 through November 30, 2020. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



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

APPLICATION DATE: 10/04/2018

**SECTION I: GENERAL INFORMATION**

**1. NAME OF SERVICE:**

Safeway Transportation System, LLC

**2. BUSINESS ADDRESS (INCLUDE COUNTY):**

107 Hidden Springs Circle Kissimmee, FL 34743

Osceola County

**3. CONTACT INFORMATION: Name:**

Monica Viteri

**Business Phone:**

407-927-8660

**Mobile Phone:**

**Email:**

safewayts@gmail.com

- 4. OWNERSHIP TYPE:** ☒ PRIVATE CORPORATION    ☐ GOVERNMENT AGENCY  
☐ OTHER

a. If other, please describe:

- 5. LEVEL OF SERVICE:** ☐ WHEELCHAIR    ☐ STRETCHER    ☒ BOTH

**6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:**

☒ YES, DATE: With Application    ☐ NO

## **SECTION II: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION: 1

2015 Dodge Ram Van

### **2. EMPLOYEE ROSTER:**

<b><u>NAME</u></b>	<b><u>CURRENT CPR CARD (Y/N)</u></b>
Jorge Viteri	Y
Monica Viteri	Y
Cristopher Laz	Y

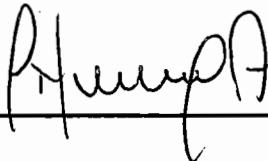
I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of a paratransit services in Orange County and 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.

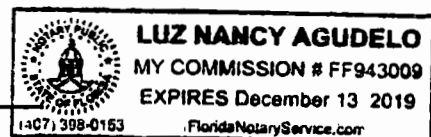
  
\_\_\_\_\_  
SIGNATURE OF APPLICANT OR REPRESENTATIVE

10-19-2018  
DATE:

NOTARY SEAL

NOTARY SIGNATURE





# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that SAFEGWAY TRANSPORTATION SYSTEM, 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: November 30, 2018

Date of Expiration: November 30, 2020



*[Signature]*  
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Mayor, Board of County Commissioners