

June 28, 2019

TO:

Mayor Jerry L. Demings

-AND-

**Board of County Commissioners** 

THRU:

Yolanda G. Martinez, EdPhD., PhD., Director &

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

Mears Destination Services, Inc. Consent Agenda – July 16, 2019

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Mears Destination Services, Inc. Mears Destination Services, 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 Mears Destination Services, Inc as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Mears Destination Services, Inc to provide wheelchair/stretcher service. The term of this license is from August 1, 2019 through August 1, 2021. There is no cost to the County. (EMS Office of the

**Medical Director)** 

CCZ/cf

**Attachments** 



## RENEWAL PARATRANSIT SERVICES: APPLICATION FOR LICENSE

APPLICATION DATE: 06/26/2019

**SECTION I: GENERAL INFORMATION** 

1.	NAME OF SERVICE:	Mears Destination Services, Inc

2. BUSINESS ADDRESS (INCLUDE COUNTY):

324 West Gore Street. Orlando, Florida 32806

3. CONTACT INFORMATION: Name: Karl Clements

Business Phone: (407) 422-1694

Mobile Phone: (407) 448-4559

Email: kclements@mears.com

4.	OWNERSHIP TYPE: X PRIVATE CORPORATION	☐GOVERNMENT AGENCY	DOTHER
	a. If other, please describe:		
_	LEVEL OF CERVICE, VANIETICHAIR SETRET	сигр. Проти	

5. LEVEL OF SERVICE: X WHEELCHAIR ☑STRETCHER ☐BOTH

6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

X YES, DATE: 06/26/2019 □NO

**SECTION II: VEHICLES AND STAFFING** 

1. NUMBER OF VEHICLES IN OPERATION: 6

## 2. EMPLOYEE ROSTER:

## <u>NAME</u>

## CURRENT CPR CARD (Y/N)

• See attached employee Roster.

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.

Expires 5/23/2022

SIGNATURE OF APPLICANT OR REPRESENTATIVE

DATE:

**NOTARY SEAL** 

**NOTARY SIGNATURE** 

