





## Interoffice Memorandum

## AGENDA ITEM

May 7, 2020

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  
BBC Enterprises LLC DBA Oasis Transportation Services  
**Consent Agenda – May 19, 2020**

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for BBC Enterprises LLC DBA Oasis Transportation Services. BBC Enterprises LLC DBA Oasis Transportation Services 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 BBC Enterprises LLC DBA Oasis Transportation Services 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 BBC Enterprises LLC DBA Oasis Transportation Services to provide wheelchair/stretchers service. The term of this license is from May 31, 2020 through May 31, 2022. There is no cost to the County.  
**(EMS Office of the Medical Director)**

CCZ/cf

Attachments



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

APPLICATION DATE: FEBRUARY 26, 2020

PROPOSED DATE OPERATIONS WILL BEGIN: APRIL 2020

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: BBC ENTERPRISES LLC DBA OASIS TRANSPORTATION SERVICES

2. BUSINESS ADDRESS (INCLUDE COUNTY):

6827 N. Orange Blossom Trail Suite 6 Orlando, Florida 32810 Orange County

3. CONTACT INFORMATION: Business Phone 407-243-7800

Mobile Phone 407-790-6753

Email BenRoberts@OasisTransports.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>
Ben Robert	6827 N. Orange Blossom Trail #6 Orlando FL, 32810	Manager

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

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

a. If other, please describe: \_SAAS\_

**SECTION II: REQUISITES TO OBTAINING LICENSE****1. PAYMENT OF ALL APPLICABLE FEES:**

☒ YES, DATE: 2/26/2020 ☐ NO 2. VEHICLE

**INSPECTION COMPLETED BY EMS OFFICE:**

☐ YES, DATE: \_\_\_\_\_ ☒ NO

**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: 2/26/2020 ☐ NO

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

**5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:**

☒ YES, DATE: 2/26/2020 ☐ NO

**SECTION III: VEHICLES AND STAFFING**

**1. NUMBER OF VEHICLES IN OPERATION:** 16 Vehicles in operations

**2. EMPLOYEE ROSTER:** See attached addendum

**NAME****CURRENT CPR CARD (Y/N)**12 EmployeesCurrent CPR Card - Yes**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.

OASIS TRANSPORTATION SERVICES	2015 - Present
WEST ORANGE NEPHROLOGY	2015 - 2019

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

NAME	ADDRESS	PHONE
HERDLEY D. HARRISON	1814 W. COLONIAL DRIVE ORLANDO, FLORIDA 32804	407-495-8207
NATALIA NOTSE ALIVI	2290 10 <sup>th</sup> AVE NORTH LAKE WORTH FL, 33467	786-636-1217
WENDELL A ROBERT	5004 CORTEZ DRIVE ORLANDO FL, 32808	407-209-4737
AKIN AWOSIKA	4930 BROOKSVIEW CIRLE NEW ALBANY, OHIO 43054	407-927-5873
PANYA CAMPBELL	395 WYMORE RD ALTAMONTE SPRINGS, FL 32714	407-607-0907

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

NAME	ADDRESS	PHONE
HOWARD BERKOWITZ H & S CONSULTING	6336 SHINNECOCK LANE LAKE WORTH, FLORIDA 33463	561-719-5541
LIONEL POLLARD PRO SUPPORT MANAGEMENT	1913 SANDERLIN LOOP APOPKA, FLORIDA 32703	407-755-7198
ISIS SANTIESTABAN INSURANCE DESIGNERS	4123 PARKER AVE WEST PALM BEACH FLORIDA 33405	561-833-2886
DANIEL JANEQUINE CHASE BANK	1812 W SAND LAKE RD ORLANDO FL, 32809	407-240-5829
MARIE NELSON WAWA	P.O. BOX 639 PORTALND ME 04104	615-523-6275

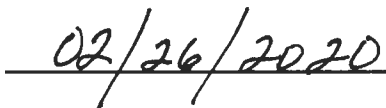


**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

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 20137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

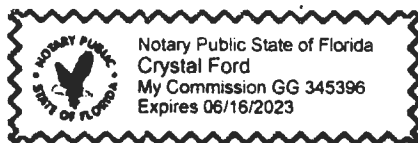


SIGNATURE OF APPLICANT OR REPRESENTATIVE



DATE

NOTARY SEAL





NOTARY SIGNATURE

# License Paratransit Services

Orange County,  
Board of County Commissioners  
Emergency Medical Services

This is to certify that BBC ENTERPRISES, LLC DBA OASIS TRANSPORTATION SERVICES  
has complied with the Orange County Code 2009 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 31, 2020

Date of Expiration: May 31, 2022



*Byron W. Burks*  
\_\_\_\_\_  
Mayor, Board of County Commissioners