



Interoffice Memorandum

AGENDA ITEM

APPROVED BY ORANGE
COUNTY BOARD OF COUNTY
COMMISSIONERS

BCC Mtg. Date: Aug. 02, 2016

July 14, 2016

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

FROM: Christopher Hunter, M.D., Ph.D., Director
Health Services Department
Contact: (407) 836-7611

SUBJECT: Paratransit Services License
G8D, LLC
Consent Agenda – August 2, 2016

A handwritten signature in black ink, appearing to read "CH", positioned to the right of the "FROM:" field.

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for G8D, LLC. G8D, 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 G8D, 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 G8D, LLC to provide wheelchair/stretchers service. The term of this license is from August 1, 2016 through August 1, 2018. There is no cost to the County.
(EMS Office of the Medical Director)

CH/cf

Attachments

Cc: George Ralls, M.D., Deputy County Administrator



PARATRANSIT SERVICES:

APPLICATION FOR LICENSE

APPLICATION DATE: May 20, 2016

PROPOSED DATE OPERATIONS WILL BEGIN: June 1, 2016

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: GSD, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

490 COUNTRY CLUB DR.
WINTER PARK, FL 32789 Orange County

3. CONTACT INFORMATION: Business Phone 407-970-1022

Mobile Phone 908-416-4785

Email gsd11c@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>
<u>SOPHIA TRICIA SOLON</u>	<u>233 N. HUDSON ST. ORLANDO, FL</u>	<u>OWNER</u>
<u>LUZ T. SANTOS</u>	<u>1868 ARBOR LANE UNION, NJ</u>	<u>CO-OWNER</u>

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: 5/16/16 NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: _____ NO

If not completed at the time of 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 FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: 5/18/16 NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 5/18/16 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: 2

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
<u>SOPHIA TRICIA SOLON</u>	<u>Y</u>
<u>EDWIN NOLASCO UERIN</u>	<u>Y</u>

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.

GTS AMBULANCE MEDICAL TRANSPORTATION, LLC
POL AMBULANCE, LLC
MEDITRANS, LLC
BONA LIFE
FREEDOM EMS

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

NAME	ADDRESS	PHONE
MALONY STANJA	1717 PENNSYLVANIA AVE. UNION, NJ	973-810-6404
ANAWEN PEREZ	2300 HALSEY ST. UNION, NJ	973-735-3344
RUTH GARCIA-COLON	1111 SAIL CREEK DR. ORLANDO, FL	407-412-6079
ESTHER YAP	450 OLOWY DR. WINTER PARK, FL	407-644-5814
JAY ALCORDO	570 LAKE FRONT BLVD. WINTER PARK, FL	407-247-1443

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

NAME	ADDRESS	PHONE
G8M EXXON MOBILE	556 WESTFIELD AVE. ELIZABETH, NJ	908-510-8873
EDUARDO FABE	11 CHARLOTTE ST. CARTERSVILLE, NJ	732-715-7512
EDWARD ROGERS, TO	970 CANTON ST. UNION, NJ	908-686-8896
SUNOCO GAS	2425 VAUXHALL RD. UNION, NJ	973-462-9211
KUDO JAP AUTO SERVICE	2801 SO. ORANGE BLOSSOM TRAIL ORLANDO	407-426-9489



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.




SIGNATURE OF APPLICANT OR REPRESENTATIVE

5/20/16

DATE

NOTARY SEAL



NOTARY SIGNATURE

DANIELLE SHERREE CRUZ
Notary Public
State of New Jersey
My Commission Expires July 8, 2018
I.D.# 2436000

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that G8D, 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: August 1, 2016 Date of Expiration: August 1, 2018

40-18 (7/14)


Mayor, Board of County Commissioners

