



Interoffice Memorandum

APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS
AUG 19 2014 NP/KH

AGENDA ITEM

August 6, 2014

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

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

A handwritten signature in black ink, appearing to read "C. Hunter".

SUBJECT: Paratransit Services License
C L Transportation, LLC
Consent Agenda – August 19, 2014

The EMS Office of the Medical Director requests the approval of the Paratransit Services License for C L Transportation, LLC. C L Transportation, 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 C L Transportation, 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 of the Paratransit Services License for C L Transportation, LLC to provide wheelchair/stretchers service. The term of this license is from August 31, 2014 through August 31, 2016. There is no cost to the County. **(EMS Office of the Medical Director)**

CH/cf

Attachments

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

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that C L TRANSPORTATION, 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 31, 2014 Date of Expiration: August 31, 2016



40-18 (7/14)



Mayor, Board of County Commissioners



ALTERNATIVE TRANSPORT SERVICES:

APPLICATION FOR LICENSE

RECEIVED
JUN 13 2014
BY: *V Butler*

APPLICATION DATE: 5/20/14

PROPOSED DATE OPERATIONS WILL BEGIN: July 19/2014

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: C L Transportation, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):
6239 Edgewater Dr. Suite D-12
ORL FL 32810

3. CONTACT INFORMATION: Business Phone 407 625-6147/407 600 2656
Mobile Phone 407-625-6147/407 625 6516
Email eChery34@yahoo.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER
a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
<u>Evens Chery</u>	<u>6239 Edgewater Dr. Suite D-12 orl/fl 32810</u>	<u>MANAGER</u>
<u>Amelde Francisque</u>	<u>6239 Edgewater</u>	<u>Manager</u>

6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH

7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER
a. If other, please describe: email and Text

SECTION II: REQUISITES TO OBTAINING LICENSE

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: _____ 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):

Business or work references for 5 years, including one letter of reference

Five personal references, including one letter of reference

Five credit references, including one letter of reference

4. FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: _____ NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: _____ 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>FDL NUMBER</u>	<u>CURRENT CPR CARD (Y/N)</u>
Evans chery	[REDACTED]	yes
JOEL Jean Jacques	[REDACTED]	yes

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of at least one letter of reference from list below is required.

Reliable interpreters and Transportation	321-231-1154
Connect Languages	
Florida Hospital	
Orlando Health Hospital	407-637-1637 Jean 407-303-8758

2. List five personal or business references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
Ulrick Marc	3518 Rollingway orl fl 32808	407-923-6306 407-924-2718
MESIMISE August	6120 ZONNIA AVE orl fl 32808	407-485-0431
Mon/Lenny Ceneus	4200 Brittany Rd orl fl 32808	407-668-0567
Florida Hospital	601 E. Rollin street orl fl 32803	407-303-8758 Andrea 407-637-1637 Jean
DARNEl Etienne	118 Lisa loop Winterspring fl 32708	407-252-0440

3. List five credit references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
Chase Bank	5465 N. Org blossom TRAIL orl fl 32810	407-298-8024 407-245-3001
Hope Community	5230 INDIAN Hill Rd orl fl 32808	407-690-1452
ACCESS Investigative	6239 Edgewater Dr. suit 2-13	407-447-6053
MpW's Joseph	2912 Kristia Key Circle orl fl 32817	321-246-2512
NICOLAS Financial	925 S. Semoran Blv Winter Park fl 32792	407-671-1913



ALTERNATIVE TRANSPORT SERVICES:
APPLICATION FOR LICENSE

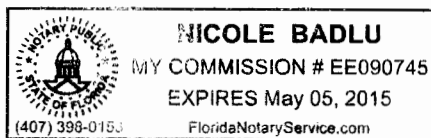
I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of an alternative transportation service in Orange 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

5/30/14

DATE

NOTARY SEAL



NOTARY SIGNATURE