



## Interoffice Memorandum

**AGENDA ITEM**

APPROVED  
BY ORANGE COUNTY BOARD  
OF COUNTY COMMISSIONERS

SEP 15 2015 *JHB*

August 27, 2015

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  
10/10 Taxi  
**Consent Agenda – September 15, 2015**

*J. Gaudrich  
for*

The EMS Office of the Medical Director requests the approval of the Paratransit Services License for 10/10 Taxi. 10/10 Taxi 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 10/10 Taxi 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 10/10 Taxi to provide wheelchair/stretchers service. The term of this license is from September 30, 2015 through September 30, 2017. 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: 2/27/15

PROPOSED DATE OPERATIONS WILL BEGIN: IMMEDIATE / ASAP

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: 10/10 TAXI

2. BUSINESS ADDRESS (INCLUDE COUNTY):  
2169 N. FORSYTH RD #2  
ORLANDO, (ORANGE) FL 32807

3. CONTACT INFORMATION: Business Phone 407-888-9220 x221  
Mobile Phone 407-494-8577  
Email KKEENE@1010TAXI.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>R. BRIAN WIER</u>	<u>720E BUTERFIELD RD</u>	<u>MGR, PRESIDENT</u>
	<u>#300</u>	<u>MGR, CFO</u>
	<u>LOMBARD, IL 60148</u>	

6. LEVEL OF SERVICE:  WHEELCHAIR     STRETCHER     BOTH

7. COMMUNICATIONS EQUIPMENT:  TELEPHONE     TWO-WAY RADIO     OTHER  
a. If other, please describe: MOBILE DATA NETWORK

**SECTION II: REQUISITES TO OBTAINING LICENSE**

**1. PAYMENT OF ALL APPLICABLE FEES:**

YES, DATE: 3/18/15  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: 3/19/15  NO

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

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

YES, DATE: 3/19/15  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: \* 5 ADA 44 NON ADA  
*CONTRACTOR*

2. ~~EMPLOYEE~~ ROSTER:

<u>NAME</u>	<u>FDL NUMBER</u>	<u>CURRENT CPR CARD (Y/N)</u>
<u>SEE LIST</u>		

## 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.

10/10 TAXI is part of TRANSDER, an international company in business since the 1850s. Our taxi operations in Orlando launched March 2014 and has grown from 7 taxicabs to 50 in the first year.

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

NAME	ADDRESS	PHONE
Ottmar Olsen	1671 Ashland Tr. Oviedo 32765	407-312-3366
Lenny CASTILLO	789 S. FEDERAL HWY #201 STUART FL 34994	407-973-1444
EGOR SHULMAN	1141 W. SILICON CIR ST. GEORGE UT 84770	435-986-4501
LISA SANDERS	789 S. FEDERAL HWY #201 STUART, FL 34994	772-266-4971
KEITH YOUNG	3376 FLORIDA AVE OVIEDO, FL 32765	321-229-1826

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

NAME	ADDRESS	PHONE
CCSI, INC HOLLY GUNWELL	1141 W. SILICON CIR ST. GEORGE, UT 84770	435-986-4500 X1009
NORTHSIGHT FINANCIAL OFFICE PARK, INC	2555 E CAMELBACK RD #500 PHOENIX AZ 85016 ATLC CUSTOMER SERVICE @ BANK OF AMERICA . COM	CONTACT PROPERTY MGR 602-912-1700
BANK OF AMERICA LEASING MIDWAY FORD TRUCK CENTER INC.	ACCT# 196280 7601 NE 33 ST. K. C., MO 64161	800-260-8670 DWAYNE POTTS 816-455-2553
UNION LEASING	FAX 847-330-6241	KELLY McLELLAN 847-330-6231



**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.

*[Handwritten Signature]*      GEN MGR  
SIGNATURE OF APPLICANT OR REPRESENTATIVE

3/13/15  
DATE

NOTARY SEAL



AMY LYNN KEENE  
MY COMMISSION # FF 114031  
EXPIRES: April 17, 2018  
Bonded Thru Budget Notary Services

*[Handwritten Signature: Amy L Keene]*  
NOTARY SIGNATURE

# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that 10/10 Taxi  
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: September 30, 2015      Date of Expiration: September 30, 2017

40-18 (7/14)

*[Signature]*  
Mayor, Board of County Commissioners

