



Interoffice Memorandum

**AGENDA ITEM**

**APPROVED**  
**BY ORANGE COUNTY BOARD**  
**OF COUNTY COMMISSIONERS**  
**NOV 03 2015** *NP/BS*

October 15, 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**

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

SUBJECT: Paratransit Services License  
Royal Care Transportation  
**Consent Agenda – November 3, 2015**

The EMS Office of the Medical Director requests the approval of the Paratransit Services License for Royal Care Transportation. Royal Care Transportation 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 Royal Care Transportation 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 Royal Care Transportation to provide wheelchair/stretchers service. The term of this license is from November 1, 2015 through November 1, 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: AUGUST 25, 2015

PROPOSED DATE OPERATIONS WILL BEGIN: OCTOBER 2015

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: Royal Care Transportation

2. BUSINESS ADDRESS (INCLUDE COUNTY):  
13825 Benavente Ave. Orlando, FL 32827

3. CONTACT INFORMATION: Business Phone (407) 313-6368  
Mobile Phone (856) 449-8317  
Email rafael.cebollero42@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>Rafael A. Cebollero</u>	<u>13825 Benavente Ave. Orlando FL 32827</u>	<u>OWNER/OPERATOR</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: AUGUST 25, 2015  NO

**2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:**

YES, DATE: \_\_\_\_\_  NO

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: AUGUST 25, 2015  NO

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

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

YES, DATE: 9/9/2015  NO

If insurance coverage has not been provided, the applicant 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:** 1

**2. EMPLOYEE ROSTER:**

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

<p>Employed as a real estate investor with RSDT, LLC from August, 2009 to the present. Launched Royal Care Services, LLC dba Royal Care Transportation in April 2015.</p>

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

NAME	ADDRESS	PHONE
Joseph Rodio	13451 Hatherston Circle Orlando, FL 32832	(407) 227-9871
Dennis Williams	5322 Harmony Pl Kissimmee, FL 34758	(678) 964-0994
Toni Rodio	13451 Hatherston Circle Orlando, FL 32832	(407) 227-9874
Darlene Speers	5389 Bison St. Micco, FL 32976	(772) 913-4019
John Esposito	5389 Bison St. Micco, FL 32976	(772) 913-4019

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

NAME	ADDRESS	PHONE
Wells Fargo Bank	10715 Narcoossee Rd Orlando, FL 32832	(407) 737-1097
Universal Nissan Orlando	12785 S. Orange Blossom Trail Orlando, FL 32837	(407) 926-7000
U.S. Bank Credit Card	800 Nicollet Mall Minneapolis, Minnesota 55402	(800) 872-2657
Open Sky/Capital Bank Credit Card	P.O. Box 182477 Columbus, OH 43272	(855) 763-6736
Wells Fargo Credit Card	10715 Narcoossee Rd Orlando, FL 32832	(800) 642-4720



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.

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SIGNATURE OF APPLICANT OR REPRESENTATIVE

24 AUG 15

DATE

NOTARY SEAL

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NOTARY SIGNATURE



Miguel A. Batista  
State of Florida  
MY COMMISSION # FF 98512  
Expires: March 4, 2018  
Bonded through CNA Surety

# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that ROYAL CARE TRANSPORTATION  
has complied with the Orange County Code 2001 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: November 1, 2015 Date of Expiration: November 1, 2017

40-18 (7/14)

*[Signature]*  
Mayor, Board of County Commissioners

