



Interoffice Memorandum

AGENDA ITEM

APPROVED BY ORANGE
COUNTY BOARD OF COUNTY
COMMISSIONERS

BCC Mtg. Date: Jun. 28, 2016

June 9, 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

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

SUBJECT: Paratransit Services License
Kinsman Transportation Inc.
Consent Agenda – June 28, 2016

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Kinsman Transportation Inc. Kinsman Transportation Inc. 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 Kinsman Transportation Inc. 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 Kinsman Transportation Inc. to provide wheelchair/stretchers service. The term of this license is from July 1, 2016 through July 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: 04-07-16

PROPOSED DATE OPERATIONS WILL BEGIN: asap

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Kinsman Transportation
Inc. _____

2. BUSINESS ADDRESS (INCLUDE COUNTY):

811 Maple Forest Ave Mineola Fl. 34715 (Lake County)

3. CONTACT INFORMATION:

Business Phone 407-296-5083

Mobile Phone 407-592-6750

Email kinsmantrans01@aol.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>Kenneth Watkins</u>	<u>P.O. Box 580555 Orlando Fl. 32858</u>	<u>Ex. Director</u>
<u>Tammie M. Brown</u> <u>Finance Mgr.</u>	<u>P.O. Box 580555 Orlando Fl. 32858</u>	<u>Operation</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: _____ 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: May 6, 2016 _____ 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: 1 _____

2. EMPLOYEE ROSTER: Kenneth Watkins

<u>NAME</u>	<u>FDL NUMBER</u>	<u>CURRENT CPR CARD (Y/N)</u>
Kenneth Watkins		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.

Kinsman Transportation, Inc. was established in 1995 in Central Florida and has over 20 years of door-to door
Conveyance experience, providing service to an array of private and governmental agencies (see Attached)

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

NAME	ADDRESS	PHONE
Samuel P. Bennett P.A.	725 W. Montrose St, Clermont, Fl. 34711	(352)221-0971
Emma Bibbs	6399 Conroy Windermere Rd, 2212 Orlando Fl. 32835	(407)508-2208
Peggy Wilson	3502 N Lake Mann Dr. Orlando Fl. 32805	(407)625-7787
Linnea King	3718a Silver Star Rd. Orlando Fl. 32808	(407)456-1535
Lemar Alejo, P.A	934 N Magnolia Ave. Suite 315, Orlando Fl. 32803	(321)206-9204

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

NAME	ADDRESS	PHONE
Mariana Zorrilla	9741 Orange Blossom Trail Suite 8 Orlando Fl. 32837	(321)206-8035
Empire Tires Inc.	4888 West Colonial Dr.	(407)250-5875
Sunstate Ford	3535 West Colonial	(407)435-9493
Havoline Xpress Lube	6020 N. Orange Blossom Trail Orlando Fl. 32809	(407)859-5284



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.



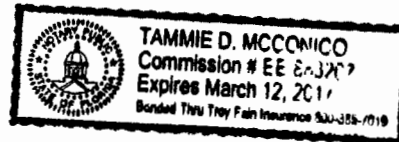
SIGNATURE OF APPLICANT OR REPRESENTATIVE

05/05/2016

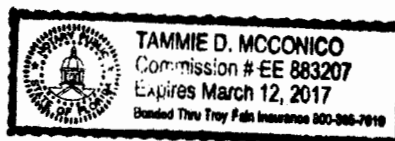
DATE

NOTARY SEAL





NOTARY SIGNATURE



License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that KINSMAN TRANSPORTATION INC.
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: July 1, 2016 Date of Expiration: July 1, 2018

40-18 (7/14)

Arif Lakshonda

Mayor, Board of County Commissioners

