



Interoffice Memorandum

APPROVED BY ORANGE
COUNTY BOARD OF COUNTY
COMMISSIONERS

AGENDA ITEM

BCC Mtg. Date: August 23, 2016

August 4, 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 "CH", positioned to the right of the "FROM:" field.

SUBJECT: Paratransit Services License
Joyful Services of Orlando, L.L.C
Consent Agenda – August 23, 2016

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Joyful Services of Orlando, L.L.C. Joyful Services of Orlando, L.L.C 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 Joyful Services of Orlando, L.L.C as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Joyful Services of Orlando, L.L.C to provide wheelchair/stretchers service. The term of this License is from September 1, 2016 through September 1, 2018. There is no cost to the County. **(EMS Office of the Medical Director)**

CH/cf

Attachments

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

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

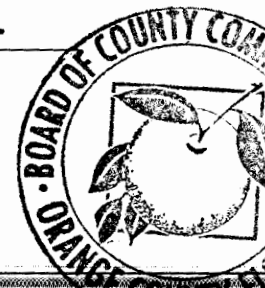
This is to certify that JOYFUL SERVICES OF ORLANDO, L.L.C
has complied with the Orange County Code 2001-9 and Rules and Regulations
established by the Board of County Commissioners and is authorized to operate a Paratransit Service
in Orange County.

Date of Issue: September 1, 2016 Date of Expiration: September 1, 2018

40-18 (7/14)

H. D. Datchandan

Mayor, Board of County Commissioners





RENEWAL PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: 6/24/16

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Joyful Services of Orlando, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

1413 Highlake Dr Orlando
FL 32818 ORANGE

3. CONTACT INFORMATION: Name I. Jay White

Business Phone 321 297-2096

Mobile Phone 321 287-3764

Email MissJoyfulmango@yahoo.com/

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: N/A

5. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH Ambulatory

6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: exp 2/2017 NO

SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 1

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Jordane White	

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.

Jordane White
SIGNATURE OF APPLICANT OR REPRESENTATIVE

7-1-16
DATE:

NOTARY SEAL
Aaron J. Pulver
NOTARY SIGNATURE

