



## Interoffice Memorandum

AGENDA ITEM

APPROVED BY ORANGE  
COUNTY BOARD OF COUNTY  
COMMISSIONERS

BCC Mtg. Date: September 20, 2016

August 29, 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**

SUBJECT: Paratransit Services License  
ANM Wheelchair Transportation, LLC  
**Consent Agenda – September 20, 2016**

A handwritten signature in black ink, appearing to be "CH", written over a horizontal line.

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for ANM Wheelchair Transportation, LLC. ANM Wheelchair 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 ANM Wheelchair Transportation, LLC as contained in Orange County Ordinance 2001-09.

**ACTION REQUESTED:** Approval and execution of the renewal Paratransit Services License for ANM Wheelchair Transportation, LLC to provide wheelchair/stretchers service. The term of this License is from October 1, 2016 through October 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



**RENEWAL PARATRANSIT SERVICES:**

**APPLICATION FOR LICENSE**

APPLICATION DATE: 8-30-16

**SECTION I: GENERAL INFORMATION**

1. NAME OF

SERVICE: ANM WHEELCHAIR TRANSPORTATION, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

703 MAROTTA LOOP OCOEE FL. 34761

3. CONTACT INFORMATION: Name

MARK A. SCALZO

Business Phone

407-468-5373

Mobile Phone

SAME

Email

ANMMOVES @ YAHOO.COM

4. OWNERSHIP TYPE:  PRIVATE CORPORATION  GOVERNMENT AGENCY  OTHER

a. If other, please describe:

5. LEVEL OF SERVICE:  WHEELCHAIR  STRETCHER  BOTH

6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 6-16  NO

**SECTION II: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION:

1

2. EMPLOYEE ROSTER:

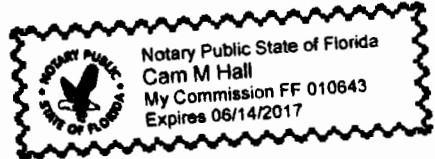
<u>NAME</u>	<u>CURRENT CPR</u>
<u>MARK A. SCALZO</u>	<u>Y</u>

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.

Mark Scalzo  
SIGNATURE OF APPLICANT OR REPRESENTATIVE

8-30-16  
DATE:

NOTARY SEAL Cam M Hall  
NOTARY SIGNATURE



# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that ANM WHEELCHAIR 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: October 1, 2016

Date of Expiration: October 1, 2018

40-18 (7/14)

  
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Mayor, Board of County Commissioners

