

VILLAGE OF LAZY LAKE
REGULAR MEETING AGENDA
SUNSERVE BUILDING CONFERENCE ROOM
2312 WILTON DRIVE, WILTON MANORS, FLORIDA
THURSDAY, FEBRUARY 1, 2024
6:30 P.M.

TO PARTICIPATE VIA TELEPHONE

Dial-in: **1-443-489-6180**

Pin: **730 449 611#**

Persons who wish to speak will recognized
by the Mayor during open public comments
portion(s) of the meeting.

Village Council

Mayor Carlton Kirby

Council Member Ray Nyhuis

Council Member Jeff Grenell

Council Member Mark DiPaolo

Council Member Warren Nadeau

Council Member William Daugherty

1. Roll Call

2. Swearing in of Council & Oath Signing

3. Approval of Minutes

December 7, 2023 Village Council Meeting Minutes

4. Consent Agenda

1. Ratification of payments made for the following invoices:
 - Invoices paid electronically from December 7, 2023 – present day

5. New Business

1. COPCN – Notice of Violation

6. Discussion Items

1. Broward County Building Department Billing
2. Village Accountant

7. Village Attorney comments

8. Mayor and Council comments

9. Adjournment

NOTE: This Council Meeting will be held in the Conference Room of the SunServe Building located at the above address.

**AGENDA AND SUPPORTING DOCUMENTATION POSTED AT:
www.lazylakefl.us**

Pursuant to Florida Statute § 286.0105, if a person decides to appeal any decision made by this board, agency, committee, or council with respect to any matter considered at such meeting or hearing, said person will need a record of the proceedings. For such purpose a verbatim record of the proceeding will have to be made, which record includes the testimony and evidence upon which the appeal is to be based.

Persons with disabilities requiring accommodations in order to participate should contact the Village Administrator at 954-756-3155 at least five (5) business days prior to the meeting to request such accommodations. If hearing or speech impaired, please contact the Florida Relay Service by using the following numbers: 1-800-955-8700 (voice) or 1-800-955-8771 (TDD).

Village of Lazy Lake Minutes
December 7, 2023

**VILLAGE OF LAZY LAKE
MEETING MINUTES**

2312 Wilton Drive, Wilton Manor, Fl. 33305
Thursday, December 7, 2023
6:30pm

Village Council

Mayor Richard Willard
Council Member Ray Nyhuis
Council Member Carlton Kirby
Council Member Patrick Kaufman
Council Member Jeff Grenell
Council Member Robert Strusinski

Absent

Council Member Jeff Grenell

In Attendance

Tedra Allen – Administrative Assistant

In Attendance by phone

Pamala Ryan Esq. – Village Attorney

1. Roll Call

The meeting was called to order by Mayor Richard Willard at 6:31p.m. It was determined a quorum was present.

2. Public Comments

None

3. Approval of Minutes

December 7, 2023 Council Meeting Minutes

Motion made by Council Member Kirby to approve the December 7, 2023 Village Council meeting minutes, seconded by Council Member Kaufman. In a voice vote, the motion passed unanimously 4-0.

4. Consent Agenda

3.1 Ratification of payments made electronically from September 28, 2023, to present day.

Motion made by Council Member Kaufman to approve the ratification of payments made electronically from September 28, 2023 to present day, seconded by Council Member Kirby. In a voice vote, the motion passed unanimously 4-0.

5. New Business

a. **Ordinance 2023-01**

AN ORDINANCE OF THE VILLAGE COUNCIL OF THE VILLAGE OF LAZY LAKE, FLORIDA, GRANTING TO FLORIDA POWER & LIGHT COMPANY, ITS SUCCESSORS AND ASSIGNS AN ELECTRIC FRANCHISE,

IMPOSING PROVISIONS AND CONDITIONS RELATING THERETO; PROVIDING FOR MONTHLY PAYMENTS TO THE VILLAGE OF LAZY LAKE; PROVIDING A REPEALER; AND PROVIDING FOR AN EFFECTIVE.

Motion made by Council Member Strusinski to approve Ordinance 24-01, seconded by Council Member Kirby. In a voice vote, the motion passed unanimously 4-0.

6. Discussion Items

a. Discussion of Solid Waste Agreement

The current agreement expires December 31st. There was discussion regarding a piggy-back agreement with Wilton Manors. The council was advised that Wilton Manors has not responded. The council considered entering into an agreement with either Waste Management or Coastal Waste Services.

There was a motion made by Council Member Kirby, authorizing the Mayor to enter into an agreement with either Waste Management or Coastal Waste Services, (best offer) prior to December 31, 2023, seconded by Council Member Kaufman. In a voice vote, the motion passed unanimously 4-0.

Agreement will be ratified by resolution.

b. Discussion of Upcoming election, new Form 6 requirements, and the resignation of Mayor Willard.

Mayor Richard Willard's resignation was accepted. Councilmembers Robert Strusinki and Patrick Kaufman announced they will be resigning as Council Members of the Village of Lazy Lake Village Council prior to December 31, 2023.

c. Discussion of Municipal Candidate Financial Reporting Software Agreement

It was determined that the software was not needed.

d. Update on the Implementation of the vacation rental ordinance

The Council was informed that the Property Owners have been contacted. The Mayor informed that some residents are willing to comply. The Mayor informed that he had entered into an agreement with a private building inspector Ryan Lusk for vacation rentals.

e. Hiring a new Financial Consultant

The Mayor has asked the Village Attorney to facilitate the hiring of a new Financial Consultant. The current Financial Consultant failed to file the Village's Annual Finance Reports to the State.

Council Member Kirby made a motion to authorize the Mayor to enter into an agreement with a Finance Consultant, seconded by Council Member Kaufman. In a voice vote, the motion passed unanimously 4-0.

7. Village Attorney Comments

8. Mayor and Council comments

9. Adjournment - 7:29 pm

Village of Lazy Lake Minutes
December 7, 2023

Tedra Allen, MMC Date

Mayor Carlton Kirby Date

Village of Lazy Lake Minutes
December 7, 2023

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Absent

Council Member Jeff Grenell

In Attendance

Tedra Allen – Administrative Assistant

In Attendance by phone

Pamala Ryan Esq. – Village Attorney

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Village of Lazy Lake Minutes
December 7, 2023

Tedra Allen, MMC Date

Mayor Carlton Kirby Date

Village of Lazy Lake Minutes
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9. Adjournment - 7:29 pm

Village of Lazy Lake Minutes
December 7, 2023

Tedra Allen, MMC Date

Mayor Carlton Kirby Date

Date Range

Specific date range Up To 24 months

From **To**

12

Numeric date starting with the month

Filter By

All

Showing 1 - 15 of 15 payments

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Description	Category	Amount	Deliver By	Status
Tedra Allen <small>Administrative Assistant</small>	Miscellaneous	\$149.40 <small>*4602</small>	FEB 2	Processing <small>Cfm # VTVD9-CP5P9</small>
Waste Management <small>*2004</small>	Garbage & Recycle	\$443.95 <small>*4602</small>	FEB 2	Canceled <small>Cfm # VR8CQ-MRW6D</small>
Tedra Allen <small>Administrative Assistant</small>	Miscellaneous	\$850.00 <small>*4602</small>	FEB 1	Processing <small>Cfm # VR56V-36L4K</small>
Wilton Executive Suites, LLC <small>SunServe Building *hter</small>		\$319.50 <small>*4602</small>	FEB 1	Processing <small>Cfm # VR56V-37271</small>
Sun Sentinel <small>*5892</small>	Newspaper/Books	\$164.38 <small>*4602</small>	JAN 17	Processed <small>Cfm # VRXMW-43BYH</small>
Ray Nyhuis	Miscellaneous	\$49.98 <small>*4602</small>	JAN 12	Processed <small>Cfm # VRQ59-C341S</small>
FIC of Ft Lauderdale <small>*1816</small>		\$1,393.35 <small>*4602</small>	JAN 10	Processed <small>Cfm # VRB8R-JHD61</small>
Solitude Lake Management <small>*Lake</small>		\$197.95 <small>*4602</small>	JAN 9	Processed <small>Cfm # VR764-Z8X5V</small>
Tedra Allen <small>Administrative Assistant</small>	Miscellaneous	\$149.40 <small>*4602</small>	JAN 8	Processed <small>Cfm # VR0V9-HFN2N</small>
Waste Management <small>*2004</small>	Garbage & Recycle	\$443.95 <small>*4602</small>	JAN 2	Processed <small>Cfm # VN3Y9-NTYYR</small>
Ray Nyhuis	Miscellaneous	\$302.00 <small>*4602</small>	12/29/23	Processed <small>Cfm # VQ02D-D9PKK</small>
Tedra Allen <small>Administrative Assistant</small>	Miscellaneous	\$850.00 <small>*4602</small>	12/29/23	Processed <small>Cfm # VN0XB-WN5X3</small>
Wilton Executive Suites, LLC		\$319.50	12/29/23	Processed
		Total \$10,111.48	<i>Pending, Processing, and Processed payments only, including any fees</i>	

	Description	Category	Amount	Deliver By	Status
	SunServe Building *hter		*4602		Cfm # VN0XB-WNT8P
	Ottinot Law P.A		\$4,724.12 *4602	12/27/23	Processed Cfm # VPT7X-7B8ZG
	Solitude Lake Management *Lake		\$197.95 *4602	12/11/23	Processed Cfm # VN8N9-DJ6VW
Total			\$10,111.48	<i>Pending, Processing, and Processed payments only, including any fees</i>	

Showing 1 - 15 of 15 payments

Prev 1 Next

NOV00000912



CONSUMER PROTECTION: ENFORCEMENT

NOTICE OF VIOLATION

DATE ISSUED: 1/12/2024 TIME ISSUED: 10:00 AM/PM

LOCATION OF VIOLATION: Village of Lazy Lakes

SECTION(S): 3172-2

VIOLATION DESCRIPTION:
Fail to renew certificate (COPCN)

CORRECTIVE ACTION REQUIRED:
Renew Certificate.

VIOLATOR INFORMATION

ALLEGED VIOLATOR: Village of Lazy Lake
BUSINESS NAME: Village of Lazy Lake
ADDRESS: 210 Pamela H. Ryan, Atty.
5944 Coral Ridge Dr., Pin B 361
CITY: Coral Springs STATE: FL ZIP: 33076
PHONE: 754-254-8854 DRIVER LICENSE #:
REGISTRATION/LICENSE #: MT112389, Expired 10/31/20

NOTICE

THIS WARNING NOTICE IS TO ADVISE YOU OF A VIOLATION OF THE BROWARD COUNTY CODE OF ORDINANCES. IF THE VIOLATION IS NOT CORRECTED BY THE CORRECTIVE ACTION DEADLINE, THE CONSUMER PROTECTION SECTION WILL INSTITUTE FURTHER ACTION, INCLUDING, BUT NOT LIMITED TO CITATIONS AND ADMINISTRATIVE HEARINGS.

CORRECT THE VIOLATION ON OR BEFORE THE 26th DAY OF Jan. 2024.

IF YOU WISH TO DISCUSS THIS NOTICE, PLEASE CALL 765-1718 AND LEAVE YOUR NAME, CASE NUMBER AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED BETWEEN THE HOURS OF 8:00A.M. AND 4:00P.M., MONDAY THROUGH FRIDAY.

RECIPIENT NAME: Left at Pakmail DATE: 1/12/24

INSPECTOR NAME: R. Jones ID NUMBER: 1762



Michelle Valverde
Program Project Coordinator

Consumer Protection Division

Resilient Environment Department


1 North University Drive, Mailbox 302, Plantation, FL 33324

954-765-1703 • FAX 954-765-5309

mvalverde@broward.org

Broward.org/Consumer

 @ConsumerBroward

 @BrowardCountyConsumerProtection

 @BrowardChildCardCenter



**ADVANCED/BASIC LIFE SUPPORT SERVICE
CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY (COPCN) APPLICATION INSTRUCTIONS**

Resilient Environment Department
CONSUMER PROTECTION DIVISION

1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-1700 • broward.org/consumer

The items listed below are required for a complete application. Please use this list of instructions to ensure the application is complete before submitting. A complete application will greatly reduce the processing time. If renewing your application, it must be received in this office prior to the date provided to you to renew your current COPCN.

Type of Application: Mark all the appropriate lines. A separate application is required for each class of service.

Number One: The name of the service that is placed on line 1 must match the name listed on your State of Florida Advanced/Basic Life Support Service License and Articles of Incorporation (if applicable). All the rest of the lines need to be filled out appropriately. Please include your e-mail address if you have one.

Number Two: The contact person/manager's name should be the person who would receive all correspondence from this office. Governmental agencies, on a separate sheet, provide the Fire Chief and City Manager's name, telephone number, and email address.

Number Three: Fill in as requested.

Number Four: Fill in the date of incorporation or formation of the local government, firm, corporation, association, or other entity.

Number Five: Fill in as requested.

Number Six: Fill in as requested.

Number Seven: List the addresses of your base station (headquarters) and all substations, include the substation identifier (e.g., station 2). Use additional sheet if necessary.

Number Eight: List the type of communication between your vehicle and the hospital. Med 5, 8, and 10 are required pursuant to the EMS communications plan established in Chapter 401 Part 1, Florida Statutes and Broward County. Chapter 401, Florida Statutes, Part 1, is administered by the State Technology Office which requires the following related to communications:

- Obtain copies of the Emergency Medical Services Communications Plan--Volume 1 for administration and Volume II for each vehicle and dispatch center.
- Obtain a Federal Communication Commission (FCC) license authorizing your radio communication system operation.

Number Nine: Fill in as requested.

Number Ten: Fill in as requested.

Number Eleven: The medical director must be a Florida licensed physician. A copy of his/her current license from the department must be included. ALS providers must also include a copy of the U.S. Department of Justice, Drug Enforcement Administration Certificate issued to the physician or hospital pharmacy (if hospital based) listing the address at which the applicant stores controlled substances.

Attachment 1: Attach as requested. Governmental entities which provide Class 1 ALS rescue service by contract please attach a copy of the contracted entities State license. Additionally, a copy of the contract needs to be included.

Attachment 2: If the applicant is a governmental entity, the amount of money that the applicant has budgeted for the classification of services for which the application is submitted. Financial information of a nongovernmental applicant to ensure its financial ability to provide and continue to provide service to the area in a safe, comfortable, and reliable manner. Financial information includes, but is not limited to:

- The applicant's two (2) most recent years of Medicare audits, if any.
- Three (3) years of the most recent audited financial statements of the entity and its parent company or holding company, if any. For purposes of this subsection, a parent company or holding company means any person or entity holding, owning, or in control of more than ten percent (10%) of the stock or ownership interest in the applicant's entity.
- If the applicant is a corporation, the type and number of shares outstanding and the names and addresses of all shareholders; and
- The financial responsibility of the applicant to maintain insurance for the payment of personal injury, death, and property damage claims.

Attachment 3: Insurance verification:

- Every nongovernmental EMS provider must carry bodily injury and property damage insurance with an insurance carrier or company qualified as an insurance company authorized to transact insurance in the State of Florida to secure payment for any loss or damage resulting from any occurrence arising out of or caused by the operation or use of any of the provider's EMS transport vehicles. Each EMS transport vehicle, including owned, hired, and non-owned vehicles, must be insured for a minimum of One Million Dollars (\$1,000,000) for each occurrence, combined single limit bodily injury, death, or property damage liability. Each EMS provider that employs medical personnel must maintain malpractice insurance in an amount not less than One Million Dollars (\$1,000,000) for each occurrence. If an EMS provider does not employ medical personnel, the provider must provide the County with satisfactory evidence of malpractice insurance in the amount of One Million Dollars (\$1,000,000) from the entity providing the medical personnel.
- Every insurance policy or contract for insurance must provide for the payment and satisfaction of any financial judgment entered against the provider or against any person driving a vehicle of the provider. Certificates of insurance or certified copies of such policies must be filed with the Division. All such insurance policies, certificates of insurance, and certified copies of such insurance policies shall provide for a thirty (30) day notice of cancellation to the County. All such certificates of insurance must show the County as a certificate of insurance holder and that the County is listed and endorsed as an additional insured on all policies required under this section. Thirty (30) days prior to the policy's expiration date, the EMS provider must provide the County with a renewal certificate of insurance.
- Every governmental provider must either furnish evidence of bodily injury, property damage, and malpractice insurance in an amount equal to that for which it would be liable pursuant to the provisions of Section 768.28, Florida Statutes, as amended from time to time, or such governmental provider may furnish a certificate of self-insurance evidencing that it has established an adequate self-insurance plan to cover such risks and that the Florida Department of Insurance has approved the plan. A certificate of self-insurance issued by the Florida Department of Highway Safety and Motor Vehicles is not acceptable evidence of insurance.

Attachment 4: The ALS/BLS Vehicles, BC Form A-1, needs to be completed. If you have a computer-generated list of vehicles, you may write "see attached" on Form A-1 and attach your list. Also provide a copy of your current permit application, DH Form 1510, on file with the State. You will also need to provide a license plate number for each vehicle listed.

If you are permitting aircraft under an ALS license application, please attach the following information: Complete ALS Air Rescue Vehicles, BC Form A-2.

Include:

- Medical malpractice/professional liability insurance for each air medical crew member and medical director.
- Aircraft liability insurance coverage.
- A copy of the air worthiness certificate for each aircraft permit you are applying for.

Attachment 5: The ALS/BLS Personnel, BC Form B-1, needs to be completed. If you have a computer-generated list of personnel, you may write "see attached" on Form B-1 and attach your list. Please remember all the same information required on Broward County forms shall be included in computer-generated lists.

Attachment 6: FCC license/communications contract.

- EMS providers must provide continuous telephone access to the public, including telephone communications between the location at which they operate or receive calls and the local communications center.
- EMS providers must provide and maintain the capability for two-way radio communication between the location at which they operate or receive calls and each of their transport vehicles.
- EMS providers must provide and maintain the capability for UHF two-way radio communication between each of their ALS rescue vehicles and Broward County hospitals in accordance with Florida and County Emergency Medical Service Communication Plans, as well as any additional communication devices as may be reasonably required by the County Administrator or Section 401.015, Florida Statutes.
- EMS providers must maintain the capability to communicate medical information as needed with local and regional hospitals as required by Section 401.015, Florida Statutes.

Attachment 7: A copy of a fully executed contract between a Florida licensed physician and the applicant or a letter of agreement signed by the physician and the applicant must be included.

- The EMS providers' medical directors must develop and **issue standing orders that are provided to all of the EMS providers' paramedics and all emergency departments to which the entities routinely transport patients** and must be maintained in each of the EMS providers' ALS ground rescue vehicles.

Attachment 8: Attach as requested.

Attachment 9: Trauma Transport Protocols signed by the current medical director. If they are uniform with the entire County a signed statement from your medical director to that effect is acceptable.

Attachment 10: Attach as requested.

Attachment 11: A governmental EMS provider may contract with one (1) or more EMS providers for ALS rescue service. An EMS provider rendering this level of medical service for a governmental entity, pursuant to an agreement with the governmental entity, must operate under the Class 1 - ALS rescue certificate held by the governmental entity. Provide a copy of the most recent executed agreement and any addendums/extensions to the agreement.

Fees are established by §37.66 and 37.67, Broward County Administrative Code. Fees can be paid by mail with check only, or in-person with check or credit card.

ALL FEES ARE NONREFUNDABLE.

Annual Fees as of October 1, 2023

COPCN Application Processing Fee.....**\$682.00**

COPCN/License Fee.....**\$340.00**

Vehicle Permit Fee.....**\$69.00**

NOTE: COPCN/License and Vehicle permit fees will be processed separately. Certificate fee includes the first five (5) vehicles or less, including aircraft (renewals only). Vehicle permit fees apply for each vehicle more than five (5) vehicles.

Application must be signed by the Fire Chief, Sheriff, or City Manager and must be notarized.

If you are not currently licensed in the State of Florida, A license must be issued before you may operate in this County.

EMS providers must comply with all applicable laws, rules, and regulations set forth in Florida law, the Florida Administrative Code, the Broward County Code of Ordinances, and the Broward County Administrative Code.

An EMS provider's EMS transport vehicles, excluding an EMS provider with a Class 1 - ALS rescue certificate or Class 4 - ALS air rescue certificate, will be inspected, at a minimum, once yearly or as may be deemed necessary by the Division to ensure compliance with all applicable laws, rules, and regulations set forth in Florida law, the Florida Administrative Code, the Broward County Code of Ordinances, and the Broward County Administrative Code.

ALL Certificate Holders must comply with all applicable laws, rules, and regulations set forth in Florida law, the Florida Administrative Code, the Broward County Code of Ordinances, and the Broward County Administrative Code.



Certificate of Public Convenience and Necessity Application

Type of application (Check all that apply):

- New Renewal
- Class 1 – ALS Rescue Class 2 – ALS Transfer
- Class 3 – BLS Transport Class 4 – ALS Air Rescue Class 5 – ALS Specialty Transport

1. Applicant: _____

D/B/A: _____ State License#: _____

Mailing Address: _____

City: _____ State: FL Zip Code: _____

Email address: _____ Telephone: _____

2. Manager's Name / Contact Person: _____

Title: _____ Telephone: _____ Cell: _____

Email Address: _____

3. The name, address, telephone number, e-mail address, and title of the appropriate government official or, as applicable, the general manager, owner(s), officer(s), and director(s) of the firm, corporation, association, or other entity seeking a certificate (attach list if more than three individuals):

4. Date of incorporation/formation of business association ((include copies of articles of incorporation, fictitious name registration): _____

5. Geographic area or emergency call zone requesting to service (be specific): EMERGENCY CALL ZONE 1

a. Approximate population of the area: _____

6. The length of time the applicant has been providing EMS service in Broward County, if the applicant is seeking a renewal certificate: _____

7. List the addresses of your base station (headquarters) and all substations, include the substation identifier (e.g., station 2, attach list if more than three substations).

Base Station: _____

Substation: _____

Substation: _____

Substation: _____

8. A description of the applicant's telephone and radio communications system including, but not limited to its assigned frequency, call numbers, and hospital communications capabilities: _____

9. The number of units that are:

- a. In-service, fully equipped, staffed, and operational twenty-four (24) hours a day _____
- b. fully equipped, but reserved for emergency response _____
- c. The maximum number of units that would be placed in the area requested to respond to emergency calls and routine transfers _____
 - i. Applicants for Class 1 - ALS rescue must identify the minimum number of vehicles used for the provision of ALS rescue (transport and nontransport) on a twenty-four (24) hour per day, seven (7) day per week basis _____

10. Proposed response time including a description of the source for such information: _____

11. Medical Director: _____

Mailing Address: _____

City: _____ State: FL Zip Code: _____

Phone Number: _____ Email address: _____

Florida License Number: _____ Exp. Date: _____

D.E.A. Certificate Number: _____ Exp. Date: _____

(Attach separate sheet if more than one Medical Director/Associate Medical Director. Also attach copy of Florida medical license and D.E.A. certificate for each)

12. Attach the following:

Attachment #1 - Copy of current State of Florida EMS license.

Attachment #2 - Financial Information.

Attachment #3 - Certificates of insurance or certificates of self-insurance in compliance with this chapter.

Attachment #4 - ALS/BLS Vehicles (Form A-1) and/or ALS Air Rescue Vehicles (Form A-2).

Attachment #5 - ALS/BLS Personnel (Form B-1).

Attachment #6 - FCC license/communications contract.

Attachment #7 - Written evidence that the applicant has employed or contracted with a medical director.

Attachment #8 - A statement from an applicant seeking to perform ALS Service and signed by its medical director attesting that all the applicant's EMTs and paramedics are certified, qualified, and authorized to perform basic and advanced life support.

Attachment #9 - Trauma Transport Protocols signed by current medical director. If they are uniform for the entire County a signed statement from your medical director to that affect is acceptable.

Attachment #10 - Applicants for Class 2 - ALS transfer must identify staffing patterns and operational hours for each permitted vehicle.

Attachment #11 - Provide a copy of the most recent executed agreement and any addendums/extensions to the agreement with an EMS Service provider rendering this level of service.

Important Notes:

- 1. Application packet and application fee will be accepted by mail sent to Broward County Consumer Protection Division, 1 North University Drive, Mailbox 302, Plantation, FL 33324. Payment can be made by mail with check only, or in-person by check or credit card.
- 2. **NOTE:** COPCN/License and Vehicle permit fees will be processed separately.
- 3. Non-governmental: provide a copy of County and Municipal Business Tax Receipts or NEW applicant provide a letter identifying proposed business office location in Broward County.

I, the undersigned, a representative of the above service do hereby attest that this application meets all requirements for operation of an Emergency Medical Service (EMS) Provider in the State as provided in Chapters 395 and 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and Chapter 3½ Article 1, Broward County Code of Ordinances. I further acknowledge any violations or discrepancies discovered will subject this service and its authorized representatives to actions and penalties provided by law.

All statements on this application and attachments are true and correct.

Signature of Owner/Manager

Title

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____,

by _____ (name of person making statement).

SEAL

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known: OR Produced Identified: Type of Identification Produced: _____

FALSE OFFICIAL STATEMENTS: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. § 837.06, Florida Statutes.



Resilient Environment Department
CONSUMER PROTECTION DIVISION

APPLICATIONS FOR VEHICLE PERMIT(S)

EMS Provider: _____
 Business Address: _____
 Telephone Number: _____ City: _____ State: _____ Zip Code: _____

	Permit Type (Check All That Apply)				Vehicle Data							
	New	Current	Remove	State Permit#	ALS Non-Transport	ALS Transport	BLS Transport	Year	Make	Model	License Plate	Last 6#s of V.I.N.
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

Enclose Permit Fee(s). Do not send cash. Checks should be made payable to Broward County and mailed to Broward County Consumer Protection Division, 1 North University Drive, Mailbox 302, Plantation, FL 33324. **All fees are nonrefundable.** Fees can be paid by mail by check only, or in person by check or credit card.

I, the undersigned representative of the above named firm, do hereby affirm that all equipment and medical supplies required by Chapter 3½, B.C.C., Chapter 401, F.S., and Rule 64J-1, F.A.C., are present and in working order on the above describe vehicles. I also affirm that the equipment and medical supplies in the required quantities will be continuously maintained and the specified level. I further affirm that the above described vehicles will be staffed, during operation, in accordance with Chapter 3½, B.C.C., Chapter 395 and 401, F.S., and Chapter 64J-1 F.A.C.

SIGNATURE _____ TITLE _____ DATE _____

FALSE OFFICIAL STATEMENTS: § 837.06, F.S.: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.



Broward County
Resilient Environment Department
Consumer Protection Division

ALS AIR RESCUE VEHICLES

Name of Service: _____ Date: _____

FAA #	Manufacturer Name	MFR Year/Model	Serial #	State ALS Permit #

Name of Service: _____ Date: _____

Last Name	First Name/M.I.	Paramedic (Y/N)	EMT (Y/N)	Driver (Y/N)	Certificate(s) Number