



Application for Ambulance Franchise Davidson County, North Carolina

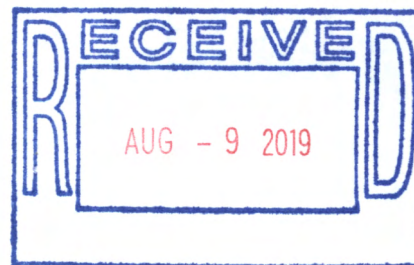


INSTRUCTIONS FOR APPLICATION COMPLETION

- 1) Use only black or blue ink
- 2) Complete all portions and fields of the application. If the applicant believes that a particular field does not apply to their business, indicate such by writing "Not Applicable" or "N/A" in said field.
- 3) All submitted information and attachments must be current as of the time of application.
- 4) For item #14, attach additional sheets if necessary.
- 5) For item #38, attach additional sheets if necessary.
- 6) For items 20 – 37 and 39 - 46, place a check mark in the check box to indicate the attachment has been included in the application. To the right of the "label assigned" area, write the name you have assigned to the corresponding attachment.
- 7) All attachments must be in typewritten format, labeled and stapled individually.
- 8) Upon completion of the application:
 - a) Ensure you have completed the signature portion of the application.
 - b) Place the original application and three (3) complete copies in an adequately sized mailing package (DO NOT FOLD).
 - c) Mail the application packet to:

Chief Larry James
Davidson County Emergency Services
935 N. Main St.
Lexington, NC 27292

- 9) Upon receipt of the application packet, the individual listed in item #16 as the "Application Contact" will receive a confirmation email at the email address the applicant provided verifying the application packet has been received. Please DO NOT contact Davidson County in reference to the application review status.





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Note: Complete all sections of the application form. Incomplete applications and / or applications missing required attachments will not be considered and will be returned.

Section 1: Company Information

1	Business Entity Type	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S Corp. <input type="checkbox"/> Publicly Traded Co. <input type="checkbox"/> Privately Held Corp. <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Government Entity <input type="checkbox"/> Other: _____				
2	Corporate / Entity Name: LifeStar Emergency Services, LLC	3	Federal Tax ID: 26-3867079			
4	Corporate / Entity Physical Address: 3475 Myer Lee Drive Winston-Salem, NC 27101	5	Corporate / Entity Telephone: (336) 722-5433			
6	Mailing Address: 3475 Myer Lee Drive Winston-Salem, NC 27101	7	Business Telephone: 336 1722-5433			
8	Physical Location of Business Records: 3475 Myer Lee Drive Winston-Salem, NC 27101	9	Fax: 336 1722-0685			
10	DBA Name in NC:	11	Telephone @ Location of Records: (336) 722-5433			
12	E-Mail Address: MHoots@LifeStar911.com	13	Website Address: www.LifeStar911.com			
List All Owners, Partners, Officers, Executives and Managers, etc.						
14	Full Name: Michael Lee Hoots		Physical Residence Address: 1621 Conrad-Sawmill Road Lewisville, NC 27023			
	Title: Director	NCOEMS Credential Level: NC EMT	NCOEMS Credential "P" number: P031533			
	E-Mail Address: MHoots@LifeStar911.com		Percentage Owned or Controlled: 75%			
	Home Telephone: (336) 945-0400	Work Telephone: (336) 722-5433	Cell Telephone: (336) 416-9445			
14	Full Name: Jeanette L Hoots		Physical Residence Address: 1621 Conrad-Sawmill Road Lewisville, NC 27023			
	Title: Co-owner	NCOEMS Credential Level: N/A	NCOEMS Credential "P" number: N/A			
	E-Mail Address: N/A		Percentage Owned or Controlled: 25%			
	Home Telephone: (336) 945-0400	Work Telephone: (336) 414-3664	Cell Telephone: (336) 414-3664			



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14	Full Name:		Physical Residence Address:		
	Title:	NCOEMS Credential Level:	NCOEMS Credential "P" number:		
	E-Mail Address:			Percentage Owned or Controlled:	
	Home Telephone: ()	Work Telephone: ()	Cell Telephone: ()		
14	Full Name:		Physical Residence Address:		
	Title:	NCOEMS Credential Level:	NCOEMS Credential "P" number:		
	E-Mail Address:			Percentage Owned or Controlled:	
	Home Telephone: ()	Work Telephone: ()	Cell Telephone: ()		
14	Full Name:		Physical Residence Address:		
	Title:	NCOEMS Credential Level:	NCOEMS Credential "P" number:		
	E-Mail Address:			Percentage Owned or Controlled:	
	Home Telephone: ()	Work Telephone: ()	Cell Telephone: ()		
14	Full Name:		Physical Residence Address:		
	Title:	NCOEMS Credential Level:	NCOEMS Credential "P" number:		
	E-Mail Address:			Percentage Owned or Controlled:	
	Home Telephone: ()	Work Telephone: ()	Cell Telephone: ()		
15	Date Entity Started Business:				
16	Name and Title of Application Contact Person:		17	Contact E-Mail Address:	
18	Contact Business Telephone:		19	Contact Cell Telephone:	



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Required Attachments		
20	<input checked="" type="checkbox"/>	Copies of all State of NC Registration documents (i.e., Articles of Incorporation, Partnership filings, Certificate of Assumed Name, etc.) Label Assigned: 20
21	<input checked="" type="checkbox"/>	Copy of all organizational documents (i.e., By-Laws, Partnership Agreement, etc.) Label Assigned: 21
22	<input checked="" type="checkbox"/>	Copy of proposed GOG's for use in Davidson County Label Assigned: 22
23	<input checked="" type="checkbox"/>	Copy of current FCC Radio License(s) or Frequency Sharing Agreement Label Assigned: 23
24	<input checked="" type="checkbox"/>	Copy of current insurance policies (or proof of insurance eligibility) meeting the criteria of Davidson County as outlined in Section 96.17 of the Davidson County Franchise Ordinance Label Assigned: 24
25	<input checked="" type="checkbox"/>	Statement of Agreement to comply with Davidson County Treatment Protocols while performing ambulance operations originating in Davidson County Label Assigned: 25
26	<input checked="" type="checkbox"/>	Statement of Agreement to comply with submission of QA / QI data to Davidson County EMS periodically or upon request Label Assigned: 26
27	<input checked="" type="checkbox"/>	Statement of Agreement to comply with PreMIS electronic submission requirements and submission method to be utilized Label Assigned: 27
28	<input checked="" type="checkbox"/>	Copy of blank proposed PCR (Patient Care Report) Label Assigned: 28
29	<input checked="" type="checkbox"/>	Copy of a valid (or eligibility for) Provider License issued by the NC Department of Health and Human Services Label Assigned: 29
30	<input checked="" type="checkbox"/>	Copy of a resume or CV of all principal owners, executives and senior managers of the entity making application Label Assigned: 30
31	<input checked="" type="checkbox"/>	Copy of resume of applicant (entity) outlining training and experience in the transportation and care of patients Label Assigned: 31
32	<input checked="" type="checkbox"/>	Statement of consent authorizing the Director of Davidson County Emergency Services, or his designee, to inspect the applicant's stations, vehicles, equipment, training records, attendant's state credentials and any other credentials and records deemed necessary at any time, without notice, during the term of the franchise (DC Ordinance Sec.96.31) Label Assigned: 32

Section 2: Proposed Operations

33	<input checked="" type="checkbox"/>	A complete description of the type and level of service to be provided including method of implementation and operation of service, to include; 1) Location(s) of bases, substations and offices of operation; 2) Communications and dispatch location and method of delivery; 3) Hours of operation and number of ambulances staffed during each hour; 4) Method of supervision; 5) Staffing / scheduling plan to maintain coverage during operational periods; 6) Description of logistical / supply operations Label Assigned: 33
34	<input checked="" type="checkbox"/>	A complete description of how employees will receive required Continuing Education along with institution providing education and method for tracking and maintaining employee CE records Label Assigned: 34



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Required Attachments		
39	<input checked="" type="checkbox"/>	A copy of "Daily Vehicle Check-off Sheet" to be used by entity Label Assigned: 39
40	<input checked="" type="checkbox"/>	A copy of Preventative Maintenance Plan to be utilized by entity Label Assigned: 40
41	<input checked="" type="checkbox"/>	A copy of plan to maintain ambulance operational coverage when vehicles are out of service for repairs / maintenance Label Assigned: 41

Section 5: Financial

Required Attachments		
42	<input checked="" type="checkbox"/>	A detailed description of how the entity proposes to perform the billing process and if the entity is approved for Medicare / Medicaid filing Label Assigned: 42
43	<input checked="" type="checkbox"/>	A certified audited financial statement of the entity as same pertains to operation in Davidson County Label Assigned: 43
44	<input checked="" type="checkbox"/>	Based on all operations proposed in this application, a complete detailed monthly budget for the first three (3) months of operation in Davidson County Label Assigned: 44
45	<input checked="" type="checkbox"/>	Based on item #44, a statement from a banking / lending institution verifying that the applicant / entity has a minimum of three (3) months operating capital secured Label Assigned: 45
46	<input checked="" type="checkbox"/>	A statement answering the question: "How will your proposed operation augment the current non-emergency transport system in Davidson County and enhance capabilities" Label Assigned: 46

Section 6: Signatures

I attest that the information presented in this application is true and factual. I request that this application be examined for consideration of issuance of a Non-Emergency Ambulance Franchise in Davidson County, North Carolina.

Michael Lee Hoots
Signature

8/9/19
Date

Michael Lee Hoots
Printed Name

Director
Title