



# CITY OF URBANA

## AMBULANCE SERVICE APPLICATION

July 1, 2019 - June 30, 2020

LICENSE FEE: \$13,940.00

### FINANCE OFFICE USE ONLY

Business #: \_\_\_\_\_

License #: \_\_\_\_\_

Date Received: \_\_\_\_\_

### 1. NAME AND ADDRESS OF APPLICANT

*Applicant's name, address and trade name or other assumed name under which the applicant proposes to operated the ambulance service.*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### 2. NAME AND ADDRESS OF EACH OWNER OF THE AMBULANCE SERVICE

*Please attach a list if more space is needed.*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### 3. NUMBER OF AMBULANCES TO BE USED: \_\_\_\_\_

*Please attach a description of each ambulance and state certification to be used in the operations during the period of the license.*

PLEASE COMPLETE OTHER SIDE →

Application for Renewal of Ambulance Service License (cont'd)

**4. BUSINESS LOCATION AND ADDRESS**

*Please attach a list of the addresses and locations from which an ambulance or ambulances will be operated, stored, dispatched or maintained by the ambulance service whether located in or outside the city.*

**5. NUMBER OF PERSONNEL:** \_\_\_\_\_

*Please attach a list of personnel of the ambulance service with EMT certification and the personnel's respective EMT certifications.*

**6. SCHEDULE OF FEES AND RATES**

*Please attach a list of the fees and rates used to calculate the charges made for patient care and transportation services.*

**7. SERVICE GOALS AND OBJECTIVES**

*Please attach a list of the service goals and objectives used to measure the quality, effectiveness and efficiency of the ambulance service provided by the applicant. Examples include response time goals, ALS unit staffing level policy and goals for the delivery of clinical procedures such as defibrillation, intubations and IV/Drug therapy.*

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**URBANA FIRE DEPARTMENT OFFICE USE ONLY**

**If approved:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**If denied:**

Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_