CITY OF TOPEKA

AMBULANCE FRANCHISE
Application

APPLICANT INFORMATION: Please Print

(If the applicant is an authorized representative, as opposed to an individual, he/she must provide the name, telephone number, email address, and mailing address of the individual filling out the form on behalf of applicant (ambulance service provider).

Name of Individual or Authorized Representative: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

Web and/or Email Address: _____

NAME OF BUSINESS: The official business name of the applicant and any other trade or other names, if any, in which the applicant does business. Please attach separate sheet if necessary.

Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

Web and/or Email Address: _____

BUSINESS OWNER INFORMATION: List all owner(s) of the applicant and their addresses. Please attach separate sheet if necessary.

Name:_____

Address:_____

City/State:_____Zip: _____

Telephone Number:_____Email:_____

APPLICATION QUESTIONS: **Please Print**

1. A full description of the type and level of service to be provided including the location of the place or places from which it is intended to operate, the manner in which the public will be able to obtain assistance and how the vehicles will be dispatched.

_____
_____
_____
_____
_____

2. A description of the applicant's capability to provide service: how many hours a day the service will be available: how many days a week the service will be available for the city and an estimate of the minimum and maximum times for a response to calls within the city.

_____
_____
_____
_____
_____

3. Type of Franchise requested:

- □ Basic life support: Non-Emergency Transport
- □ Basic life support: Emergency
- □ Advanced life support: Non-Emergency Transport
- □ Advanced Life support: Emergency
- □ Specialty Care Transport-Hospital Affiliation: _____
- □ Other: Please describe_____

4. Describe how the proposed service will fit with existing services so as not to adversely affect the level of service or operations of other franchisees.

_____
_____
_____
_____
_____

5. Describe why a need exists for the proposed service in order to improve the level of ambulance services available to residents of the city and describe why the proposed service is a reasonable cost-effective manner of meeting that need.

6. Describe whether any ambulance operated by applicant has been taken out of service for safety or other reasons by any state or governmental agency, and if so, the circumstances surrounding the removal.

7. Describe all vehicular accidents involving applicant's ambulances in the past 24 months.

8. Describe all occurrences in the past 24 months that involved failure of equipment or vehicles that occurred during transportation of a patient and the circumstances surrounding such failure.

9. Has applicant, or any partner, officer, manager, or director associated with applicant been found guilty of a felony or a crime involving moral turpitude? If so, name the person convicted, the date and place of conviction, and briefly describe the nature of the crime(s).

10. Required Attachments:
    a. State Registration Documents for the Organization. (i.e. Articles of Incorporation, Partnership filing, etc)
    b. Agency Organizing Documents. (i.e. By-laws, Partnership Agreements, etc)
    c. Organizational chart with titles and names.
    d. Training, credentials and experience of the applicant/ owner related to the operation of ambulance service and patient care.
    e. Copy of Agencies Standard Operating Procedures.
    f. Schedule of all fees including categories of services.
    g. List of vehicles owned and operated by applicant including the following information:
       -Chassis manufacturer
       -Ambulance manufacturer
       -Year of manufacture
       -Vehicle identification number
       -KBEMS permit number (if already permitted)
    h. Copy of current ambulance state inspection report for each certified vehicle (deferred if startup company until franchise is granted).
    i. Inventory of all equipment to be carried on the ambulance(s).
    j. Copy of current insurance policy (As required by TMC 5.25.140).
    k. Copies of all mutual aide agreements associated with applicant for ambulance services within the City of Topeka.
    l. A photocopy of a valid DMV license for each personnel in ambulance operations.
    m. Application fee in the amount of $1,500.00 (Fee amount determined by TMC 5.10.040).
    n. Such other information as may prove beneficial to the City in determining the capability of the applicant to provide services in the City of Topeka.

NOTE: The City reserves the right to request additional information as it may deem necessary to make a determination on the application for an ambulance franchise.

DECLARATION UNDER PENALTY OF PERJURY

I hereby declare under penalty of perjury under the laws of the State of Kansas that the foregoing information in this application is true and correct to the best of my knowledge. Applicant signifies by signing this application that the applicant is and will remain in compliance with all City of Topeka ordinances, and all applicable county, state and federal statutes and regulations. The applicant further signifies to not discriminate with regard to age, race, color, creed, national origin or ancestry, religion, sex, sexual identity, or any other classification protected by law in operating an ambulance service within the City of Topeka.

I confirm that I have authority to sign on behalf of the legal entity designated as applicant.

Executed on this _____day of _____, 20_____in _____, Kansas.

_____
Signature

_____
Printed Name

_____
Title

(Office Use Only)

Fee Paid: $_____ Cash (_) Charge (_) Check (_)/No._____ Date Paid: ____________

License No.: AMFR_____

License Period: From _____ to December 31, _____

(****License valid through December 31 of the year in which it was issued***.)

Submit application, all attachments, and a check or money order payable to the City of Topeka to:

City Clerk
City of Topeka
215 SE 7th Street, Rm. 166
Topeka, KS 66603

Please direct any questions to (785) 368-3940.

Pursuant to applicable Topeka Municipal Code, Ambulance Services Sec. 5.25.010-5.25.180