

RESOLUTION NO. 02-10-02

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MARATHON, FLORIDA, AUTHORIZING THE CITY TO ENTER INTO AND COMPLETE AN APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY, CLASS A EMERGENCY MEDICAL SERVICE; AUTHORIZING THE CITY MANAGER, CITY ATTORNEY, ALONG WITH THE ASSISTANCE OF THE CITY OF MARATHON'S FIRE CHIEF, TO ASSIST IN FINALIZING THE TERMS AND CONDITIONS OF SAID APPLICATION; AUTHORIZING THE MAYOR TO EXECUTE SAID APPLICATION; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City Council of the City of Marathon (the "CITY") desires to enter into and complete an Application for Certificate of Public Convenience and Necessity, Class A Emergency Medical Service for all areas within the municipal boundaries of Marathon and Key Colony Beach; and

WHEREAS, a copy of said Application for Certificate of Public Convenience and Necessity, Class A Emergency Medical Service, is attached as Exhibit "A"

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MARATHON, FLORIDA, AS FOLLOWS:

Section 1. **Recitals.** The above recitals are true and correct and are incorporated herein by this reference.

Section 2. Said Application attached as Exhibit "A", is hereby approved. The City Manager and the City Attorney are authorized to finalize the terms and conditions of said Application, if necessary, and the Mayor is authorized to execute the Application on behalf of the City

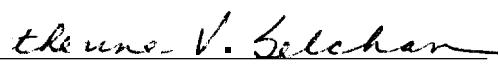
Section 3. Effective Date. This resolution shall take effect immediately upon adoption.

PASSED AND ADOPTED this 3rd day of October, 2001.



ROBERT MILLER, MAYOR

ATTEST:



CITY CLERK

APPROVED AS TO LEGAL SUFFICIENCY:



CITY ATTORNEY

#4211v1

**MONROE COUNTY, FLORIDA
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
CLASS A EMERGENCY MEDICAL SERVICE**

(PRINT OR TYPE)

TYPE OF APPLICATION:

INITIAL — \$50.00

RENEWAL — \$25.00

IF RENEWAL, PLEASE LIST NUMBER OF PREVIOUS CERTIFICATE: # _____

1. NAME OF SERVICE City of Marathon - Fire Rescue

BUSINESS MAILING ADDRESS 8900 Overseas Highway, Marathon, FL 33050

BUSINESS PHONE NUMBER 305-743-5266 EMERGENCY PHONE NUMBER 305-481-1861

2. TYPE OF OWNERSHIP (i.e. Sole Proprietor, Partnership, Corporation, etc.) Municipality

DATE OF INCORPORATION OR FORMATION OF THE BUSINESS ASSOCIATION _____

3. LIST ALL OFFICERS, DIRECTORS, AND SHAREHOLDERS (use separate sheet if necessary):

NAME	AGE	ADDRESS	TELEPHONE	POSITION

4. LEVEL OF CARE TO BE PROVIDED: BLS or ALS IF ALS. TRANSPORT or NONTRANSPORT

5. DESCRIBE THE ZONE(S) THAT YOUR SERVICE DESIRES TO SERVE. (Use separate sheet if necessary.)

All areas within the municipal boundries of Marathon and Key Colony Beach

6. LIST THE ADDRESS AND/OR DESCRIBE THE LOCATION OF YOUR BASE STATION AND ALL SUB-STATIONS. (Use separate sheet if necessary.)

BASE STATION Marathon Fire Rescue Stn #2 US#1 & MM 52 8900 Overseas Hwy.

SUB-STATION Marathon Fire Rescue Stn #1 US#1 & MM 49 3299 Overseas Hwy.

MONROE COUNTY, FLORIDA
APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
CLASS A EMERGENCY MEDICAL SERVICE
(PRINT OR TYPE)

TYPE OF APPLICATION: INITIAL — \$50.00 RENEWAL — \$25.00

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BUSINESS MAILING ADDRESS 8900 Overseas Highway, Marathon, FL 33050
BUSINESS PHONE NUMBER 305-743-5266 EMERGENCY PHONE NUMBER 305-481-1861
2. TYPE OF OWNERSHIP (i.e. Sole Proprietor, Partnership, Corporation, etc.) Municipality
DATE OF INCORPORATION OR FORMATION OF THE BUSINESS ASSOCIATION _____
3. LIST ALL OFFICERS, DIRECTORS, AND SHAREHOLDERS (use separate sheet if necessary):

NAME	AGE	ADDRESS	TELEPHONE	POSITION
<u>Robert Miller</u>	_____	<u>2975 Overseas Hwy, Marathon, FL</u>	<u>305-743-9427</u>	<u>Mayor</u>
<u>John Bartus</u>	_____	<u>1003 West 75 St, Marathon, FL</u>	<u>305-743-0995</u>	<u>Vice-Mayor</u>
<u>Frank Greenman</u>	_____	<u>5800 Overseas Hwy, Marathon, FL</u>	<u>305-743-2351</u>	<u>Councilman</u>
<u>Jon Johnson</u>	_____	<u>212A - 120 St, Gulf-Marathon, FL</u>	<u>305-743-4049</u>	<u>Councilman</u>
<u>Randy Mearns</u>	_____	<u>10690 Aviation Blvd., Marathon, FL</u>	<u>305-743-5805</u>	<u>Councilman</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4 LEVEL OF CARE TO BE PROVIDED: BLS or ALS IF ALS, TRANSPORT or NONTRANSPORT

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**INFECTIOUS DISEASE BLOOD BORNE PATHOGENS
EXPOSURE POLICY**

MARATHON FIRE RESCUE

I, Sandra Schwemmer, D.O., Prehospital Medical Director for Marathon Fire Rescue Emergency Medical Services, certify to Marathon Fire Rescue and the Florida Office of Emergency Medical Services that I have reviewed and approve the Infectious Disease Blood Borne Pathogens Exposure Policy, dated 10/01/01.



Sandra Schwemmer, D.O., FACOEP, FACEP

9/19/01

Date

TRAUMA TRANSPORT PROTOCOLS
MEDICAL DIRECTOR APPROVAL

I, Sandra Schwinmer Medical Director Prehospital Medical
Director for City of Marathon Fire Rescue EMS Provider

certify to the DEPARTMENT that I have reviewed and approve the
trauma transport protocols dated October 1, 2001

[Signature]
Signature, Provider Medical Director

9-19-01
Date

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

03/01/01

PRODUCER
 Aon Risk Services, Inc of Florida
 1001 Brickell Bay Drive
 Suite 1100
 Miami FL 33131

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A TIG Insurance Co.
 COMPANY B
 COMPANY C
 COMPANY D

INSURED
 Sandra Schwemmer
 10 High Point Road
 Tavernier FL 33070 USA

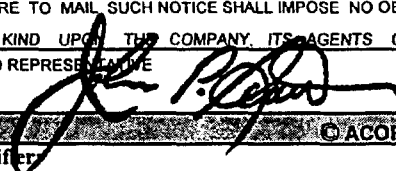
COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	HCF38831110 General Liability	01/31/01	01/31/02	GENERAL AGGREGATE \$3,000,000
					PRODUCTS - COMP/OP AGG
					PERSONAL & ADV INJURY
					EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE(Any one fire)
					MED EXP (Any one person)
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT
					BODILY INJURY (Per person)
					BODILY INJURY (Per accident)
					PROPERTY DAMAGE
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT AGGREGATE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
					WC STATUTORY LIMITS
					OTHER
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT
					EL DISEASE-POLICY LIMIT
					EL DISEASE-EA EMPLOYEE
A	Professional Liab Claim Made	HCF38831110 Retro Date 1/31/01	1/31/01	1/31/02	\$1,000,000 Occurrence \$3,000,000 Aggregate

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
 Marathon Volunteer Fire Dept.
 8900 Overseas Highway
 U.S.1
 Marathon FL 33050 USA

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE 

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

DEA REGISTRATION
NUMBER

857456064

THIS REGISTRATION
EXPIRES

02-29-2004

FEE
PAID

EXEMPT

SCHEDULES

2, 2N, 3, 3N, 4, 5

BUSINESS ACTIVITY

PRACTITIONER

DATE ISSUED

08-27-2001

SCHWEMMER, SANDRA OO
8900 OVRSEAS HWY
MARATHAN FIRE RESCUE
MARATHON, FL

33050

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

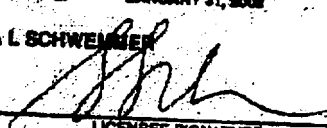
STATE OF FLORIDA
 DEPARTMENT OF HEALTH
 DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 0270816

DATE	LICENSE NO.	CONTROL NO.
12/11/1999	OS 4022	1463

THE OSTEOPATHIC PHYSICIAN
 NAMED BELOW HAS MET ALL REQUIREMENTS OF
 THE LAWS AND RULES OF THE STATE OF FLORIDA.
 EXPIRATION DATE: JANUARY 31, 2002

SANDRA L. SCHWEINER



 LICENSEE SIGNATURE

iss. 12/11/1999 # OS 4022 # 1463

exp 1/31/2002