

**ALACHUA COUNTY
APPLICATION FOR CERTIFICATE OF
PUBLIC CONVENIENCE AND NECESSITY AS
REQUIRED BY ORDINANCE 93-9**

Name of Applicant:
9.a) City of High Springs

Name of Business: High Springs Fire Department

Business Address:
(9.b) 18585 NW 238 Street, High Springs FL 32643

Names and Addresses
Of all Officers,
Directors and
Shareholders:
(9.c)

Address for all of following : 23718 W US HWY 27 High Springs FL 32643
City Manager Ashley Stathatos, Asst City Manager Bruce Gillingham, Mayor Gloria James
Vice Mayor Ross Ambrose, Commissioners: Byran Williams, Tristian Grunder, Kathrine Wietz

Territory which the
applicant desires
to serve:
(9.d)

City of High Springs

Type of Service
the Applicant wishes
to provide. (Check
appropriate boxes):
(9.e)

<input type="checkbox"/>	Primary Pre-hospital Care Provider
<input checked="" type="checkbox"/>	Secondary Pre-hospital Care Provider
<input type="checkbox"/>	Air Ambulance Provider
<input type="checkbox"/>	Neonatal Ambulance Provider
<input type="checkbox"/>	First Responder
<input type="checkbox"/>	Basic Life Support
<input type="checkbox"/>	EMT-D
<input type="checkbox"/>	Non-emergency Transport Provider

**Application for Alachua County
Certificate of Public
Convenience and Necessity**

9.f

Location of each operation site which Applicant's service is intended to operate: (9.f)

1	18585 NW 238 Street, High Springs FL 32643
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**Application for Alachua County
Certificate of Public
Convenience and Necessity**

References:

Three (3) County Residents
(Names & Addresses): (9.h)

Name: Garrett Busby
Address: 25399 Old Bellamy Rd
High Springs FL 32643

Name: Wesley & Jenny Carter
Address: 15880 NW 10th Street
Gainesville, FL 32608

Name: Amy Bohannon
Address: 19903 NW CR RD 236
High Springs FL 32643

**Application for Alachua County
Certificate of Public
Convenience and Necessity**

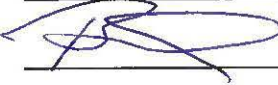
Attachments:

- (9.i) Copy of public liability, property damage and malpractice insurance
- (9.j) Copy of Standard Operating Procedures/Medical Care Protocols
Operates under a joint Medical Care Protocol with ACFR
- (9.k) Copy of Rate Schedule for services N/A
- (9.l) I hereby certify that this service will provide continuous service on a twenty-four (24) hour, seven (7) day per week basis (except non-emergency transport providers). The department is a twenty-four (24) hour, seven (7) days per week provider.

To the best of my knowledge, all statements on this application are true and correct.

NAME: Bruce R Gillingham

TITLE: Asst City Manager

SIGNATURE: 

Sworn to and subscribed before me
this 18 day of September, 2023



Notary Public, State of
Florida at Large

Commission Expiration Stamp:



ANGELAN. STONE
Commission # HH 076925
Expires May 1, 2025
Bonded Thru Budget Notary Services