

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

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

Name of Business: High Springs Fire Department

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

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)

- Primary Pre-hospital Care Provider
- Secondary Pre-hospital Care Provider
- Air Ambulance Provider
- Neonatal Ambulance Provider
- First Responder
- Basic Life Support
- EMT-D
- 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 |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |

**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

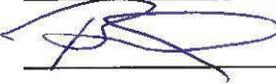
Name: Amy Bohannon
Address: 19903 NW CR RD 236
High Springs FL 32643

**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