

# Application for Ambulance Certification

**Fee Must Accompany Application.**

The license period is from January 1 to December 31.

\$1,100.00 - New Applicants and Renewals

**Make check payable to the City of Milwaukee Fire Department**

- Check(✓) one:  Individual  
 Partnership  
 Corporation (**Limited Liability Company**)

1. **NAME OF APPLICANT** (If individual): \_\_\_\_\_  
Business Name: Midwest Medical Transport Company, LLC d/b/a Paratech Ambulance Phone: 833-526-5319  
Business Address: 2155 33<sup>rd</sup> Avenue  
City: Columbus State: NE Zip: 68601  
Have any people on this application been convicted of violating any federal or state laws, or local ordinances?  Yes  No  
If 'yes', name of person(s), date, charge, and penalty: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **PARTNERSHIP** (If applicable):  
**Name:** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
**Name** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. **NAME OF CORPORATION** Midwest Medical Transport Company, LLC d/b/a Paratech Ambulance  
Address: Headquarters: 2155 33<sup>rd</sup> Avenue Columbus, NE 68601 Local: 9401 W. Brown Deer Road Milwaukee, WI 53224  
Date and Place of Incorporation: February 23,2000, Columbus, NE  
**President:** Jeff Shullaw  
Home Address: 22112 Quail Circle  
City: Elkhorn State: NE Zip: 68022  
Phone 402.800.2936 Date of Birth 11/22/67  
**Vice President:** Jeff Shullaw  
Home Address: 22112 Quail Circle  
City: Elkhorn State: NE Zip: 68022  
Phone 402.800.2936 Date of Birth: 11/22/67

Secretary: Jeff Shullaw

Home Address: 22112 Quail Circle  
City: Elkhorn State: NE Zip: 68022  
Phone 402.800.2936 Date of Birth 11/22/67

Treasurer: Jeff Shullaw

Home Address: 22112 Quail Circle  
City: Elkhorn State: NE Zip: 68022

Agent: Jeff Shullaw

Home Address: 22112 Quail Circle  
City: Elkhorn State: NE Zip: 68022

4. OTHER REQUIREMENTS:

Do you have on file with the Fire Department, a valid and current certificate of insurance for this license period?  Yes No  
Do you have a valid State of Wisconsin Inspection Certificate?  Yes No  
Do you participate in the Emergency Medical Services System?  Yes No

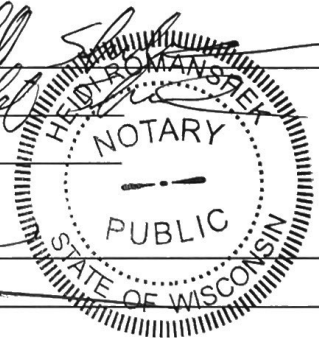
If yes, list service area number: 1  
Do you wish to participate in the Emergency Medical Services System?  Yes No

Total number of vehicles in service: 10  
Please attach a separate page listing all vehicles including city assigned number, and description (year, make and vin number).

- 5. The undersigned agrees to inform the Milwaukee Fire Department within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide those services offered under this license, permit, or franchise, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
- 6. The undersigned understand that this application does not entitle the applicants to a license and that the granting of licenses is solely in the discretion of the Common Council.
- 7. I have a knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that i am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 16 day of November, 2020

Individual/Corporate President/Partner: [Signature]  
Additional Partner/Corporate Vice President: [Signature]  
Notary Public, State of Wisconsin: [Signature]  
My commission expires: March 25, 2023  
Corporate Secretary: [Signature]  
Corporate Treasurer: [Signature]



Do Not Write Below This Line

Clerk	License#	New	Renewal	Date Filled	Date Granted
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