

**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:  
(9.b) 18585 NW 238th Street, High Springs FL 32643

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

Address for all of the following: 23718 W US HWY 27  
High Springs, FL 32643  
City Manager: Ashley Stathatos, Assistant City Manager: Bruce Gillingham  
Mayor: Gloria James, Vice Mayor: Linda Jones  
Commissioners: Ross Ambrose, Scott Jamison, Byran Williams

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	18586 NW 238th 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

Vehicle(s) Description: (9.g)

[illegible]

**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 32643

Name: Angela Stone

Address: 15909 NW 288th Lane

Alachua, FL 32643

Application for Alachua County  
Certificate of Public  
Convenience and Necessity

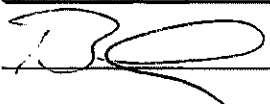
Attachments:

- (9.i) Copy of public liability, property damage and malpractice insurance **Attached**
- (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. **The Department does not charge the end user for service**
- (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 twentyfour (24) hour, seven (7) days per week provider**

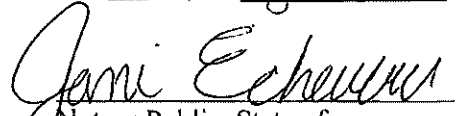
To the best of my knowledge, all statements on this application are true and correct.

NAME: Bruce R. Gillingham

TITLE: Assistant City Manager

SIGNATURE: 

Sworn to and subscribed before me  
this 30<sup>th</sup> day of August, 2021

  
Notary Public, State of  
Florida at Large

Commission Expires

