

Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

- New service (Sections A,B,C,D,F)
 Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)
 Transfer of existing service operating authority (Sections A,D,E,F)

Type of Service (check one)

- Ambulance
 ALS First Responder

Section A Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Name of Service	DOH Agency Code	Federal Employer Identification Number		
Lancaster Volunteer Ambulance	1484	23 7444829		
Address	City	State	Zip	County
40 Embury Place	Lancaster	NY	14086	Erie
Contact Person	Title			
Chester Popiolkowski	President			
Business Phone	Home Phone	Cell Phone	E-mail	
(716) 683-3282	()	(716) 341-5372	chesterjpopo@yahoo.com	
Current Organizational Sponsor Type				
<input type="checkbox"/> Proprietary	<input type="checkbox"/> Hospital Based	<input checked="" type="checkbox"/> Volunteer Independent	<input type="checkbox"/> Industrial	
<input type="checkbox"/> Volunteer Fire Department	<input type="checkbox"/> Municipal/Government	<input type="checkbox"/> Other		
Type of Ownership				
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> LLC

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)

Lancaster Volunteer Ambulance Corp.

Section B Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

Village of Alden

For expansion list existing primary operating territory

Entire Town of Lancaster, including that portion of Village of Depew within the Town of Cheektowaga.

Section C Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier

Over/Wimmer Insurance

Agent

Dave Over

Business Phone

(716) 683-3323

Types and Limits of Coverage

General Liability

Other

Section D Description of Proposed Services

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)
 EMT AEMT Critical Care Paramedic

Agency Medical Director Address City State Phone Number
 Dr. Joe Bart 462 Grider St. Buffalo NY 716 870-7189

Agency Providing Medical Control Phone Number
 Erie County Medical Center 716 898-4888

System Medical Director Address City State Phone Number
 Brian Murray 462 Grider St. Buffalo NY 716 870-7189

Size of Population to be Served Days of operation Hours of operation
 2,582 Monday -> Sunday 24hrs.

Projected Call Volume Total Emergency Non-Emergency
 Total 337 337 0

Source of Statistics for Call volume PCR Dispatch Center Agency Call Record Other

Total no. of ambulances Total no. of emergency ambulance service vehicles (EASV'S) Total no. of ALS First Response vehicles
 7 1 0

Section E Proposed Organizational Structure

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service Federal Employer Identification Number
 Lancaster Volunteer Ambulance Corps. 23 7444829

Address City State Zip County
 40 Embury Place Lancaster NY 14086 Erie

Contact Person Title
 Chester Popiolkowski President

Business Phone Home Phone Cell Phone E-mail
 (716) 683-3282 () (716) 341-5372 chesterjpop@yahoo.com

Proposed Organizational Sponsor Type
 Proprietary Hospital Based Volunteer Independent Industrial
 Volunteer Fire Department Municipal/Government Other

Proposed Type of Ownership
 Individual Partnership Government Corporation LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)
 Lancaster Volunteer Ambulance Corps.

Section F Certification of Accuracy and Ownership Competency

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

- Attachments Required
- Detailed narrative to support need or statement of purpose and intent for transfer
 - Affirmation of Fitness and Competence (DOH-3778)
 - DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
 - Financial information including funding budget and insurance
 - Primary operating territory map

Name of Owner or CEO Title
 Chester J. Popiolkowski President

Signature Date
 Chester J. Popiolkowski 10/10/18

Notary Public affirmation and acknowledgement
 DAVID B. GARWOOD
 Notary Public, State of New York
 No. 02GA6288504
 Qualified in Onondaga County
 Commission Expires September 9, 2021

FOR REGIONAL EMS COUNCIL USE ONLY

Date Application Received _____
 Date of Council Decision _____
 Approved Denied Rejected - Incomplete
 Council Chair Signature _____