NORTH CAROLINA

CALDWELL COUNTY

01-24

CAPE FEAR REGIONAL TRANSPORT, INC. DBA: MILLER AMBULANCE SERVICE AMBULANCE SERVICE FRANCHISE ORDINANCE

An Ordinance granting a non-exclusive Franchise (hereinafter "Franchise") to Cape Fear Regional Transport, Inc. dba: Miller Ambulance Service, of Yadkin County, North Carolina, to operate Non-Emergency Ambulance Transportation Services in Caldwell County, North Carolina.

WHEREAS, Caldwell County has recognized a need for non-emergency ambulance transportation services from Caldwell UNC Healthcare to other entities outside of and within Caldwell County; and

WHEREAS, Caldwell County provided notice to its citizens, as required by GS 153A-250, of a public hearing to be conducted on Monday, June 10th, 2024, at 6:00 PM during the regular meeting of the Caldwell County Board of Commissioners; and

WHEREAS, during this hearing, the Caldwell County Board of Commissioners found that Cape Fear Regional Transport, Inc. dba: Miller Ambulance Service's application for a Franchise Agreement met the provisions outlined in Chapter 7 (Emergency Medical Services) of the Caldwell County Code of Ordinances, to operate non-emergency transportation services in Caldwell County; and

WHEREAS, Caldwell County Commissioners are granting Cape Fear Regional Transport, Inc. dba: Miller Ambulance Service a 3-year term for a Franchise of non-emergency medical service; and

WHEREAS, the requirements contained within the provisions of North Carolina General Statute §153A-250, §153A-45 and §153A-46 have been met.

NOW, THEREFORE, in consideration of the granting of this Franchise by Caldwell County to Cape Fear Regional Transport, Inc. dba: Miller Ambulance Service it is mutually understood and agreed upon by the parties:

Name and address of franchisee-

Cape Fear Regional Transport, Inc.
dba: Miller Ambulance Service
609 Carolina Ave
Yadkinville, NC 27055

336-677-3000

Nature and Term of Franchise- Caldwell County hereby grants to Cape Fear Regional Transport, Inc. dba: Miller Ambulance Service a non-exclusive franchise pursuant to the provisions of Chapter 7 (Emergency Medical Services) of the Caldwell County Code of Ordinances, as amended; for non-emergency ambulance transportation services within Caldwell County upon the terms and conditions herein set forth. The franchise granted herein is for a term of 3 (three) years from the effective date of the franchise, which shall begin on the first day following the date of acceptance by Cape Fear Regional Transport, Inc. dba: Miller Ambulance Service of the franchise terms and conditions set forth herein.

General Responsibilities- Cape Fear Regional Transport, Inc. dba: Miller Ambulance Service will comply at all times with the requirements of Chapter 7 "Emergency Medical Services" of the Caldwell County Code of Ordinances, this Franchise Agreement, and will comply with, maintain and affirm all representations made by Cape Fear Regional Transport, Inc. dba: Miller Ambulance Service in its franchise application. Cape Fear Regional Transport, Inc. dba: Miller Ambulance Service shall further comply with any and all applicable laws relating to health, sanitation, safety, equipment, ambulance design or other EMS Services vehicle design and all other applicable laws and ordinances.

Service Area- Cape Fear Regional Transport, Inc. dba: Miller Ambulance Service shall operate its non-emergency ambulance transportation services in conjunction with Caldwell UNC Healthcare 24 hours each and every day of the calendar year within Caldwell County. Caldwell County may from time to time alter, and at its sole discretion, amend the service area of Caldwell County in which Cape Fear Regional Transport, Inc. dba: Miller Ambulance Service may operate.

Notice- Any notice provided for under this franchise, Chapter 7 (Emergency Medical Services) the Caldwell County Code of Ordinances, as amended, or other applicable law shall be sufficient if in writing and delivered personally to the following address or deposited in the United States Mail, postage prepaid, certified mail, return receipt requested, addressed as follows, or to such other address as the receiving party hereafter shall specify in writing:

If to Caldwell County:
Caldwell County Manager
Post Office Box 2200
Lenoir, NC 28645

If to Cape Fear Regional Transport, Inc. dba: Miller Ambulance Service:
609 Carolina Ave
Yadkinville, NC 27055
336-677-3000

Severability- If any section, subsection or other portion of this Franchise is for any reason declared invalid, in whole or in part, by any court, agency, commission, legislative body or other authority of competent jurisdiction, such portion shall be deemed a separate, distinct and independent portion. Such declaration shall not affect the validity of the remaining portions hereof, which other portions shall continue in full force and effect.

Amendment- This Franchise Ordinance constitutes the entire understanding of the parties hereto and shall not be amended or modified except in writing pursuant to the terms of the Ordinance and executed by the parties hereto.

IN WITNESS WHEREOF, CAPE FEAR REGIONAL TRANSPORT, INC. DBA: MILLER AMBULANCE SERVICE FRANCHISE ORDINANCE passed on first reading the 10th day of June, 2024, and was passed and adopted on second reading this the 8th day of July, 2024.

CALDWELL COUNTY

_____
Randy T. Church, Chairman
Caldwell County Board of Commissioners

ATTEST:

_____
Abigail Rich, County Clerk
Caldwell County Board of Commissioners

ACCEPTANCE BY CAPE FEAR REGIONAL TRANSPORT, INC. DBA: MILLER AMBULANCE SERVICE

The undersigned, Gary Miller, in his/her capacity as president of Cape Fear Regional Transport, Inc. dba: Miller Ambulance Service and on behalf of that corporation, does hereby accept and approve the foregoing and attached Franchise and all of its terms and conditions; and in consideration of the benefits and privileges granted to it does hereby agree to abide by, carry out, observe and perform all of the obligations and things provided to be carried out and performed by it in said Franchise approved by the Caldwell County Board of Commissioners, subject to applicable state and federal law.

This the ___ day of _____, 2024.

_____

State: _____

County: _____

I, _____, a Notary Public of said County and State, do hereby certify that on the ___ day of _____, 2024 Gary Miller personally appeared before me as president of Cape Fear Regional Transport, Inc. dba: Miller Ambulance Service, and acknowledges the signing and execution of the foregoing instrument.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed by notarial seal on the day and year above written.

_____
Notary Public

(Seal)

My Commission Expires: _____