



# MEDTRUST FRANCHISE AGREEMENT

*Presented by*

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Legal



# Buncombe County Ordinance 22-41

## REQUIREMENTS OF FRANCHISEES

**(a) *Grant of franchise before provision of service.*** No person....shall....be engaged in....transportation of patients within the county unless the person holds a valid permit for each ambulance used in such business issued by OEMS and *has been granted a franchise for the operation of such business or service by the county pursuant to this article.*

**(b) *For emergency transportation.*** No person shall drive, operate or attend a vehicle being operated as an ambulance for emergency transportation purposes within the county unless such person holds all necessary and appropriate permits and licenses required by OEMS rules and statutes. No ambulance shall be operated for emergency transportation purposes unless the vehicle is staffed and/or operated in accordance with all applicable OEMS rules and statutes.

**(c) *For convalescent or nonemergency transportation.*** No ambulance shall be operated for convalescent or nonemergency transportation service or purposes within the county unless the vehicle is staffed and operated in compliance with protocols consistent with OEMS rules and statutes



# Buncombe County Ordinance 22-42

APPLICATION; CONTENTS

- ✓ (1)The name and address of the applicant, who shall be the owner of the entity and any ambulances to be operated under the franchise.

MedTrust Holdings, Inc.  
1014 Bankton Circle, Suite 100  
Hanahan, SC 29410

Entity Name			Actions
Sos Id	Date Formed	Status	Type
MMT North Carolina, Inc.			<a href="#">Annual Report</a>
2686189	8/11/2023	Current - Active	Business Corporation



# Buncombe County Ordinance 22-42

APPLICATION; CONTENTS



(2)The trade or other fictitious names, if any, under which the applicant does business, along with a certified copy of an assumed name certificate stating such name, or a certified copy of the articles of incorporation stating such name.

Filing Type	Assumed Name		
SOSID	Date Entered	Filed in County	
Counties		Real People / Owners	
Initial Filing	MEDTRUST		
2688093	8/15/2023 10:55 AM	Buncombe	
Add All	Add MMT NORTH CAROLINA, INC. 2686189		



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## APPLICATION; CONTENTS

- ✓ (3) A resume of the training and experience of the applicant in the transportation and care of patients.
- ✓ (4) A description of each ambulance owned or operated by the applicant, including make, model, vehicle identification number and OEMS permit number.
- ✓ (5) The location and description of the places from which it is intended to operate, including the address of the location in Buncombe County where the applicant will maintain a business office for transaction of business.
- ✓ (7) A description of the applicant's capability to provide 24-hour coverage, seven days per week.
- ✓ (8) An official criminal record of the applicant if a sole proprietorship, of any partner if a partnership, or of any and all officers, directors or managers of the applicant if a corporation or other business entity.
- ✓ (9) A statement that the applicant will not discriminate as to any person with regard to race, color, religion, sex, national origin, political affiliation, physical or mental disability, age, veteran status, genetic information, sexual orientation, gender identity or any other legally protected class under federal or NC state law.
- (10) Any information the county shall deem reasonably necessary for a fair determination of the capability of the applicant to provide ambulance service in the county in accordance with the requirements of the state and the provisions of this article.



# Buncombe County Ordinance 22-43

## GRANTING

**(c) Conditions.** A franchise may be granted if the board finds that:

**(1)The public will be served by granting the applicant a franchise, consistent with the article.**

**(2)The application is accurate and complete.**

**(3)The applicant has provided adequate evidence of its ability to provide safe, adequate and responsible service, and evidence that no owner, operator, agent or employee of applicant has been debarred from the Medicare or Medicaid program, or any other public benefit program of the United States or any state.**

**(4)The applicant holds all necessary licenses and permits from OEMS, or will be fully qualified to obtain all necessary licenses and permits upon award of the franchise.**



# RECOMMENDATION

**Grant the franchise subject to:**

- **OEMS review & approval**
- **Proof of Insurance**
- **Execution of Franchise Agreement**



# QUESTIONS?

