

Date January 7, 2008 PUBLIC HEARING ON TAXICAB
 LICENSE APPLICATION OF GRETCHEN SCHULTZ

WHEREAS, Gretchen Schultz, 115 East Caulder Circle, filed an application for a license to drive a taxicab in the City of Des Moines and the Department of Traffic and Transportation rejected said application; and

WHEREAS, Ms. Schultz requested an opportunity to address the City Council on the matter of her application; and

WHEREAS, Ms. Schultz has been provided with the opportunity to address the City Council on the matter of her application for a license to drive a taxicab; and

WHEREAS, Gretchen Schultz's guilty plea for Simple Assault disqualifies her under Des Moines Municipal Code §126-218 regarding qualifications for taxicab license issuance; NOW, THEREFORE,

BE IT RESOLVED (Choose one of the two alternatives):

_____ Alternative One: That Ms. Gretchen Schultz's application for license to drive a taxicab in the City of Des Moines be and is hereby denied.

MOVED BY _____ TO DENY LICENSE.

_____ Alternative Two: That Ms. Gretchen Schultz's application for license to drive a taxicab in the City of Des Moines be and is hereby granted.

MOVED BY _____ TO GRANT LICENSE.

FORM APPROVED:

K. Massier

Katharine Massier
 Assistant City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
HENSLEY				
KIERNAN				
MAHAFFEY				
MEYER				
VLASSIS				
TOTAL				

CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

MOTION CARRIED APPROVED

_____ Mayor

_____ City Clerk

December 19, 2007

Gretchen T. Schultz
115 East Caulder Circle
Des Moines, IA 50315

Re: Taxicab License Appeal of Application Denial



DIANE RAUH
CITY CLERK
CITY HALL-2ND FLOOR
400 ROBERT D. RAY DRIVE
DES MOINES, IOWA 50309-1891
(515) 283-4209
FAX (515) 237-1645
www.dmgov.org

PARKING TICKETS
PET LICENSES
BUSINESS LICENSES

ALL-AMERICAN CITY
1949, 1976, 1981,
2003

The purpose of this letter is to acknowledge receipt of timely appeal of the decision to deny issuance of a taxicab license, as presented to you in a December 11, 2007 letter from the City Traffic Engineer.

Accordingly, I have set this matter for hearing on January 7, 2008 at 5:00 p.m. in the City Council Chambers, City Hall, 400 East First Street. A copy of the portion of the City Code pertaining to the appeal process is enclosed for your information. **Failure to appear at the scheduled hearing will be deemed as a waiver of your rights to a hearing.**

Please call if you have questions or concerns in this regard.

Sincerely,

A handwritten signature in cursive script that reads 'Diane Rauh'.

Diane Rauh
City Clerk

DR:kh
Enc.

cc: J. Brewer – Engineering
K. Massier-Legal
S. Silver – Police
G. Fox – T & T

Diane Rauh
City Clerk
City Hall
400 Robert D. Ray Drive
Des Moines, IA 50309

I request a hearing before the City Council to appeal the decision of the City Traffic Engineer to deny my Taxicab License application, as outlined in Section 126-218 of the Municipal Code. I understand I must provide a letter from the Taxicab Company stating that they will allow me to drive for them and will provide dispatch service to me.

Name Brechen Shutt
Address 115 E Caulder Circle
Phone 515-991-7587
Date 12-15-07

Brechen Shutt
Signature

DES MOINES, IOWA
CITY CLERK
RECEIVED

2007 DEC 18 AM 10:03

FILED

December 11, 2007

48

Gretchen T. Schultz
115 East Caulder Circle
Des Moines, IA 50315

RE: Taxicab License

Dear Ms. Schultz:

Please be advised that based upon a recommendation of the Des Moines Police Department, I have denied your application for a Taxicab Driver's License. This denial is based on your driving and criminal record, which does not meet the requirements for obtaining a Taxicab Driver's License.

According to the Police Department records, the following activity occurred:

Driving Record:

5/31/06 Suspended – Non-payment of Iowa fine

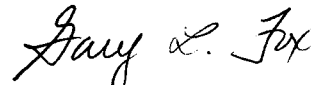
Criminal Record:

7/25/98 Arrested on charge of assault/simple, pled guilty, received deferred sentence.

This record does not meet the requirements for good moral character as required by the City of Des Moines Municipal Code. Therefore, your application for a Taxicab Driver's License is denied under Municipal Code Section 126-218(a-1, i,ii) (a-2,i,iv) (b-2, 3). A copy of this section of the code is enclosed for your information.

If you desire to appeal this matter, you may request a hearing before the Des Moines City Council by filing a written appeal with the City Clerk within ten (10) days of receiving this letter. If you do appeal this matter, your background information will be provided to the City Council and you must appear at the designated hearing for your appeal to be considered. You must also provide a letter from the Taxicab Company that they will allow you to drive for them.

Sincerely,



Gary L. Fox
City Traffic Engineer

GLF/jag
Enclosure

cc: Jeb Brewer, City Engineer
Katharine Massier, Legal Dept.
Steven Silver, Police Dept.
Diane Rauh, City Clerk

DES MOINES, IOWA
CITY CLERK
2007 DEC 18 AM 10:08

FILED



ENGINEERING DEPARTMENT

TRAFFIC & TRANSPORTATION
DIVISION--ARMORY BUILDING
602 ROBERT D. RAY DRIVE
DES MOINES, IOWA 50309-1891

(515) 283-4973
FAX (515) 237-1640

ALL-AMERICA CITY
1949, 1976, 1981
2003



December 18, 2007

Mr. Gary Fox
City Traffic Engineer
City of Des Moines
602 E 1st St
Des Moines, Iowa 50309

Dear Gary,

Upon a review of Ms. Gretchen Schultz's file, Trans Iowa will offer dispatch service to her on a probationary status.

Sincerely,
Trans Iowa, L.C.
d/b/a Capitol and Yellow Cab Company

Lee R. Christensen
General Manager

DES MOINES, IOWA
CITY CLERK
2007 DEC 18 AM 10:08



December 11, 2007

48

Gretchen T. Schultz
115 East Caulder Circle
Des Moines, IA 50315

RE: Taxicab License

Dear Ms. Schultz:

Please be advised that based upon a recommendation of the Des Moines Police Department, I have denied your application for a Taxicab Driver's License. This denial is based on your driving and criminal record, which does not meet the requirements for obtaining a Taxicab Driver's License.

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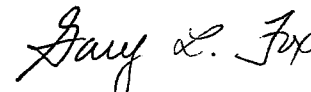
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Sincerely,



Gary L. Fox
City Traffic Engineer

GLF/jag
Enclosure

cc: Jeb Brewer, City Engineer
Katharine Massier, Legal Dept.
Steven Silver, Police Dept.
Diane Rauh, City Clerk



ENGINEERING DEPARTMENT

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602 ROBERT D. RAY DRIVE
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(515) 283-4973
FAX (515) 237-1640

ALL-AMERICA CITY
1949, 1976, 1981
2003

October 26, 2007

48

Gretchen T. Schultz
1321 33rd Street
Des Moines, IA 50311

RE: Taxicab License

Dear Ms. Schultz:

Please be advised that based upon a recommendation of the Des Moines Police Department, I have denied your application for a Taxicab Driver's License. This denial is based on your driving and criminal record, which does not meet the requirements for obtaining a Taxicab Driver's License.

According to the Police Department records, the following activity occurred:

Driving Record:

5/31/06 Suspended – Non-payment of Iowa fine

Criminal Record:

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ENGINEERING DEPARTMENT

TRAFFIC & TRANSPORTATION
DIVISION-ARMORY BUILDING
302 ROBERT D. RAY DRIVE
DES MOINES, IOWA 50309-1891

515) 283-4973
FAX (515) 237-1640

ALL-AMERICA CITY
1949, 1976, 1981
2003

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$	10/29/07 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Return Receipt never rec'd from P.O.

GLF/jag
Enclosure

cc: Jeb Brewer, City Engineer
Katharine Massier, Legal Dept.
Steven Silver, Police Dept.
Diane Rauh, City Clerk

Sent To *Gretchen Schultz*
Street, Apt. No.; or PO Box No. *1321 33rd St.*
City, State, ZIP+ 4 *DSM 50311*

11-07 Resending due

7506 9592 2856 0000 0960 7007

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City of Des Moines, Iowa
Office of
Des Moines Police Department
Community Outreach and Protective Services Bureau
Traffic Unit

To: Gary Fox
Traffic and Transportation

Date: 23 October 2007

From: Steven Silver
Traffic Communications Officer
Traffic Unit

Subject: Taxicab License
Gretchen T. Schultz

Currently the applicant has an Iowa Class "D" driver's license, which does meet the requirements to operate a taxicab. A review of Ms. Schultz's driving record reflects that with in five (5) years preceding this application the following activity occurred.

05/31/2006 Suspended Non-Payment of Iowa Fine

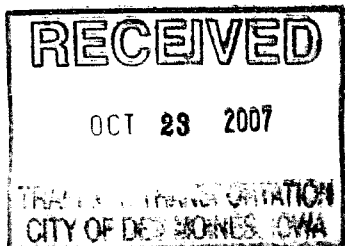
A review of Ms. Schultz's Iowa/Local criminal record reflects that with in ten years preceding this application the following activity took place.

07/25/1998 Arrested on a charge of Assault/Simple. On 8/26/1998 Ms. Schultz entered a **plea of guilty** and received a Deferred Sentence and ordered to pay cost. On 4/13/2000 the deferred sentence was recalled and a hearing was set for 5/4/2000. On 4/17/2000 the hearing was recalled as Ms. Schultz paid the cost.

This application is being denied under City of Des Moines Ordinance 126-218 (a-1, i, ii) (a-2, i, iv) (b-2,3).

The City of Des Moines Ordinance 126-218 only speaks to convicted of, pled guilty to or stipulated to the facts of an offense and does not address Deferred Judgments, Deferred Sentence or Expunged Records.


Steven Silver



Gary - for your review. Thanks.

*Denied.
GF 10/25/07*

CITY OF DES MOINES, IOWA
Office of
TRAFFIC AND TRANSPORTATION

0 SR 22

TO: Officer Steve Silver
DMPD Traffic Unit

DATE: October 22, 2007

FROM: Gary L. Fox,
City Traffic Engineer

SUBJECT: Taxicab/Limousine
Drivers License
Records Check

NEW RENEWAL

Please run a record check, both criminal and driving on:

NAME Gretchen Teri Schultz
S.S. ~~0000000000~~
D.L. 097551879
B.D. 07/03/1978
ADD 1321 - 33rd Street
Des Moines, IA 50311

(RETURN BY MAIL COURIER)

Gary L. Fox,
City Traffic Engineer

GLF/jag

Attachment

ID ISSUED DATE _____

RECEIPT NO. 07-09579

AMOUNT \$ 40.00 DATE 10/22/07

CAB COMPANY _____

CAB OWNER _____

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10/22/07

07-09579



CITY OF DES MOINES

APPLICATION FOR LICENSE TO DRIVE A TAXICAB/LIMO/SINE

Name Schultz Gretchen Teri
(Last) (First) (Middle)

Address 1321 33rd St.
Des Mo 50311 515-991-7587
(City, State & Zip Code) ~~SS #~~ (Phone Number)

Date of Birth: 07/03/78 Driver's License No.: 097551879 Class: D Exp. Date: 09

Weight: 200 Height: 5'2 Color of Hair: blond Color of Eyes: blue

Have you ever been licensed as a City of Des Moines Taxi/Limo Driver? NO When? _____

Years of experience driving an automobile. 13yrs. Taxi/Limo: _____

Have you ever had your driver's license suspended/revoked? yes If so, when? 5/31/00 - 6/22/01

Give reason(s) for suspension/revocation. Failure to pay fine lost for 1 month until I had the money to pay.

List all convictions for traffic violations for which your license was suspended/revoked during the last five (5) years.

List all convictions for criminal offenses other than traffic offenses during the last ten (10) years. 0

EMPLOYMENT RECORD:			EDUCATION RECORD:	
From	To	Employer's Name and Address	School	Circle Highest Grade Completed
5/00	Present	Myself, 1321 33rd St. Childcare Provider		
04/04	04/06	Link's Associates 4301 NE 14th St.	Elementary	1 2 3 4 5 6 7 8
04/01	04/04	Bethpage / Mosaic 353 Louisa St	High School	9 10 11 12
2000	2001	Iowa Dental Supply Laurel	College	12 3 4 5 6
			Trade School	1 2 3 4
			Other	

HEALTH RECORD:
List any physical impairments or disability that would affect your ability to drive. N/A

List any current medications or medical conditions for the past five (5) years which might affect your ability to drive: N/A

City of Des Moines
Traffic and Transportation

APPLICATION FOR LICENSE TO DRIVE A TAXICAB/LIMOUSINE IN THE CITY OF DES MOINES

REFERENCES (persons known by you for at least one year):

- 1. Name Garrett Winterberg Phone No. 515-988-6847
Address 3030 Indianapolis Ave
- 2. Name Jason Mickle Phone No. 515-202-7220
Address 115 E. Coulter Circle
- 3. Name Roshonda Bragg Phone No. 515 282-5161
Address 1316 13th St.

I hereby agree that if a license to drive a Taxicab/Limousine is issued to me that I will conform with all ordinances, rules and regulations governing Taxicab/Limousines and their drivers of the City of Des Moines.

I hereby swear that I am the individual making the foregoing application for a Taxicab/Limousine License and that the answers to the foregoing questions and other statements contained herein are true to the best of my knowledge and belief.

10/17/07 (Date) [Signature] (Applicant's Signature)

Having been duly designated by the Chief of Police of the City of Des Moines for the purpose, I hereby certify that I have examined the applicant's arrest and traffic records. After careful examination, I hereby recommend that the applicant's request for a license to drive a Taxicab/Limousine be:

APPROVED REJECTED

10/23/07 (Date) [Signature] #4593 (Authorized Representative, Chief of Police)

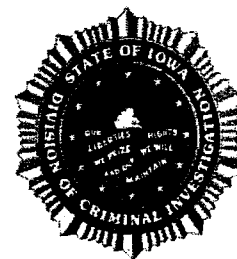
Receipt Number:	
Date:	
Amount:	
Badge Number:	
Company:	
Owner:	

REJECTED
 APPROVED
10/25/07 (Date) [Signature] (City Traffic Engineer)

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State of Iowa
Division of Criminal Investigation
215 E 7th St
Des Moines IA 50319
Ph. 515-725-6066 Fax 515-725-6080



Iowa Criminal History Record Check Walk-In Request

Your name	Gretchen Schultz
Address	1321 33rd St
City/State/Zip	Des Moines, IA, 50319
Phone#	255-2868

Fill in all shaded areas.

991-7587-cell

Requesting an Iowa criminal history record check on:

Last Name <i>Apellido</i> (mandatory)	First Name <i>Primer Nombre</i> (mandatory)	Middle Name <i>Segundo Nombre</i> (recommended)
SCHULTZ	GRETCHEN	Teri
Date of Birth <i>Fecha Nacimiento</i> (mandatory)	Gender <i>Genero</i> (mandatory)	Social Security Number (recommended)
07/03/78	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	484-94-5135
Waiver Signature <i>Firma</i> (If the request is on yourself, please sign. If the request is on someone else, write N/A.)		
<i>Gretchen Schultz</i>		

Results

As of 10-17-07, a name and date of birth check revealed:

No record found

Record attached, DCI # _____

DCI initials js

STATE OF IOWA
DCI USE ONLY
OCT 17 PM 12:38
DIVISION OF CRIMINAL INVESTIGATION

Receipt

Number of requests 1 x \$10.00 per last name = Total amount \$ 10.00

Method of payment: cash money order check # 4671

MasterCard or Visa # _____ Exp. Date _____

Cardholder's name _____

DCI initials js

Last Name	First Name	Middle Name	Sex	Race	Date of Birth	Height	Weight	Hair	Eyes	
SCHULTZ	GRETCHEN	TERI	F	W	07031978	5 03	190	BLN	BLU	48
Address		Bldg/Apt #		City	State	Zip				
3200	INDIANOLA	B 44		DES MOINES	IA					

SSN	Ident Number	Booking Date/Time	Case Number	Booking Number
[REDACTED]	0083305	19970123 235300	19970003417	199770125

Charges

POSS SCHED 1 W/INTENT

Last Name	First Name	Middle Name	Sex	Race	Date of Birth	Height	Weight	Hair	Eyes
SCHULTZ	GRETCHEN	TERI	F	W	07031978	5 03	190	BLN	BLU
Address		Bldg/Apt #		City	State	Zip			
400	28TH	A 10		DES MOINES	IA				

SSN	Ident Number	Booking Date/Time	Case Number	Booking Number
[REDACTED]	0083305	19980725 004100	19980031046	199871143

Charges

ASSAULT/SIMPLE

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

CITY OF
STATE OF IOWA,
Plaintiff,

vs.
Gretchen Teri Schultz
Defendant.

ORDER DATE: 8-26-98
CASE NO. (S): 213602

JUDGMENT ENTRY
SIMPLE MISDEMEANOR

CHARGES: assault

CITY STATE

JUDGMENT

TRIAL: Defendant: is found not guilty
 is found guilty

DEFENDANT DEFENDANT'S ATTORNEY PLED GUILTY:
 as charged to amended charge of:

CASE DISMISSED:

SENTENCED as follows:

FINE: plus surcharge and court cost.

Supplemental Order.

JAIL: days credit for time served: Mitimus:

DEFERRED JUDGEMENT: months year

COMMUNITY SERVICE: hours to be completed by:

COSTS ASSESSED TO State/City Defendant and are due by:

DEFERRED SENTENCE: months one year month probation
- 0 Bay all time
To pay cost 9.30-98

Recall Warrant

Carl S. [Signature]
Judge of the Fifth Judicial District

COPIES: Def. Def. Atty.:

Co. Atty.:

CITY ATTY.

Spm. Court:

PCJ.:

