| *               |                     |             |             |             |                  |                                                                                  | 6                                                                                                                                 |                         |                   |                               |  |
|-----------------|---------------------|-------------|-------------|-------------|------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|-------------------------------|--|
| Date            | Date April 21, 2008 |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
| DEI             | T DECOL             | VED 14      | . City Cow  | noil of the | : City of Des M  | oines Iou                                                                        | wa.                                                                                                                               |                         | •                 |                               |  |
| BE I            |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
| 1               | That the            | e City Cler | k is hereby | authorize   | d and directed t | to issue a                                                                       | Cigare                                                                                                                            | tte License to:         |                   |                               |  |
|                 |                     |             |             | *           |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     | NEW A       | PPLICAT     | TION(S      | )                |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
| col             |                     |             | AINMENT     |             |                  | 1014                                                                             | Ε                                                                                                                                 | 14TH ST                 |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         | N.                |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             |                  |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             | Moved by    |             |                  | <del></del>                                                                      |                                                                                                                                   | to adopt.               |                   |                               |  |
| UNCIL ACTIO     | N                   | YEAS        | NAYS        | PASS        | ABSENT           |                                                                                  |                                                                                                                                   | CERTIFICA               | ΓE                |                               |  |
| OWNIE<br>OLEMAN |                     |             |             |             |                  | 1                                                                                |                                                                                                                                   |                         |                   |                               |  |
| IENSLEY         | LEY                 |             |             |             |                  | of the Cit                                                                       | I, Diane Rauh, City Clerk of said City hereby certify that at a<br>of the City Council of said City of Des Moines, held on the ab |                         |                   |                               |  |
| MAHAFFEY        |                     |             |             |             |                  | among ot                                                                         | her pro                                                                                                                           | oceedings the above was | adopted.          |                               |  |
| MEYER           |                     |             |             |             |                  | 1                                                                                |                                                                                                                                   |                         |                   |                               |  |
| /LASSIS         |                     |             |             |             |                  | IN WATER                                                                         | iece <i>ix</i>                                                                                                                    | WHEREOF I hove hereur   | ito set my hand o | nd affixed                    |  |
| MOTION CARRIE   | TOTAL OTTON CARRIED |             |             |             |                  | IN WITNESS WHEREOF, I have hereunto my seal the day and year first above written |                                                                                                                                   |                         | ten.              | set my hand and attixed<br>i. |  |
| MOTION CARRIE   |                     |             |             |             | AL L ROYED       |                                                                                  |                                                                                                                                   |                         |                   |                               |  |
|                 |                     |             |             |             | Mayor            |                                                                                  |                                                                                                                                   |                         | Ci                | ty Clerk                      |  |

**Roll Call Number** 

Agenda Item Number