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Date September 13, 2010

RESOLUTION SETTING DATE OF PUBLIC HEARING UPON APPLICATION OF
JOY RIDE TRANSPORT LLC
FOR LICENSE TO OPERATE PARATRANSIT TAXICAB SERVICES

WHEREAS, Section 126-181 of the Municipal Code forbids the operation of a paratransit taxicab as a vehicle for hire upon the streets of Des Moines without obtaining a paratransit license; and

WHEREAS, Joy Ride Transport LLC has filed an application with the City Traffic Engineer requesting permission of the City Council to operate a paratransit taxicab service in the City of Des Moines, which application is now on file in the office of the City Clerk for public review and consideration; and

WHEREAS, upon the filing of an application for a paratransit license, Section 126-185 of the Municipal Code requires the City Council to fix a time and place for a public hearing on the matter of the issuance of a license to operate a paratransit taxicab service; and

WHEREAS, Section 126-185 does require that written notice of the hearing be given to the applicant and all present holders of a paratransit license, if any.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF DES MOINES, IOWA:

1. That the Des Moines City Council shall hear the matter of the request to operate a paratransit taxicab service in the City of Des Moines at the regularly scheduled City Council meeting on September 27, 2010, in the City Council Chambers at 5:00 p.m.; and

2. That the City Clerk is directed to give written notice of the time and place of the scheduled hearing to the applicant at the following address and to all the present holders of a paratransit taxicab license at their addresses of record.

Bethany Cochran
Joy Ride Transport LLC
1580 SE Bristol Drive
Waukee, IA 50263

★ **Roll Call Number**

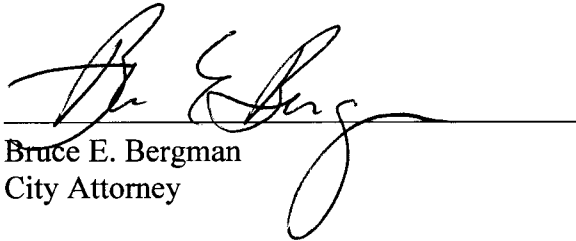
Agenda Item Number
30B

Date September 13, 2010

3. That any interested person, pursuant to Section 126-185, may file with the City Clerk a memorandum in support of or opposition to the issuance of the license.

MOVED BY _____ to adopt.

APPROVED AS TO FORM:


 Bruce E. Bergman
 City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
GRIESS				
HENSLEY				
MAHAFFEY				
MEYER				
MOORE				
TOTAL				

MOTION CARRIED

APPROVED

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.

_____ Mayor

_____ City Clerk

Paratransit Company Application –

August 16
2010

Statement: I, Michael R. Berry, Traffic Facilities Administrator with the City of Des Moines, Engineering Department, Traffic & Transportation Division, certify that I have prepared the preceding "Limousine Company Application Checklist." The attached documents that have had information blocked out, have had that information removed for identity theft protection of the applicant and others referenced by the applicant and to protect confidential records under Iowa Code Chapter 22. The original documents are on file with the Traffic Engineers Office and the entire document(s) may be reviewed by anyone with the provisions of Iowa Code Chapter 22.

Joy-Ride
Transport,
LLC

Michael R. Berry 8-16-10 August 16, 2010
Michael R. Berry, Traffic Facilities Administrator, City of Des Moines



Christopher C. Coco
8/16/2010

KROLL

Date Requested : 01-Jul-2010
05:35:27 PM
CST

Reference Number : 9763036

CLIENT INFORMATION

Client : Joy Ride Transport, LLC
Address : PO Box 1107
Waukee, IOWA 50263
Phone : 515-987-9992

Acct No : 69822

SUBJECT INFORMATION

Title :
Name : Cochran, Bethany Michelle
Name Suffix:
Address : 1580 SE Bristol Drive
Waukee, IOWA 50263

SSN: XXX-XX-
Date of Birth :
Gender : Female

Package Ordered: (No package ordered)

SERVICES ORDERED

Service Name	Location	Name Searched	Status	Alert	Disposition
Statewide Criminal Record Search	IA	Cochran, Bethany	QA'd		

QA : Kroll Employee

QA Date : 15-Jul-2010 02:16 PM CST

Status : QA

Statewide Criminal Record Search

Name Searched: Cochran, Bethany Michelle
Alias Searched: Baker, Bethany
Search Period: 07/15/2003 - 07/15/2010
State: IA
Source Searched: IA DIVISION OF CRIMINAL INVESTIGATION
Remarks: NO RECORDS FOUND

QA'd as of 15-Jul-2010 02:15 PM CST

Notice :

The information contained herein should not be the sole determinant in an evaluation of the above-listed individual.

THIS REPORT IS SUBMITTED IN STRICT CONFIDENCE AND EXCEPT WHERE REQUIRED BY LAW, NO INFORMATION PROVIDED IN THIS REPORT MAY BE REVEALED DIRECTLY OR INDIRECTLY TO ANY PERSON EXCEPT TO ONE WHOSE OFFICIAL DUTIES REQUIRE THEM TO PASS ON THE TRANSACTION IN RELATION TO WHICH THIS REPORT WAS ORDERED.

The information provided herein shall not be construed to constitute a legal opinion; rather it is a compilation of public records/data for your review.

Kroll Background America searched the public record source for the above listed information limited to the stated searched period. The records are differentiated at the source by one or all of the following identifiers: name, address, date of birth, national insurance number, nationality and/or gender. The accuracy of the results may be affected without one or more of these identifiers.



CITY OF DES MOINES

APPLICATION FOR LICENSE TO DRIVE A TAXICAB/LIMOUSINE

Name Cochran Bethany Michelle
(Last) (First) (Middle)

Address 1580 SE Bristol Drive
Waukee, IA 50263 515-979-3750
(City, State & Zip Code) (Phone Number)

Birth Date: [REDACTED] DL # [REDACTED] SS# [REDACTED] Class: D Exp. Date: _____

Weight: [REDACTED] Height: [REDACTED] Color of Hair: brunette Color of Eyes: brown

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

Years of experience driving an automobile. 13 Taxi/Limo: none

Have you ever had your driver's license suspended/revoked? NO If so, when? N/A

Give reason(s) for suspension/revocation. n/a

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

none

List all convictions for criminal offenses other than traffic offenses during the last ten (10) years. none

EMPLOYMENT RECORD:

EMPLOYMENT RECORD:			EDUCATION RECORD:	
From	To	Employer's Name and Address	School	Circle Highest Grade Completed
April 2010	present	City Ride Transport PO Box 1107 Waukee, IA 50263		
Nov 2009	April 2010	Crystal Clear 2300 Westown Parkway, Waukee, IA 50263	Elementary	1 2 3 4 5 6 7 8
March 2007	Nov. 2009	IDA Hospice 5050 NW Johnston Dr Johnston, IA 50131	High School	9 10 11 12
			College	1 2 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. none

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

none

Department of IOWA REVENUE

Your Iowa Business Tax Registration has been successfully submitted. Please print this page for your records.

Within 4-6 weeks, you will receive in the mail:

- Your Business eFile Number (BEN) letter, which gives you access to file through eFile & Pay
- Sales Tax: A postcard with your permit number
- Retailer's Use or Consumer's Use Tax: A letter with your permit number

A tax return must be filed even if you had no activity or no tax due.

Press Ctrl + P to print

IOWA BUSINESS TAX REGISTRATION FORM

BUSINESS INFORMATION

Legal Name: Joy Ride Transport, LLC

Trade Name: Joy Ride Transport

Location: 1580 SE Bristol Drive, Waukeea, IA 50263

County: Dallas - 25

Phone1: 515 937 9992

Phone2:

Fax: 515 981 7281

Activity: Non-Emergency Transportation

Prev Owner:

BUSINESS OWNERSHIP

Ownership: Limited Liability Company

BUSINESS DETAILS

Fed ID: 27 2097962

Established On: 03/11/10

Established In: IA

Owners, Partners, Officers and/or Responsible Parties

- Name:** Bethany Cochran
SSN: [REDACTED]
- Name:** Ted Cochran
SSN: [REDACTED]
- Name:** [REDACTED]

SALES DEPENDENT TAXES

HOTEL/MOTEL TAX
Permit? Not Needed

AUTOMOBILE RENTAL TAX
Permit? Not Needed

HOUSEHOLD HAZARDOUS MATERIAL
Permit? Not Needed

CONSUMER'S USE TAX
Permit? Not Needed

WITHHOLDING TAX
Permit? Not Needed

CORPORATION/PARTNERSHIP INCOME TAX

Permit? Not Needed

SIGNATURE

Full Name: Ted Wayne Cochran

SSN: [REDACTED]

Date: 8/5/2010

<p>SSN:</p> <p>4. Name: SSN:</p> <p>5. Name: SSN:</p> <p>Address: Joy Ride Transport Same as Location</p> <p>Email: ted@ridejoyride.com</p> <p>SALES TAX</p> <p>Permit? Needed</p> <p>Start: 07/05/10</p> <p>Consolidated? No</p> <p>Consolidate#:</p> <p>Estimated Tax: \$10-\$500 tax/month (File Quarterly)</p> <p>Payment: Check</p> <p>Agent Name: Ted Cochran</p> <p>SSN: [REDACTED]</p> <p>Address: Joy Ride Transport Same as Location</p>	
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10/10/10 10:10:10 AM