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**Date** September 27, 2010

PUBLIC HEARING UPON APPLICATION OF  
CITY CAB LLC  
FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
TO OPERATE A TAXICAB SERVICE IN THE CITY OF DES MOINES

WHEREAS, Section 126-181 of the Municipal Code of the City of Des Moines, Iowa, forbids the operation of a taxicab as defined under the taxicab subchapter of the municipal code (Article IV of Chapter 126) as a vehicle for hire upon the streets of Des Moines without obtaining a certificate of public convenience and necessity; and

WHEREAS, City Cab LLC, 100 East Euclid Avenue, Des Moines, Iowa, has filed an application requesting permission of the City Council to operate a taxicab service in the City of Des Moines, with a total of six vehicles; and

WHEREAS, pursuant to Section 126-185 on September 13, 2010, by Roll Call No. 10-1462, the City Council has fixed this date as the time and place for a public hearing on the matter of the application; and

WHEREAS, Section 126-186 provides if this Council finds at the conclusion of such public hearing that further taxicab service in the City of Des Moines is required by the public convenience and necessity and the applicant is fit, willing, and able to perform such public transportation and to conform to the provisions of the subchapter, then the Council shall direct the City Traffic Engineer to issue a certificate stating the name and address of the applicant, the number of vehicles authorized under said certificate and the date of issuance; otherwise the section provides the application shall be denied; and

WHEREAS, this Council shall take into consideration the information in the application and the factors set forth in Section 126-186(a), including the character, experience, and responsibility of the applicant.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Des Moines, Iowa:

That the hearing is hereby closed and the application is granted or denied, as the case may be, as set out in the next paragraph.

\_\_\_\_\_ Alternative One: That the application for a certificate of public convenience and necessity to operate a taxicab service be approved and hereby granted and the City Traffic Engineer is directed to issue a certificate stating the name and address of the applicant, the

★ Roll Call Number

Agenda Item Number

47C

Date September 27, 2010

number of vehicles authorized under the certificate, and the date of issuance, it being the finding of this City Council of the City of Des Moines that such service is required by the public convenience and necessity and that the applicant, City Cab LLC, is fit, willing, and able to perform such public transportation and to conform to the provisions of the subchapter;

or

Alternative Two: That the application for a certificate of public convenience and necessity to operate a taxicab service be hereby denied as specified below upon the specific grounds and facts set forth below.

Denial based on the following specific grounds enumerated in Sections 126-182, 126-183, 126-184, 126-186(a) and 126-187 of the Municipal Code:

Adequacy of existing transportation to meet the public need.

Applicant is not fit, willing, or able to perform such public transportation.

Substandard character, experience, responsibility of the applicant.

Likelihood operation will not be conducted in conformity with subchapter.

Other (specify):

★ **Roll Call Number**

**Agenda Item Number**  
47C

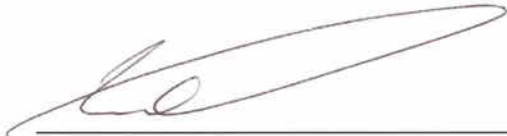
**Date** September 27, 2010

BE IT FURTHER RESOLVED that upon adoption of Alternative One (to grant the certificate), the City Traffic Engineer is hereby directed to issue a certificate to City Cab LLC stating the name and address of the applicant, the number of vehicles authorized under said certificate, as set out in the application, and the date of issuance.

(Council Communication Number 10.575 Attached)

MOVED BY \_\_\_\_\_ to adopt.

APPROVED AS TO FORM:



Lawrence R. McDowell  
 Deputy City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
GRIESS				
HENSLEY				
MAHAFFEY				
MEYER				
MOORE				
<b>TOTAL</b>				

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

**Taxicab Company Application Checklist**

Roll Call # \_\_\_\_\_

**Applicant: CITY CAB, LLC**

**August 17, 2010**

*Taxicab* or *cab* means a motor vehicle regularly engaged in the business of carrying passengers for hire in a taxicab service and not operated on a fixed route and operating with a meter.

*Taxicab driver's license* means the permission granted by the city to a person to drive a taxicab upon the streets of the city issued in the form of a metal badge.

*Taxicab license* means the license granted annually to a person who holds a certificate to conduct a taxicab service in the city.

*Taxicab service* means transportation of passengers in a motor vehicle from or to any point in the city, with dispatch available 24 hours a day.

*Taximeter* means an instrument or device attached to a taxicab, which measures mechanically, electrically, or electronically the distance driven and the waiting time upon which the fare is based and converts them to monetary charges.

*Taximeter flag* means a switch or other device which clearly indicates to passengers that the taxicab is employed and that the standard rate is being charged.

*Trip card* means a daily record prepared by a taxicab driver of all trips made by him or her showing the time and place of origin, destination, number of passengers, and the amount of fare for each trip.

**Marked blocks w/ initials indicates that the applicant has provided documentation meeting or exceeding the requirements of the Municipal Code of the City of Des Moines.**

**Sec. 126-118. Vehicle condition.**

MAX

(a) Prior to its use and operation, each vehicle shall be made to comply with all applicable requirements of the state motor vehicle code and other state and city laws.

(g) Each vehicle shall be not greater than ten (10) years old, based on the model year of production, and shall include all standard safety features in proper working order. The ten (10) year maximum age limit will not disqualify a vehicle from use as a taxicab until January 1, 2011, provided the vehicle complies with all other requirements. **Does not apply – effective 1/1/2011.**

**Sec. 126-119. Designation.**

MRB

(a) Each taxicab shall bear on the outside of a door on each side the name of the holder; and, in addition, may bear an identifying design. The markings shall be painted or affixed by decal in letters or figures at least two inches in height. Any licensed vehicle shall not have a color scheme, identifying design, monogram, or insignia that will conflict with or imitate any existing taxicab or any official or

2 | **Taxicab Company Application Checklist – City of Des Moines**

emergency vehicle color scheme, in a manner that will mislead or deceive or defraud the public.



- (b) Each taxicab shall bear on the inside of the passenger compartment clearly visible to passengers a sign which denotes the name of the holder and the number used by the holder to designate the vehicle.



**Sec. 126-120. Taximeters.**

Each taxicab operated under the authority of this article shall be equipped with a taximeter fastened in front of the passengers, visible to them at all times of the day and night, and, after sundown, the face of the taximeter shall be illuminated. The taximeter shall be operated mechanically, electrically or electronically, and shall be sealed at all points and connections which, if manipulated, would affect their correct reading and recording. Each taximeter shall have a flag to denote when the vehicle is employed and when it is not employed. The driver shall throw the taximeter flag into a recording position at the beginning of each trip and into a non-recording position at the end of each trip. Taximeters shall be subject to inspection from time to time by the police department. Any inspector or other department officer is hereby authorized, either upon complaint of any person or without such complaint, to inspect any meter, and upon discovery of an inaccuracy therein of over five percent to the prejudice of any passenger, to notify the person operating said taxicab to cease operation. The taxicab shall then be kept out of service until the taximeter is repaired, or replaced with another properly functioning meter.



**Sec. 126-123. Posting of rates.**

Every taximeter shall be connected to the taxicab so that the amount of fare shall be plainly visible to all passengers or occupants. Every vehicle shall carry a rate card, posted in a conspicuous place on the inside of the vehicle.

**Sec. 126-149. Service.**



- (a) Any person engaged in the taxicab business in the city shall render an overall service to the public desiring to use taxicabs.



- (b) The holder of a certificate shall maintain a place of business in a location properly zoned for that business.



- (c) The holder shall have a listed telephone number for receiving calls for service.



- (d) The dispatching of taxicabs shall be accomplished by the holder of the certificate using any method which accurately records and retains detailed information about each call for service and each trip, including but not limited to: time of call



### 3 | Taxicab Company Application Checklist – City of Des Moines

for service; time the trip was dispatched; address of the origin and destination of the trip; and time the trip was started (taximeter activated) and ended.

~~Requirement~~

(e) The holder shall answer all calls received for services inside the corporate limits of the city as soon as they can do so. If their services cannot be rendered within a reasonable time, they shall notify the prospective passengers how long it will be before the call can be answered and give the reason therefor.

MAD

(f) The holder shall provide a minimum of six qualified drivers.

MAD

(g) The holder shall provide a minimum of five qualified vehicles, with a minimum of four vehicles available to respond into operation at all times.

~~Requirement~~

(g) Any holder who shall refuse to accept a call anywhere in the corporate limits of the city at any time when the holder has available cabs or who shall fail or refuse to give overall service, shall be deemed a violator of this article and the certificate granted to such holder may be revoked at the discretion of the city council

#### Sec. 126-150. Reports and records.

MAD

(a) Each driver shall maintain a daily trip card. All complete trip cards shall be returned to the holder by the driver at the conclusion of his or her tour of duty. The forms for each trip card shall be furnished to the driver by the holder and shall be approved by the chief of police.

~~Annual Req.~~

(b) Each holder shall submit to the traffic engineer a report by January 30 of each year summarizing the activity of the previous year. The report shall contain general information on number and types of complaints received including information on any discrimination complaints; number of trips per vehicle; age, mileage and general condition of each vehicle; tenure and turnover of drivers; periodic normal response time and other information as required by the traffic engineer. **Annual (year-end) Requirement. Does not apply for a new application process.**

~~Requirement~~

(c) Each holder of a certificate shall retain and preserve all trip cards in a safe place for at least one month following the date of making the record. Trip cards shall be available to the chief of police and the traffic engineer.

#### Sec. 126-181. Certificate of public convenience and necessity required.

Any person owning, operating or controlling a taxicab as a vehicle for hire upon the streets of the city or picking up any passenger for a fare within the corporate limits of the city, shall first obtain certificate and the required annual license from the traffic engineer.

4 | Taxicab Company Application Checklist – City of Des Moines

NAB

(1) Contract drivers. A certificate may also be granted to an applicant or renewed to an existing holder of a certificate, who proposes to furnish taxicab service at least in part through drivers who are duly licensed by the city, who are bound by written agreement with the certificate holder to furnish taxicab services of the quality provided for in this article, and who either own or are lessees of licensed taxicabs. Such agreement shall incorporate the provisions of this article applicable to such driver. Certificate holders bound by said written agreements shall have available a report, on or before the fifth day of each month, stating the names and addresses of all drivers who operated taxicabs during the preceding month.

(2) Unincorporated association. A certificate may also be granted to an applicant, or renewed to an existing holder of a certificate, consisting of an association of taxicab owners who propose to furnish taxicab service as an operating group to meet all obligations of this article for a holder of a certificate.

NAB

(3) Any holder of a certificate operating under the above plans shall be treated as an owner in applying sections 126-119, 126-122, 126-150 and 126-187 of this article.

NAB

(4) Nothing herein shall change the holder's obligation to furnish to the city the insurance coverages provided for in section 126-187 of this division or change the license fees provided for in section 126-188 of this division.

N/A

(5) Exemptions. The following motor vehicles are excluded from the requirements of this article:

- a. Motor vehicles owned and operated by hotels, motels and other boarding places, used for the purpose of transporting patrons, without fee or charge, between said hotel, motel or boarding place and the local station of a common carrier.
- b. Ambulances and other emergency vehicles.
- c. Funeral hearses.
- d. Metropolitan Transit Authority buses or other motor buses duly licensed by the state.

**Sec. 126-182. Requirements for taxicab service.**

Any person, including an association, filing an application for a taxicab certificate shall meet the following minimum requirements:

NAB

- (1) Provide an office in a location properly zoned for that business which must be available for inspection upon request of the city manager. If vehicle maintenance and storage is provided separately from the office, then the vehicle maintenance/storage area must also be in a location properly zoned for such activity.

5 | Taxicab Company Application Checklist – City of Des Moines

MAB

(2) Provide taxicab service to the public 24 hours a day, seven days a week and have a telephone that is answered 24 hours a day, seven days a week so that any individual may request the services of the certificate holder. The business shall have a listed telephone number.

MAB

(3) Provide a minimum of six qualified taxicab drivers.

MAB

(4) Provide a minimum of five qualified taxicab vehicles with a minimum of four vehicles available to respond into operation at all times.

MAB

(5) Meet all applicable zoning ordinance regulations.

**Sec. 126-183. Application for certificate of public convenience and necessity.**

Any person seeking a certificate shall file an application with the traffic engineer. The application shall be signed by the applicant, by an officer of the applicant or, in the case of an unincorporated association, by all taxicab owners in the association, and verified under oath and shall contain the following information:

MAB

(1) The name, address and age of the applicant. If the applicant is a corporation, its name, the address of its principal place of business, and the name and address of its registered agent. If the applicant is a partnership, its name, the names of general and limited partners and the address of its principal place of business. If the applicant is an association, its name, the names and addresses of all taxicab owners in the association, the address of its principal place of business, and the name of a member authorized by the association to receive and accept all correspondence and notices from the city pertaining to the association, its members and its drivers. If the place of business is outside the corporate limits of the city, the applicant shall provide a statement from the governing jurisdiction that the business complies with the appropriate zoning regulations.

MAB

(2) The financial status of the applicant, including the amounts of all unpaid judgments against the applicant and the nature of the transaction or acts giving rise to these judgments. If the applicant is a firm, partnership, corporation or any other type of business entity, including an association, which has been organized for less than five years prior to the date of application, this information shall be provided for each of the shareholders, partners, officers, or other investors of the business entity.

MAB

(3) The experience of the applicant in the transportation of passengers including a statement of any state or municipality where the applicant has ever been licensed to operate a taxicab, or limousine service whether such license was



6 | **Taxicab Company Application Checklist – City of Des Moines**

ever suspended or revoked and the reasons for suspension or revocation, and whether an application for a license or a renewal of a license was denied and the reasons for denial. If the applicant is an association, this information shall be stated as to each member of the association.

MAB

(4) Any facts which the applicant believes tend to prove that public convenience and necessity require the granting of a certificate.

MAB

(5) The number of vehicles to be operated or controlled by the applicant. A statement of the condition of the vehicles to be operated, including the model year and type of each vehicle and the date on which the vehicle passed its most recent safety inspection, if any.

MAB

(6) The location of proposed depots and terminals.

MAB

(7) A statement as to whether the applicant has ever been convicted of, pled guilty to or stipulated to the facts of a violation of a criminal statute or ordinance, traffic law or municipal ordinance. If the applicant has been convicted, found guilty of or stipulated to a charge a statement as to the date and place of disposition, the nature of the offense and the punishment imposed. In addition, the applicant shall provide a current criminal history report from each state of residence, and a certified copy of their driving record, for the five years preceding the date of application. If the applicant is an association, the above statements shall be made, and criminal history report and certified copy of driving record provided, as to each member of the association.

MAB

(8) The number of vehicles proposed for operation during periods of maximum demand and during periods of least demand.

MAB

(9) Where the applicant will operate its dispatch service.

MAB

(10) The color scheme or insignia to be used to designate the vehicles of the applicant.

MAB

(11) Further information as the traffic engineer may require of each applicant. **COPY OF: STATE SALES TAX CERTIFICATE**

MAB

**Sec. 126-184. Investigation of applicant for certificate of public convenience and necessity.**

The police department shall review each applicant's arrest and traffic records and report the results of the investigation to the city council. Where the applicant is a corporation, the corporate officers' records shall be investigated; where a partnership, each partner's

7 | Taxicab Company Application Checklist – City of Des Moines

records shall be investigated; where an association, each association member's records shall be investigated.

**Sec. 126-187. Liability insurance.**

MAB

(a) A certificate shall not be issued or continued in effect unless and until the owner of the taxicab business furnishes to the traffic engineer an insurance policy or policies, or certificate of insurance, issued by an insurance company having an A.M. Best rating of no less than B+. The policy(ies) shall include commercial general liability insurance coverage and automobile liability insurance coverage, or the equivalent thereof, for the taxicab business and independent contractors of the taxicab business. The commercial general liability insurance shall include coverage for bodily injury, death and property damage with limits of liability of not less than \$750,000.00 per occurrence and aggregate combined single limit. The automobile liability insurance shall include coverage for bodily injury, death and property damage with limits of liability of not less than \$750,000.00 per occurrence combined single limit.

MAB

(b) The certificate of insurance referred to in this section shall provide that the insurance policy or policies have been endorsed to provide 30 days advance written notice of cancellation, 45 days advance written notice of non-renewal, and ten days advance written notice of cancellation due to nonpayment of premium, and that these written notices shall be provided by registered mail to the traffic engineer.

MAB

(c) The cancellation or other termination of any required insurance policy shall automatically revoke and terminate the certificate and all licenses issued for the taxicab business, independent contractors and the vehicles covered by such insurance policy(ies), unless another policy(ies), complying with this section, shall be provided and in effect at the time of such cancellation or termination. The traffic engineer shall immediately issue written notification of the revocation of said certificate and all licenses for the taxicab business, independent contractors and the vehicles covered by such insurance which is cancelled or terminated and shall file a copy of such notice with the city council.

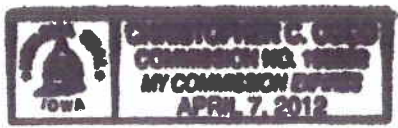
# Taxi Cab Company Application –

August 17  
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.

City Cab,  
LLC

*Michael R. Berry* 8-17-10 August 17, 2010  
Michael R. Berry, Traffic Facilities Administrator, City of Des Moines



*Christopher C. Coco*  
8/17/2010

## APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

COMES NOW, City Cab, LLC, an Iowa limited liability company ("City Cab" and "Applicant"), and for its Application for Certificate of Public Convenience and Necessity (as required by Des Moines City Ordinance sec. 126-183) states:

1. IDENTIFICATION:

- a. Applicant is an Iowa limited liability company formed on June 24, 2010.
- b. The principal place of business of the Applicant is: 100 East Euclid Avenue, Suite E, Des Moines, Iowa.
- c. The phone number of the applicant is 515-279-5555
- d. The names and addresses of the owners of Applicant are:
  - i. Shani Amin 6000 Creston Avenue Apt C9, Des Moines, Iowa 50321; and
  - ii. Mohamed Ahmed 6009 Creston Avenue Apt C21, Des Moines, Iowa 50321.
- e. The Name and address of the member authorized to accept correspondence from the City pertaining to its members and/or drivers is: Shani Amin 6000 Creston Avenue Apt C9, Des Moines, Iowa 50321.
- f. The registered agent of the Applicant is: Samuel I. Kreamer, Kreamer Law Firm, P.C., 6600 Westown Parkway #190, West Des Moines, Iowa 50266.

2. SEC. 126-118 VEHICLES. The 6 vehicles which the Applicant will initially use for its taxi service are as follows:

MAKE	MODEL	YEAR	CONDITION	DATE OF INSPECTION*	INSPECTOR
Ford	Taurus	2003	Good Working Condition	7/2/10	Midas, 2010 Ingersoll, Des Moines, IA 50312
Ford	Taurus	2003	Good Working Condition	7/2/10	Midas, 2010 Ingersoll, Des Moines, IA 50312
Ford	Taurus	2003	Good Working Condition	7/2/10	Midas, 2010 Ingersoll, Des Moines, IA 50312
Ford	Taurus	2002	Good Working Condition	7/2/10	Midas, 2010 Ingersoll, Des Moines, IA 50312
Ford	Windstar	2002	Good Working Condition	7/2/10	Midas, 2010 Ingersoll, Des Moines, IA 50312
Dodge	Grand Caravan	2005	Good Working Condition	7/8/10	Midas, 2010 Ingersoll, Des Moines, IA 50312

\* Inspections available upon request

I Shani Amin hereby state:

1. I am the President/Manager of City Cab, LLC.
2. At the time of submission of City Cab, LLC's application for license, the list of drivers who will take their cars home when not on shift and the addresses they will be parking the cars will be:

NAME	ADDRESS
Shani Amin	6000 Creston Avenue Apt C9 Des Moines, Iowa 50321
Mohamed Ahmed	6009 Creston Avenue Apt C21 Des Moines, Iowa 50321
Daud Mohamed	1081 22 <sup>nd</sup> Street Des Moines, Iowa 50311
Abdi Mohamed	6081 Creston Avenue Apt 14 Des Moines, Iowa 50321
Dini Habib	3121 Kingman Blvd. #1 Des Moines, Iowa 50311
Abdullahi Roble	700 E. 5 <sup>th</sup> Street Apt. 309 Des Moines, Iowa 50321

3. As the names and/or addresses of drivers change, City Cab, LLC will supply The Planning and Zoning department of the City of Des Moines, Iowa with a written statement as to who is no longer a driver for the Company, any change in address of any driver who are driving cars home, and the name any new driver and the address to which they will be driving their car when not on shift.
4. While on duty, drivers will not be dispatched from their residence, and if this dispatch policy changes, all drivers who are dispatched from their residence shall first obtain permission from the Board of Adjustment for a home occupation.

City Cab, LLC

By:



Shani Amin, President/Manager

Date:

8/12/10



3. SEC 126-119. DESIGNATION

- a. Attached as Exhibit A are copies of the “logo” which will be affixed to the side of each taxicab. When affixed the lettering and numbers will be at least 2” in height.
- b. When placed in service the taxicabs will be blue in color and will not conflict or imitate any existing taxicab or any official or emergency vehicle.
- c. Inside each taxicab affixed to the window of the back seat passenger door will be a sign visible to passengers denoting the number of the taxicab and its “holder”. As a non-exhaustive example the sign might read: City Cab, LLC #1. See Exhibit A-1.

4. SEC 126-120. TAXIMETERS

Each taxicab will have a taximeter which shall meet the requirements of Sec. 126-120. Attached as Exhibit B is a picture of the taximeter which will be in each taxicab.

5. SEC 126-123 POSTING OF RATES

Posted on the dashboard of each taxicab will be a rate card plainly visible to all passengers or occupants. Attached as Exhibit C is a picture of the rate card which will be on the dashboard of each taxicab.

6. SEC 126-149 SERVICE

- a. All drivers employed by the Applicant shall render an overall service to the public desiring to use taxicabs. No driver shall be authorized to deny service to any individual on the basis of race, creed, religion, national origin, sexual orientation, or gender.
- b. The principal place of business of the Applicant (100 East Euclid Avenue, Suite E, Des Moines, Iowa) is properly zoned for the operation of a taxicab business.
- c. The listed telephone number for receiving calls is 515-279-5555.
- d. Dispatch records will be maintained on a computerized system using “Comet Tracker” software. This software will allow Applicant to keep track of time of call of service; time trip was dispatched; address of the origin and destination of the trip; and time the trip was started (taximeter activated) and ended.

- e. Applicant will answer all calls received for services inside the corporate limits of the city as soon as they can do so. If services cannot be rendered within a reasonable time, Applicant will notify the prospective passenger how long it will be before the call can be answered and the reason therefore.
- f. Drivers:

NAME	Gender	EXPERIENCE IN TRANSPORTATION OF PASSENGERS	STATE OF TAXICAB LICENSURE  (photocopies of licenses are attached As Exhibit D)	ANY LICENSURE REVOCATION, SUSPENSION, OR DENIAL (AND REASON FOR SAME)
Amin	Male	2 years	IOWA	NONE
Mohamed	Male	1 year (has also driven semi-trucks for 4yrs)	IOWA	NONE
Ahmed	Male	15 years in Africa; 2 yrs in Iowa	IOWA	NONE
Mohamed	Male	2 years	IOWA	NONE
Habib	Male	2 years	IOWA	NONE
Roble	Male	2 years	IOWA	NONE

- g. Applicant will have a minimum of 4 of the vehicles listed above available to respond into operation at all times.
- h. Applicant acknowledges that it refuses to accept a call anywhere in the corporate limits of the city at a time when it has available cabs or if it fails or refuses to give overall service, its certificate may be revoked at the discretion of the city council.

7. SEC 126-150 REPORTS AND PUBLIC RECORDS

- a. Each driver will maintain a daily trip card in the form attached as Exhibit E. All complete trip cards will be returned to Applicant by the driver at the conclusion of his/her tour of duty.
- b. Applicant will submit a report by January 30 of each year summarizing the activity of the previous year. The report will contain general information on number and types of complaints received including information on any discrimination complaints; number of trips per vehicle; age, mileage and general condition of each vehicle; tenure and turn over of drivers; periodic normal response time and other information required by the traffic engineer.

- c. Applicant will preserve all trip cards in its files at its main office for at least one month following the date of making of the record, and will make trip cards available to the chief of police and the traffic engineer.

8. SEC 126-181 CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

- a. Applicant is an Iowa limited liability company which will own all the cars used for its services. Accordingly all drivers will be considered "contract drivers". All drivers will be duly licensed to operate a taxicab.
- b. Applicant is NOT an unincorporated association.
- c. City Cab, LLC shall be considered the "owner" for the purposes of Sections 126-119, 126-122, 126-150, and 126-188.
- d. NONE of the vehicles to be owned and operated by Applicant are "exempt".

9. SEC 126-182 REQUIREMENTS FOR TAXICAB SERVICE

- a. The principal place of business of the Applicant is: 100 East Euclid, Suite E, Des Moines, Iowa, and shall be available for inspection upon the request of the city manager. The vehicles owned by applicant will be maintained/services by Midas on Ingersoll in Des Moines. When not in use the taxicabs will be stored at the residence of the primary driver.
- b. Applicant will provide taxicab service to the public 24 hours a day, seven days a week. The listed telephone number which will be answered 24 hours a day, 7 days a week is: 515-279-5555.
- c. Applicant will provide a minimum of six qualified/duly licensed taxicab drivers. The initial drivers are indicated in Item 6(f) above.
- d. Applicant will provide a minimum of five qualified taxicab vehicles with a minimum of 4 vehicles available to respond into operation at all times. The initial vehicles are indicated in Item 2 above.
- e. Applicant will meet all applicable zoning ordinances.

10. SEC 126-183 APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

- a. Applicant is an Iowa limited liability company formed on June 24, 2010. The principal place of business of the Applicant is: 100 East Euclid Suite E, Des Moines, Iowa. The registered agent of the Applicant is: Samuel I. Kreamer, Kreamer Law Firm, P.C., 6600 Westown Parkway #190, West

Des Moines, Iowa 50266. The Name and address of the member authorized to accept correspondence from the City pertaining to its members and/or drivers is: Shani Amin 6000 Creston Avenue Apt C9, Des Moines, Iowa 50321.

- b. The Applicant and its owners are financially solvent. There are no unpaid judgments against the Applicant or its owners.
- c. The experience, licensure and status of the members (owners) of City Cab LLC are as follows:

NAME	EXPERIENCE IN TRANSPORTATION OF PASSENGERS	STATE OF TAXICAB LICENSURE  (photocopies of licenses are attached)	ANY LICENSURE REVOCATION, SUSPENSION, OR DENIAL (AND REASON FOR SAME)
Shani Amin	2 years	IOWA	NONE
Mohamed Ahmed	15 years in Africa; 2 yrs in Iowa	IOWA	NONE

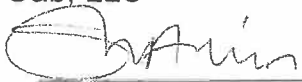
- d. Applicant believes that public convenience and necessity require the granting of a certificate to Applicant because:
  - i. The physical size and population of the metropolitan area of Des Moines indicates that presently there is a need for additional taxicab service.
  - ii. Members/Owners of Applicant have received reports from the public that there are presently long waits for taxicab service.
  - iii. Grant of the certificate to applicant will increase public safety in several respects, including, but not limited to, providing additional transportation options for intoxicated persons.
  - iv. Members/Owners of Applicant were born in Somalia and lived in Africa during their youth. The members/Owners of Applicant, the Applicant's intended drivers, and the Applicant's intended dispatcher speak several African and Arabic languages. As such, in addition to providing more overall transportation options for the general public, Applicant will be able to address the needs of members of the public who have encountered language barriers in communicating their transportation needs/desires.

- e. The descriptions of vehicles to be owned and operated by Applicant are found at Item 2 above.
  - f. The location of proposed depot and terminals are the principal place of business of the applicant at 100 East Euclid, Suite E, Des Moines, Iowa; and drivers will take taxicabs to their personal residences when they are not needed for service.
  - g. Neither the Applicant nor any of its members/owners has been convicted of, plead guilty to, or stipulated to the facts of a violation of a criminal statute or ordinance, traffic law or municipal ordinance EXCEPT: Shani Amin plead guilty to exceeding the maximum hours of service in violation of Iowa Code Section 321.499-C in October of 2009, and a speeding ticket in April of 2010. Dini Habib plead guilty to a charge of failure to obey traffic sign/signal in July of 2009. Abullahi Roble was convicted of Operating Without Equipment in July of 2007 in the State of Washington. NOTE: Iowa Courts Online reflects that there was a traffic violation in February of 2009 for an individual named Mohamed Ahmed in Woodbury County; HOWEVER this is NOT the same individual who is referred to in this document.
  - h. Criminal histories and driving records of the members/owners are provided as Exhibit F.
  - i. The number of vehicles proposed for operation during periods of maximum demand are as follows:
    - i. Maximum demand: 5
    - ii. Minimum demand: 4
  - j. Dispatch will be located at 100 East Euclid Avenue, Suite E, Des Moines, Iowa.
  - k. Vehicles will be painted blue with the logo shown at Exhibit A on the side of the cars. An example is attached as Exhibit H
11. SEC 126-187 LIABILITY INSURANCE. A certificate of liability insurance is attached as Exhibit G.

Submitted this \_\_\_ day of July, 2010.

City Cab, LLC

By:



Shani Amin, President and Manager



47C

Berry, Mike R.

To: Poorman, Phil R.  
Cc: Berry, Mike R.; Sam Kreamer  
Subject: City Cab LLC -- Zoning Statement Requirement for Taxi Cab Company Application

Phil,

Can you look up 2500 Martin Luther King Pkwy (suite #6) and tell me, based on the zoning at that location, if an appropriate use would be for;

2500 MLK Pkwy (#6) zoned Commercial - Taxi Cab Business location (Taxi vehicles will not be parked, stored or serviced at this location)

As in the past, an e-mail regarding whether this type of use is allowed would be sufficient.

Please note; this is not a duplicate request; I have two (2) Taxi Cab companies that are making application right now, and their business addresses are very similar.

If you have any questions, please feel free to contact me.

Thank you,

Mike Berry


*Michael R. Berry*

**Traffic Facilities Administrator**

**Michael R. Berry  
City of Des Moines  
Engineering Department  
Traffic & Transportation Division  
600 E. Court Avenue, Suite #200  
Des Moines, IA 50309  
(515) 283-4973  
FAX (515) 237-1640**

All-America City  
1949 1976 1981 2003 2010



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Berry, Mike R.

---

City Cab

**From:** Donovan, SuAnn M.  
**Sent:** Tuesday, August 17, 2010 12:21 PM  
**To:** Berry, Mike R.  
**Subject:** taxi license

Mike,

Zoning approves the City Cab for a taxi license for the office and repair locations submitted on their application. The owner agrees that the drivers will not be dispatched from the driver's residence.

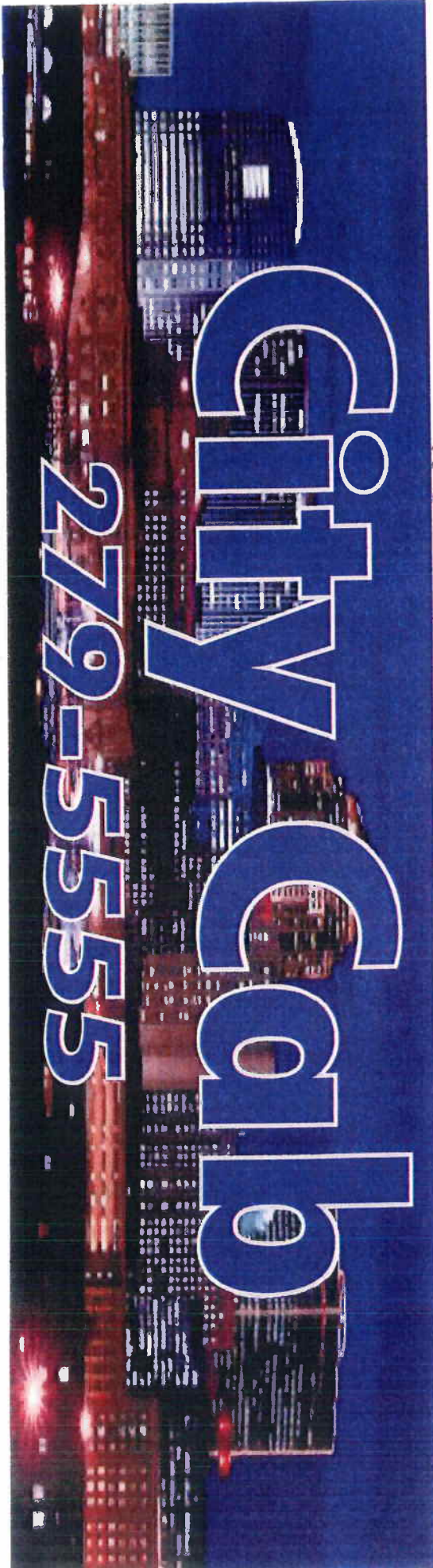
Zoning approves the limousine license for the storage of vehicles for Luxxor Limousines L.L.C

SuAnn Donovan  
Deputy Zoning Enforcement Officer

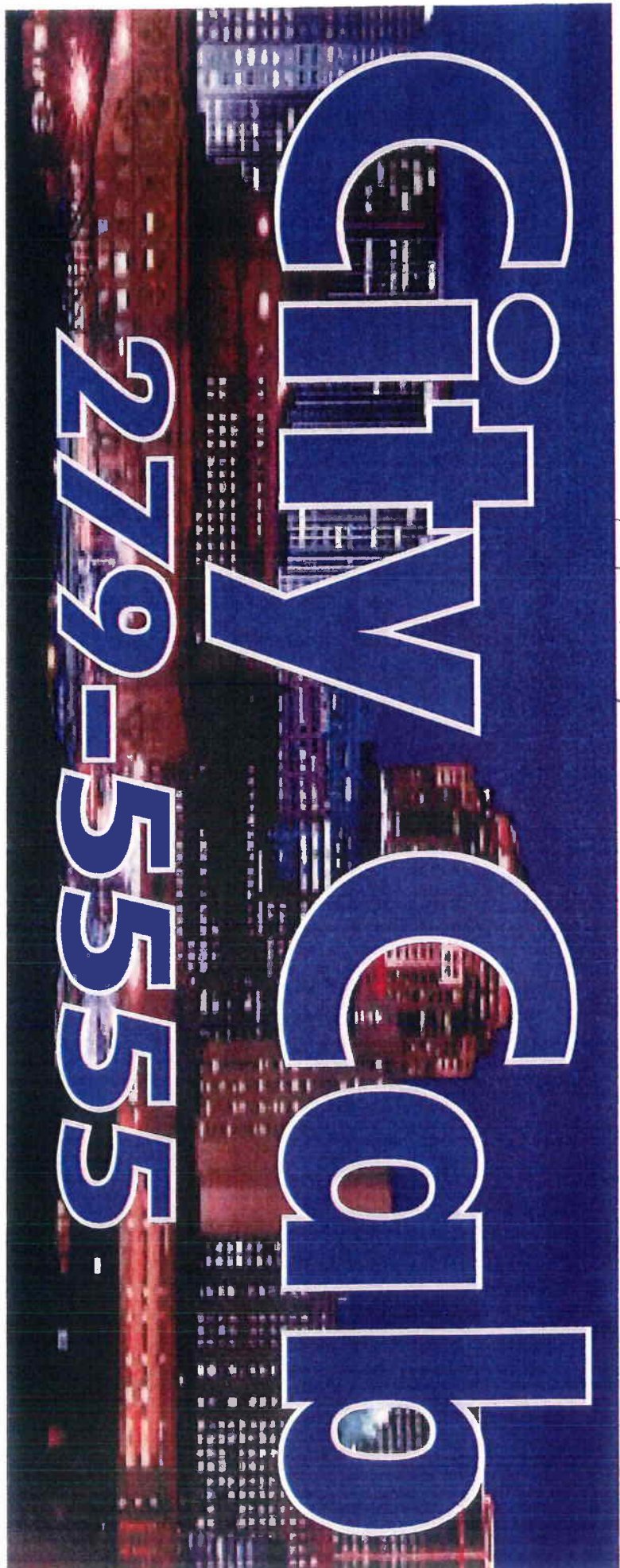
**Exhibit A and A-1  
Logo and Identification**



6.6 x 24



9.4 x 24



8/12 - each



## CITY CAB FARE

Flag drop - 2.00

One-tenth mile - .20

Night surcharge (10pm - 4 am) - 2.00

Additional Passengers - .50

Each minute waiting time - .40

Equivalent of \$24/hr.

Approved by city council

Minimum debit/credit charge - 10.00

## CITY CAB

THIS VEHICLE IDENTIFIED  
AS UNIT #1

OWNED BY CITY CAB LLC



**Exhibit B**  
**Picture of TaxiMeter**

2.00

Silent 610™  
Made in Canada  
SN 80411

**Exhibit C**  
**Picture of Posted Rate Card**



## CITY CAB FARE

Flag drop - 2.00

One-tenth mile - .20

Night surcharge (10pm - 4am) - 2.00

Additional Passengers - .50

Each minute waiting time - .40

Equivalent of \$24/hr.

Approved by city council

Minimum debit/credit charge - 10.00

47C

**Exhibit D**  
**Photos of licenses**




THE CITY OF  
**DES MOINES**  
"A Capital City!"

**TAXI DRIVERS LICENSE**

[REDACTED]

**Shani Habib Amin**  
**2010**

*Expires 12/31/2010*



LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES


THE CITY OF  
**DES MOINES**  
"A Capital City!"

**TAXI DRIVERS LICENSE**

[REDACTED]

**Daud Mohamed**  
**2010**

*Expires 12/31/2010*



LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES


THE CITY OF  
**DES MOINES**  
"A Capital City!"

**TAXI DRIVERS LICENSE**

[REDACTED]

**Mohamed Rashid Ahmed**  
**2010**

*Expires 12/31/2010*



LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES


THE CITY OF  
**DES MOINES**  
"A Capital City!"

**TAXI DRIVERS LICENSE**

**Abdi Mohamed**  
**2010**

*Expires 12/31/2010*

LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES



47C

CITY OF DES MOINES


THE CITY OF  
**DES MOINES**  
"A Capital City!"

TAXI DRIVERS LICENSE

Dini A. Habib

2010

Expires 12/31/2010





THE CITY OF  
**DES MOINES**  
"A Capital City!"

**TAXI DRIVERS LICENSE**



**Abdullahi Roble**  
**2010**



*Expires 12/31/2010*

LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES

47C

**Exhibit E**  
**Form of Trip Card to be maintained by drivers**





**Exhibit F**  
**Criminal histories and driving records**

47C



# Iowa Department of Transportation

Office of Driver Services  
PO Box 9204, Des Moines, IA 50306-9204

(Toll Free) 800-532-1121  
515-244-9124  
FAX: 515-239-1837

## Certified Abstract of Driving Record

<b>Inquiry Date:</b>	7/7/2010	<b>DL/ID #:</b>	_____ A)	<b>Customer #:</b>	1111474
<b>Name:</b>	Amin, Shani Habib	<b>Class:</b>	A	<b>ID Status:</b>	None
<b>Address:</b>	6000 Creston Ave #C9	<b>Audit #:</b>	3955807	<b>DL Status:</b>	VAL
<b>City/State:</b>	Des Moines, IA 50321	<b>Issue Date:</b>	12/18/2009	<b>CDL Status:</b>	VAL
		<b>Expiration Date:</b>	01/01/2015	<b>Restriction Supplement:</b>	None
		<b>Endorsements:</b>	NT		
<b>Mailing Address:</b>	6000 Creston Ave #C9	<b>Restrictions:</b>	NONE		
		<b>Date of Birth:</b>	( _____ )		
<b>Mailing City/State:</b>	Des Moines, IA 50321	<b>Sex:</b>	M		

## History Information

### Convictions

Citation Date	Conviction Date	ACD	Explanation	County	City
09/11/2009	10/09/2009		Logbook/Hours of Service	67	IA
03/04/2010	04/01/2010	S92	Speed	77	IA

**Name:** Amin, Shani Habib **DL/ID#** \_\_\_\_\_

Pursuant to Iowa Code §321.10, I, Kim Snook, Director of Office of Driver Services, Iowa Department of Transportation, do hereby certify that I am the custodian of the records held by the Office of Driver Services, that this is a true and accurate copy of an official record currently in the custody of said office, and that I have been authorized by the Director of the Iowa Department of Transportation to so certify.

In witness whereof, I have caused my signature and the seal of the Department to be set upon this document, at Ankeny, Iowa this date:

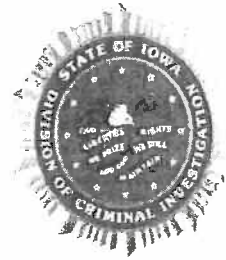
7/7/2010

Office of Driver Services  
Iowa Department of Transportation

**Name:** Amin, Shani Habib **DL/ID#** \_\_\_\_\_



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



Iowa Criminal History Record Check  
 Walk-In Request

<b>Your name</b>	SHANI AMINI
<b>Address</b>	6000 CRESTON AVE #C9
<b>City/State/Zip</b>	DES MOINES, IA 50321
<b>Phone#</b>	515-770-2148

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

<b>Last Name</b> <i>Apellido</i> (mandatory)	<b>First Name</b> <i>Primer Nombre</i> (mandatory)	<b>Middle Name</b> <i>Segundo Nombre</i> (recommended)
AMINI	SHANI	HABIB
<b>Date of Birth</b> <i>Fecha Nacimiento</i> (mandatory)	<b>Gender</b> <i>Genero</i> (mandatory)	<b>Social Security Number</b> (recommended)
██████████	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	██████████

**Waiver Signature** *Firma* (If the request is on yourself, please sign. If the request is on someone else, write N/A.)

*Shani Amin*

**Results**

As of 3-3-10, a name and date of birth check revealed:

No record found

Record attached, DCI # \_\_\_\_\_

DCI initials Bde

DCI USE ONLY

STATE OF IOWA  
 DES MOINES  
 2010 MAR -3 PM 4:10  
 DIV. OF CRIMINAL INVESTIGATION  
 1100 STATE STREET

**Receipt**

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

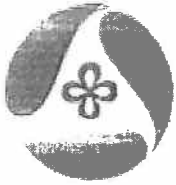
Method of payment:  cash     money order     check # \_\_\_\_\_     MasterCard or Visa

Cardholder's name \_\_\_\_\_ Last 4 digits of MC or Visa \_\_\_\_\_

DCI initials Bde

Credit Card Number # \_\_\_\_\_ Exp. Date \_\_\_\_\_





# Iowa Department of Transportation

Office of Driver Services  
PO Box 9204, Des Moines, IA 50306-9204

(Toll Free) 800-532-1121  
515-244-9124  
FAX: 515-239-1837

47C

## Certified Abstract of Driving Record

<b>Inquiry Date:</b>	7/7/2010	<b>DL/ID #:</b>		<b>Customer #:</b>	4193306
<b>Name:</b>	Mohamed, Daud Ali Abdulle	<b>Class:</b>	A	<b>ID Status:</b>	None
<b>Address:</b>	1075 22nd St Apt 1	<b>Audit #:</b>	1960948	<b>DL Status:</b>	VAL
<b>City/State:</b>	Des Moines, IA 50311	<b>Issue Date:</b>	03/14/2008	<b>CDL Status:</b>	VAL
<b>Mailing Address:</b>	PO BOX 1954	<b>Expiration Date:</b>	01/01/2013	<b>Restriction Supplement:</b>	None
<b>Mailing City/State:</b>	DES MOINES, IA 503051954	<b>Endorsements:</b>	T		
		<b>Restrictions:</b>	NONE		
		<b>Date of Birth:</b>			
		<b>Sex:</b>	M		

## History Information

Accidents - Accident involvement indicated does NOT mean the individual was at fault or given a citation.

Accident Date	Case Number	State
02/23/2010	559122	IA

Name: Mohamed, Daud Ali Abdulle **DL/ID**

Pursuant to Iowa Code §321.10, I, Kim Snook, Director of Office of Driver Services, Iowa Department of Transportation, do hereby certify that I am the custodian of the records held by the Office of Driver Services, that this is a true and accurate copy of an official record currently in the custody of said office, and that I have been authorized by the Director of the Iowa Department of Transportation to so certify.

In witness whereof, I have caused my signature and the seal of the Department to be set upon this document, at Ankeny, Iowa this date:

7/7/2010

Office of Driver Services  
Iowa Department of Transportation

Name: Mohamed, Daud Ali Abdulle **DL/I**



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



Iowa Criminal History Record Check  
 Walk-In Request

Your name	<u>David Mohamed</u>
Address	<u>1081 22nd St</u>
City/State/Zip	<u>Des Moines IA 50311</u>
Phone#	<u>515 779 4744</u>

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

<b>Last Name</b> <i>Apellido</i> (mandatory)	<b>First Name</b> <i>Primer Nombre</i> (mandatory)	<b>Middle Name</b> <i>Segundo Nombre</i> (recommended)
<u>Mohamed</u>	<u>David</u>	<u>A</u>
<b>Date of Birth</b> <i>Fecha Nacimiento</i> (mandatory)	<b>Gender</b> <i>Genero</i> (mandatory)	<b>Social Security Number</b> (recommended)
<u>[REDACTED]</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<u>[REDACTED]</u>
<b>Waiver Signature</b> <i>Firma</i> (If the request is on yourself, please sign. If the request is on someone else, write N/A.)		
<u>David Mohamed</u>		

Results

As of 7-8-10, a name and date of birth check revealed:

No record found

Record attached, DCI # \_\_\_\_\_

DCI initials Bde

DCI USE ONLY

2010 JUL -8 PM 4:20  
 [REDACTED]

Receipt

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

Method of payment:  cash  money order  check # \_\_\_\_\_  MasterCard or Visa

Cardholder's name \_\_\_\_\_ Last 4 digits of MC or Visa \_\_\_\_\_

DCI initials gr

Credit Card Number # \_\_\_\_\_ Exp. Date \_\_\_\_\_



# Iowa Department of Transportation

Office of Driver Services  
PO Box 9204, Des Moines, IA 50306-9204

(Toll Free) 800-532-1121  
515-244-9124  
FAX: 515-239-1837

47C

## Certified Abstract of Driving Record

<b>Inquiry Date:</b>	7/7/2010	<b>DL/ID #:</b>		<b>Customer #:</b>	5543730
<b>Name:</b>	Ahmed, Mohamed Rashid	<b>Class:</b>	D	<b>ID Status:</b>	None
<b>Address:</b>	6009 CRESTON AVE APT C21	<b>Audit #:</b>	4486578	<b>DL Status:</b>	VAL
<b>City/State:</b>	DES MOINES, IA 503211283	<b>Issue Date:</b>	07/06/2010	<b>CDL Status:</b>	None
<b>Mailing Address:</b>	6009 CRESTON AVE APT C21	<b>Expiration Date:</b>	09/02/2011	<b>Restriction Supplement:</b>	None
<b>Mailing City/State:</b>	DES MOINES, IA 503211283	<b>Endorsements:</b>	3		
		<b>Restrictions:</b>	Corrective Lenses		
		<b>Date of Birth:</b>			
		<b>Sex:</b>	M		

## History Information

CLEAR DRIVING RECORD

**Name:** Ahmed, Mohamed Rashid **DL/ID**

Pursuant to Iowa Code §321.10, I, Kim Snook, Director of Office of Driver Services, Iowa Department of Transportation, do hereby certify that I am the custodian of the records held by the Office of Driver Services, that this is a true and accurate copy of an official record currently in the custody of said office, and that I have been authorized by the Director of the Iowa Department of Transportation to so certify.

In witness whereof, I have caused my signature and the seal of the Department to be set upon this document, at Ankeny, Iowa this date:

7/7/2010

Office of Driver Services  
Iowa Department of Transportation

**Name:** Ahmed, Mohamed Rashid **DL/ID**



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



Iowa Criminal History Record Check  
 Walk-In Request

Your name	Mohamed RASHID AHMED
Address	6009 S WYCKES TOWN AVE HC 2 DES MOINES
City/State/Zip	50321
Phone#	9576071425

Fill in all shaded areas.

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)
AHMED	MOHAMED	RASHID
Date of Birth <i>Fecha Nacimiento</i> (mandatory)	Gender <i>Genero</i> (mandatory)	Social Security Number (recommended)
[Redacted]	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	[Redacted]
Waiver Signature <i>Firma</i> (If the request is on yourself, please sign. If the request is on someone else, write N/A.)		
[Signature]		

Results

As of 4-6-10, a name and date of birth check revealed:

No record found

Record attached, DCI # \_\_\_\_\_

DCI initials Bdc

DCI USE ONLY

STATE OF IOWA  
 D.P.S.  
 DIV. OF CRIMINAL  
 INVESTIGATION  
 2010 APR -5 AM 3:09

Receipt

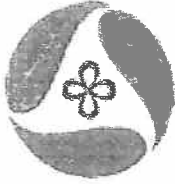
Number of requests 1 x \$10.00 per last name = Total amount \$ 10.00

Method of payment:  cash  money order  check # \_\_\_\_\_  MasterCard or Visa

Cardholder's name \_\_\_\_\_ Last 4 digits of MC or Visa \_\_\_\_\_

DCI initials Bdc

Credit Card Number # \_\_\_\_\_ Exp. Date \_\_\_\_\_



# Iowa Department of Transportation

Office of Driver Services  
PO Box 9204, Des Moines, IA 50306-9204

(Toll Free) 800-532-1121  
515-244-9124  
FAX: 515-239-1837

47C

## Certified Abstract of Driving Record

<b>Inquiry Date:</b>	4/24/2010	<b>DL/ID #:</b>		<b>Customer #:</b>	3976197
<b>Name:</b>	Mohamed, Abdi Ali Abdulle	<b>Class:</b>	A	<b>ID Status:</b>	None
<b>Address:</b>	6081 SW Creston Ave Apt14	<b>Audit #:</b>	2464755	<b>DL Status:</b>	VAL
<b>City/State:</b>	Des Moines, IA 50321	<b>Issue Date:</b>	08/20/2008	<b>CDL Status:</b>	VAL
		<b>Expiration Date:</b>	01/01/2011	<b>Restriction Supplement:</b>	None
		<b>Endorsements:</b>	TX		
<b>Mailing Address:</b>	P O Box 481	<b>Restrictions:</b>	NONE		
		<b>Date of Birth:</b>			
<b>Mailing City/State:</b>	Des Moines, IA 50302	<b>Sex:</b>	M		

## History Information

CLEAR DRIVING RECORD

**Name:** Mohamed, Abdi Ali Abdulle **DL/ID:** \_\_\_\_\_

Pursuant to Iowa Code §321.10, I, Kim Snook, Director of Office of Driver Services, Iowa Department of Transportation, do hereby certify that I am the custodian of the records held by the Office of Driver Services, that this is a true and accurate copy of an official record currently in the custody of said office, and that I have been authorized by the Director of the Iowa Department of Transportation to so certify.

In witness whereof, I have caused my signature and the seal of the Department to be set upon this document, at Ankeny, Iowa this date:

4/24/2010

Office of Driver Services  
Iowa Department of Transportation

**Name:** Mohamed, Abdi Ali Abdulle **DL/ID:** \_\_\_\_\_





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



Iowa Criminal History Record Check  
 Walk-In Request

<b>Your name</b>	Abdi Ali Abdulle Mohamed
<b>Address</b>	6081 GW Creston Ave #14
<b>City/State/Zip</b>	Des Moines IA 50321
<b>Phone#</b>	515 779-5866

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

<b>Last Name</b> <i>Apellido</i> (mandatory)	<b>First Name</b> <i>Primer Nombre</i> (mandatory)	<b>Middle Name</b> <i>Segundo Nombre</i> (recommended)
Mohamed	Abdi	Ali Abdulle
<b>Date of Birth</b> <i>Fecha Nacimiento</i> (mandatory)	<b>Gender</b> <i>Genero</i> (mandatory)	<b>Social Security Number</b> (recommended)
[Redacted]	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	[Redacted]

**Waiver Signature** *Firma* (If the request is on yourself, please sign. If the request is on someone else, write N/A.)

Abdi Mohamed

**Results**

As of 4-22-10, a name and date of birth check revealed:

No record found

Record attached, DCI # \_\_\_\_\_

DCI initials Bde

DCI USE ONLY

10 APR 2010 11:35 AM

**Receipt**

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

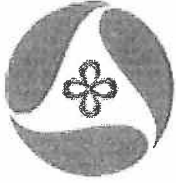
Method of payment:  cash  money order  check # \_\_\_\_\_  MasterCard or Visa

Cardholder's name \_\_\_\_\_ Last 4 digits of MC or Visa \_\_\_\_\_

DCI initials \_\_\_\_\_

Credit Card Number # \_\_\_\_\_ Exp. Date \_\_\_\_\_

47C



# Iowa Department of Transportation

Office of Driver Services  
PO Box 9204, Des Moines, IA 50306-9204

(Toll Free) 800-532-1121  
515-244-9124  
FAX: 515-239-1837

## Certified Abstract of Driving Record

**Inquiry Date:** 7/7/2010      **DL/ID #:** \_\_\_\_\_      **Customer #:** 2333119  
**Name:** Habib, Dini Amin      **Class:** A      **ID Status:** None  
**Address:** 3121 Kingman Blvd #1      **Audit #:** 3734955      **DL Status:** VAL  
**City/State:** Des Moines, IA 50311      **Issue Date:** 09/25/2009      **CDL Status:** VAL  
**Mailing Address:** 3121 Kingman Blvd #1      **Expiration Date:** 01/01/2014      **Restriction Supplement:** None  
**Mailing City/State:** Des Moines, IA 50311      **Endorsements:** T  
**Sex:** M      **Restrictions:** NONE  
**Date of Birth:** \_\_\_\_\_

## History Information

### Convictions

Citation Date	Conviction Date	ACD	Explanation	County	JUR
06/11/2009	07/13/2009	M14	Fail to Obey Traffic Sign/Signal	77	IA

### Accidents - Accident involvement indicated does NOT mean the individual was at fault or given a citation.

Accident Date	Case Number	JUR
02/07/2010	554641	IA

**Name:** Habib, Dini Amin **DL/ID:** \_\_\_\_\_

Pursuant to Iowa Code §321.10, I, Kim Snook, Director of Office of Driver Services, Iowa Department of Transportation, do hereby certify that I am the custodian of the records held by the Office of Driver Services, that this is a true and accurate copy of an official record currently in the custody of said office, and that I have been authorized by the Director of the Iowa Department of Transportation to so certify.

In witness whereof, I have caused my signature and the seal of the Department to be set upon this document, at Ankeny, Iowa this date:

7/7/2010

Office of Driver Services  
Iowa Department of Transportation

**Name:** Habib, Dini Amin **DL/ID:** \_\_\_\_\_



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



Iowa Criminal History Record Check  
 Walk-In Request

Your name	DIA HABIB
Address	3121 KINCORNER BLVD 1
City/State/Zip	DES MOINES IA 50311
Phone#	515 661-0940

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

<b>Last Name</b> <i>Apellido</i> (mandatory)	<b>First Name</b> <i>Primer Nombre</i> (mandatory)	<b>Middle Name</b> <i>Segundo Nombre</i> (recommended)
HABIB	DIA	AMIN
<b>Date of Birth</b> <i>Fecha Nacimiento</i> (mandatory)	<b>Gender</b> <i>Genero</i> (mandatory)	<b>Social Security Number</b> (recommended)
[REDACTED]	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	[REDACTED]

**Waiver Signature** *Firma* (If the request is on yourself, please sign. If the request is on someone else, write N/A.)

DIA HABIB

**Results**

As of 3-5-10, a name and date of birth check revealed:

No record found

Record attached, DCI # \_\_\_\_\_

DCI initials JO

DCI USE ONLY

STATE OF IOWA  
 DIV. OF CRIMINAL INVESTIGATION  
 2010 MAR -5 PM 2:40  
 D.P.S.

**Receipt**

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

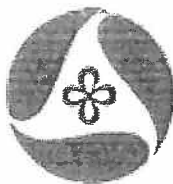
Method of payment:  cash  money order  check # \_\_\_\_\_  MasterCard or Visa

Cardholder's name \_\_\_\_\_ Last 4 digits of MC or Visa \_\_\_\_\_

DCI initials JO

Credit Card Number # \_\_\_\_\_ Exp. Date \_\_\_\_\_

47C



# Iowa Department of Transportation

Office of Driver Services  
PO Box 9204, Des Moines, IA 50306-9204

(Toll Free) 800-532-1121  
515-244-9124  
FAX: 515-239-1837

## Certified Abstract of Driving Record

<b>Inquiry Date:</b>	6/22/2010	<b>DL/ID #:</b>	_____	<b>Customer #:</b>	4653142
<b>Name:</b>	Roble, Abdullahi Mohamed	<b>Class:</b>	A	<b>ID Status:</b>	None
<b>Address:</b>	1409 University Ave	<b>Audit #:</b>	2810018	<b>DL Status:</b>	VAL
<b>City/State:</b>	Des Moines, IA 50311	<b>Issue Date:</b>	12/05/2008	<b>CDL Status:</b>	VAL
<b>Mailing Address:</b>	1409 University Ave	<b>Expiration Date:</b>	01/01/2013	<b>Restriction Supplement:</b>	None
<b>Mailing City/State:</b>	Des Moines, IA 50311	<b>Endorsements:</b>	NT		
		<b>Restrictions:</b>	NONE		
		<b>Date of Birth</b>	_____		
		<b>Sex:</b>	M		

## History Information

### Convictions

Citation Date	Conviction Date	ACD	Explanation	County	Total Records: 1
06/24/2007	07/13/2007	E50	Operating Without Equipment	WA	

Name: Roble, Abdullahi Mohamed DL/ID \_\_\_\_\_

Pursuant to Iowa Code §321.10, I, Kim Snook, Director of Office of Driver Services, Iowa Department of Transportation, do hereby certify that I am the custodian of the records held by the Office of Driver Services, that this is a true and accurate copy of an official record currently in the custody of said office, and that I have been authorized by the Director of the Iowa Department of Transportation to so certify.

In witness whereof, I have caused my signature and the seal of the Department to be set upon this document, at Ankeny, Iowa this date:

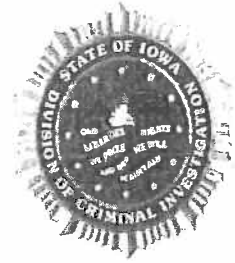
6/22/2010

Office of Driver Services  
Iowa Department of Transportation

Name: Roble, Abdullahi Mohamed DL/ID \_\_\_\_\_



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



Iowa Criminal History Record Check  
 Walk-In Request

Your name	Abdullahi Mohamed Roble
Address	7005 5th St APT 309
City/State/Zip	Des Moines IA 50309
Phone#	515 661 0849

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

<b>Last Name</b> <i>Apellido</i> (mandatory)	<b>First Name</b> <i>Primer Nombre</i> (mandatory)	<b>Middle Name</b> <i>Segundo Nombre</i> (recommended)
Roble	Abdullahi	Mohamed
<b>Date of Birth</b> <i>Fecha Nacimiento</i> (mandatory)	<b>Gender</b> <i>Genero</i> (mandatory)	<b>Social Security Number</b> (recommended)
[Redacted]	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	[Redacted]
<b>Waiver Signature</b> <i>Firma</i> (If the request is on yourself, please sign. If the request is on someone else, write N/A.)		
Abdullahi		

**Results**

As of 10-22-10, a name and date of birth check revealed:

No record found

Record attached, DCI # \_\_\_\_\_

DCI initials CD

DCI USE ONLY

2010 OCT 22 PM 2:39

**Receipt**

Number of requests 1 x \$10.00 per last name = Total amount \$ 10<sup>00</sup>

Method of payment:  cash  money order  check # \_\_\_\_\_  MasterCard or Visa

Cardholder's name \_\_\_\_\_ Last 4 digits of MC or Visa \_\_\_\_\_

DCI initials CD

Credit Card Number # \_\_\_\_\_ Exp. Date \_\_\_\_\_



47C

**Exhibit G**  
**Certificate of Insurance**

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>	OPID SF CITYC-2	DATE (MM/DD/YYYY) 07/26/10
PRODUCER <b>Freeman Insurance Agency, Inc.</b> 757 S. Gilbert Street P. O. Box 2659 Iowa City IA 52244-2659 Phone: 319-351-2244 Fax: 319-351-3230	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED  <b>City Cab, LLC</b> 100 E Euclid Ave, Ste E Des Moines IA 50313	INSURERS AFFORDING COVERAGE	
	INSURER A: <b>National Casualty Company</b>	NAIC #
	INSURER B: <b>Scottsdale Insurance Company</b>	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
LTR	INSRD						
B		GENERAL LIABILITY	CPS1241992	07/26/10	02/03/11	EACH OCCURRENCE	\$ 750,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ EXCLUDED
						PERSONAL & ADV INJURY	\$ 750,000
						GENERAL AGGREGATE	\$ 750,000
						PRODUCTS - COMP/OP AGG	\$ 750,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
A		AUTOMOBILE LIABILITY	CAO0232276	02/03/10	02/03/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 750,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTHER	
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$
		OTHER				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The City of Des Moines will receive 30 days notification in the event of cancellation, non-renewal or reduction in insurance coverage or limits and 10 days notice for non payment by mail to the City of Des Moines Traffic Engineer

**CERTIFICATE HOLDER**

DESMO-2

City of Des Moines  
 Engineering Dept/Mike Berry  
 Traffic Transportation Div  
 600 E Court Ave, Suite 200  
 Des Moines IA 50309

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
**Steven J. Fishman, CIC, CRM**

## **IMPORTANT**

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



<b>ACORD™ VEHICLE SCHEDULE</b>				DATE 7/26/2010	
PRODUCER <b>PHONE</b> (A/C, No, Ext): <b>319-351-2244</b> <b>Freeman Insurance Agency, Inc.</b> 757 S. Gilbert Street P. O. Box 2659 Iowa City, IA 52244-2659 Steven J. Fishman, CIC, CRM			APPLICANT (First Named Insured) <b>Daud Mohamed</b>		
EFFECTIVE DATE <b>02/03/10</b>		EXPIRATION DATE <b>02/03/11</b>		DIRECT BILL <b>X</b>	PAYMENT PLAN
AGENCY CUSTOMER ID <b>CITYC-2</b>		SUB CODE:		AUDIT	
CODE:			FOR COMPANY USE ONLY		

VEH #	YEAR	MAKE	MODEL	BODY TYPE	SYM/AGE	COST NEW
1	2005	Ford	Crown Vic	TAXI		\$
CITY, STATE, ZIP WHERE GARAGED: Des Moines IA 50311				LIC STATE	TERR	GWW/GCW
DRIVE TO WORK/SCHOOL		USE		COMM'L	CHECK COVERAGES	ADD'L NO-FAULT
< 15 MILES		PLEASURE		RETAIL	X LIAB	MED PAY
15 MILES +		FARM		X SERVICE	NO-FAULT	X UNINS MOTOR
DEDUCTIBLES		ACV		COMP	SPEC C OF L	MISC DR/CR:
AA		ST AMT		\$	\$	TOTAL PREM
COLL		\$		\$	COLL	\$
2	2002	Ford	Taurus	TAXI		\$
CITY, STATE, ZIP WHERE GARAGED: Des Moines IA 50311				LIC STATE	TERR	GWW/GCW
DRIVE TO WORK/SCHOOL		USE		COMM'L	CHECK COVERAGES	ADD'L NO-FAULT
< 15 MILES		PLEASURE		RETAIL	X LIAB	MED PAY
15 MILES +		FARM		X SERVICE	NO-FAULT	X UNINS MOTOR
DEDUCTIBLES		ACV		COMP	SPEC C OF L	MISC DR/CR:
AA		ST AMT		\$	\$	TOTAL PREM
COLL		\$		\$	COLL	\$
3	2002	Ford	Windstar	TAXI		\$
CITY, STATE, ZIP WHERE GARAGED: Des Moines IA 50311				LIC STATE	TERR	GWW/GCW
DRIVE TO WORK/SCHOOL		USE		COMM'L	CHECK COVERAGES	ADD'L NO-FAULT
< 15 MILES		PLEASURE		RETAIL	X LIAB	MED PAY
15 MILES +		FARM		X SERVICE	NO-FAULT	X UNINS MOTOR
DEDUCTIBLES		ACV		COMP	SPEC C OF L	MISC DR/CR:
AA		ST AMT		\$	\$	TOTAL PREM
COLL		\$		\$	COLL	\$ 438.64
4	2003	Ford	Taurus	TAXI		\$
CITY, STATE, ZIP WHERE GARAGED: Des Moines IA 50311				LIC STATE	TERR	GWW/GCW
DRIVE TO WORK/SCHOOL		USE		COMM'L	CHECK COVERAGES	ADD'L NO-FAULT
< 15 MILES		PLEASURE		RETAIL	X LIAB	MED PAY
15 MILES +		FARM		X SERVICE	NO-FAULT	X UNINS MOTOR
DEDUCTIBLES		ACV		COMP	SPEC C OF L	MISC DR/CR:
AA		ST AMT		\$	\$	TOTAL PREM
COLL		\$		\$	COLL	\$ 457.25
5						\$
CITY, STATE, ZIP WHERE GARAGED:				LIC STATE	TERR	GWW/GCW
DRIVE TO WORK/SCHOOL		USE		COMM'L	CHECK COVERAGES	ADD'L NO-FAULT
< 15 MILES		PLEASURE		RETAIL	LIAB	MED PAY
15 MILES +		FARM		SERVICE	NO-FAULT	UNINS MOTOR
DEDUCTIBLES		ACV		COMP	SPEC C OF L	MISC DR/CR:
AA		ST AMT		\$	\$	TOTAL PREM
COLL		\$		\$	COLL	\$
6						\$
CITY, STATE, ZIP WHERE GARAGED:				LIC STATE	TERR	GWW/GCW
DRIVE TO WORK/SCHOOL		USE		COMM'L	CHECK COVERAGES	ADD'L NO-FAULT
< 15 MILES		PLEASURE		RETAIL	LIAB	MED PAY
15 MILES +		FARM		SERVICE	NO-FAULT	UNINS MOTOR
DEDUCTIBLES		ACV		COMP	SPEC C OF L	MISC DR/CR:
AA		ST AMT		\$	\$	TOTAL PREM
COLL		\$		\$	COLL	\$



47C

**Exhibit H**  
**Car with Logo**



47C



Iowa Department of Revenue  
www.state.ia.us/tax

# Iowa Business Tax Registration

**Apply online for your tax permit**

If you are applying for more than one type of tax permit and the mailing addresses or responsible parties are different, attach a separate sheet listing the appropriate information. It may take up to six weeks before you receive your permit number; however, you are allowed to conduct business as soon as you submit your application.

## I. PHYSICAL LOCATION NAME/ADDRESS

Federal Employer ID Number: 27-2891632  
 (See Info Section 1)  
 Social Security Number: \_\_\_\_\_  
 Legal Name: CITY CAB, LLC  
 Trade Name: SAME  
 Street Address (Not PO Box): 100 E. EUCLID AVE  
 City: DES MOINES State: IOWA Zip+4: SUITE E  
 County Name: POLK County Number: 77  
 Phone 1: (515) 279-5555 Ext. \_\_\_\_\_  
 Phone 2: \_\_\_\_\_ Ext. \_\_\_\_\_  
Telephone Number Required

## III. PREVIOUS OWNER

If you are purchasing this business, provide previous owner's name: \_\_\_\_\_

## V. RETAILER REGISTRATION

Calendar quarters in which business is operated:

- Entire year     Jan.-March     April-June  
 July-Sept.     Oct.-Dec.

Type of products or services to be sold: TAXICAB SERVICES

Check this box if your business is a hotel, motel, inn, or bed and breakfast.

SALES TAX PERMIT (no fee)

File through eFile & Pay. See Web site for more information.

\*Starting date for selling at retail: NONE  
(MM/DD/YY)

How much sales tax do you expect to collect?

- less than \$120 tax/year (File Annually)  
 less than \$500 tax/month (File Quarterly)  
 more than \$500 tax/month (File Monthly)  
 more than \$5,000 tax/month (electronic payment required)  
 (File Semi-Monthly)

If you have more than one location, do you want to file consolidated returns? \_\_\_\_\_

Number of locations to file consolidated: \_\_\_\_\_

See "INFORMATION" section on consolidated returns.

CONSUMER'S USE TAX (no fee):

This is only for those who purchase taxable goods or services that you consume in Iowa and do not pay sales tax when the purchases are made. File through eFile & Pay. See Web site for more information.

\*Starting date for making purchases: NONE  
(MM/DD/YY)

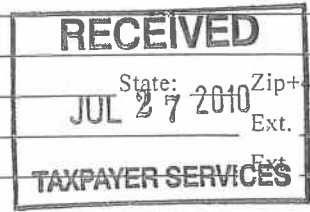
How much consumer's use tax do you think you will owe?

- less than \$120 tax/year (File Annually)  
 more than \$120 tax/year (File Quarterly)

## II. MAILING NAME/ADDRESS

If your mailing address is different than the location of your business, complete this section.

Name: SAME  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_  
 Phone 1: \_\_\_\_\_ Ext. \_\_\_\_\_  
 Phone 2: \_\_\_\_\_ Ext. \_\_\_\_\_



## IV. TYPE OF OWNERSHIP (MUST check one)

- Sole Proprietor     Partnership     Corporation  
 Association     Government     Limited Liability Co

Date Established: \_\_\_\_\_

State in which Established: \_\_\_\_\_

OUT-OF-STATE RETAILER'S USE TAX PERMIT (no fee):  
 Retailers making taxable sales in Iowa from an out-of-state location must register to collect retailer's use tax. File through eFile & Pay. See Web site for more information.

\*Starting date for selling at retail in Iowa: NONE  
(MM/DD/YY)

How much tax do you expect to collect?

- less than \$120 tax/year (File Annually)  
 less than \$1,500 tax/month (File Quarterly)  
 more than \$1,500 tax/month (File Monthly)

MOTOR VEHICLE RENTAL TAX (no fee)

If you rent motor vehicles to customers, you must collect this tax. Motor vehicle rental tax permit is always filed quarterly.

\*Starting date for renting automobiles in Iowa: NONE  
(MM/DD/YY)

HOUSEHOLD HAZARDOUS MATERIAL PERMIT:

See "INFORMATION" section for explanation of HHM permits.

\*Starting date for selling hazardous material: NONE  
(MM/DD/YY)

- Regular (\$25 fee)     Special (\$125 fee or more)

## VI. WITHHOLDING TAX REGISTRATION (no fee)

Complete this section if you have employees. File through eFile & Pay. See Web site for more information.

\*Starting date for withholding Iowa income tax: NONE  
(MM/DD/YY)

Select a filing status:

How much Iowa income tax do you think you will be withholding?

- less than \$500 tax/month (File Quarterly)  
 more than \$500 tax/month (File Monthly)  
 more than \$10,000 tax/month (File Semi-Monthly)  
 (electronic payment required)

See "INFORMATION" section for definition of withholding agent.

Withholding Agent's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



**VII. CORPORATION/PARTNERSHIP REGISTRATION**

Complete this section only if you are registering to file corporation or partnership income tax returns.

\*Starting date for doing business in Iowa: 08/01/2010  
(MM/DD/YY)

If corporation, check type:

- Regular     S Corp     UBIT
- Coop        IC-DISC     FSC

If partnership, check here:

If Limited Liability Company (LLC), check here:

Month in which the tax year ends: DECEMBER

Primary business activity: \_\_\_\_\_

**VIII. OWNERS, GENERAL PARTNERS, CORPORATE OFFICERS AND RESPONSIBLE PARTIES**

Print the names and Social Security Numbers of all. Attach additional sheets if necessary. If partnership, you must include two names and Social Security Numbers.

Name: SHAMI AMIN

SSN: \_\_\_\_\_

Name: MOHAMED AHMED

SSN: \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**IX. SIGNATURE**

This application must be signed by the owner, one of the partners or one of the corporate officers listed above. A preparer's signature is not acceptable unless he/she is one of the owners or corporate officers.

Signature: [Signature]

Print Name Here: SHAMI AMIN

Social Security Number: \_\_\_\_\_

Date: 7/27/10

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING.  
Returns filed late are subject to penalties and interest.  
Multiple delinquent filings can result in revocation of sales tax permit(s) and assessment of substantial bonds.

**eFile & Pay:** File and pay your Iowa withholding, sales, consumer's use, retailer's use, corporate estimates, individual estimates, and motor fuel taxes through eFile & Pay. A return must be filed even if you had no activity or no tax due. Once your Business Tax Registration form has been processed, you will receive a tax permit number and Business eFile Number (BEN) letter in the mail. Businesses that prepare tax returns for clients may want to register as "bulk filers." Information is available at [www.state.ia.us/tax](http://www.state.ia.us/tax)

FOR OFFICE USE ONLY

COUNTY: \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_ FILER TYPE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BUS CLASS: \_\_\_\_\_ OWNER TYPE: \_\_\_\_\_

HOTEL/MOTEL: \_\_\_\_\_

**INFORMATION**

To apply for a license and/or permit not listed on this form, contact Taxpayer Services.

**Section I: Physical Location Name/Address**

- If a partnership, corporation, or government entity, provide a Federal Employer Identification Number (FEIN).
- If you are in the process of applying for a FEIN, write "applied for" on that line.

*NOTE:* Sole proprietors with employees need a FEIN.

**Section V: Retailer Registration - Consolidated Filers**

- Consolidated Returns: Filed by a retailer with more than one sales tax permit.
- NOTE:* Auto rental and hotel/motel permits can't be consolidated.
- To become consolidated, attach a list of businesses, their locations, and sales tax permit numbers.
- To add a new location to a current consolidated account, include your consolidated permit number.

**Electronic Payment:**

- Options: ePay (direct debit), ACH Credit, or credit card.
- Semi-monthly filers are required to pay electronically.

**Household Hazardous Material Permit (HHM)**

- Permit must be obtained for each location selling HHM on a retail basis.
- Manufacturers/distributors selling door-to-door may purchase one \$25 permit for the first \$3 million in sales.
- An additional \$100 fee is charged for each subsequent increment of \$3 million in sales.
- Fees are not prorated or refunded. Permits must be renewed annually on July 1.
- Common HHM: Motor oil, filters, fuel additives, degreasers, waxes, polishes, solvents, fertilizers, and pesticides.
- Not HHM: Detergents, soaps, and medications.
- Questions? Contact Iowa Department of Natural Resources at 515-281-8941.

**Section VI: Withholding Tax Registration**

- Withholding agent: Person who has authority to make wage payments or to delegate that authority. Not necessarily the person who does the actual bookkeeping, return preparation, or check writing.
  - Withholding agents are personally, individually, and corporately liable to the State of Iowa for withholding and paying money withheld. If a withholding agent fails to withhold and pay the required amount, that amount may be assessed against the withholding agent.
- NOTE:* A payroll service is not a withholding agent.

**Mailing Address/Fax Number**

- Mail to: Registration Services, Iowa Department of Revenue, PO Box 10465, Des Moines, IA 50306-0465.
- Fax to: 515-281-3906, ATTN: Registration Services.

**Questions? Contact Taxpayer Services**

- Web site: [www.state.ia.us/tax](http://www.state.ia.us/tax)
- Phone: 515-281-3114/800-367-3388
- E-Mail: [idr@iowa.gov](mailto:idr@iowa.gov)

**List of Iowa Counties and County Numbers**

01-ADAIR	26-DAVIS	51-JEFFERSON	76-POCAHONTAS
02-ADAMS	27-DECATUR	52-JOHNSON	77-POLK
03-ALLAMAKEE	28-DELAWARE	53-JONES	78-POTTAWATTAMIE
04-APPANOOSE	29-DES MOINES	54-KEOKUK	79-POWESHIEK
05-AUDUBON	30-DICKINSON	55-KOSSUTH	80-RINGGOLD
06-BENTON	31-DUBUQUE	56-LEE	81-SAC
07-BLACK HAWK	32-EMMET	57-LINN	82-SCOTT
08-BOONE	33-FAYETTE	58-LOUISA	83-SHELBY
09-BREMER	34-FLOYD	59-LUCAS	84-SIOUX
10-BUCHANAN	35-FRANKLIN	60-LYON	85-STORY
11-BUENA VISTA	36-FREMONT	61-MADISON	86-TAMA
12-BUTLER	37-GREENE	62-MAHASKA	87-TAYLOR
13-CALHOUN	38-GRUNDY	63-MARION	88-UNION
14-CARROLL	39-GUTHRIE	64-MARSHALL	89-VAN BUREN
15-CASS	40-HAMILTON	65-MILLS	90-WAPELLO
16-CEDAR	41-HANCOCK	66-MITCHELL	91-WARREN
17-CERRO GORDO	42-HARDIN	67-MONONA	92-WASHINGTON
18-CHEROKEE	43-HARRISON	68-MONROE	93-WAYNE
19-CHICKASAW	44-HENRY	69-MONTGOMERY	94-WEBSTER
20-CLARKE	45-HOWARD	70-MUSCATINE	95-WINNEBAGO
21-CLAY	46-HUMBOLDT	71-O'BRIEN	96-WINNEBIEK
22-CLAYTON	47-IDA	72-OSCEOLA	97-WOODBURY
23-CLINTON	48-IOWA	73-PAGE	98-WORTH
24-CRAWFORD	49-JACKSON	74-PALO ALTO	99-WRIGHT
25-DALLAS	50-JASPER	75-PLYMOUTH	

47C

Berry, Mike R.

**From:** O'Donnell, James M.  
**Sent:** Monday, July 19, 2010 1:55 PM  
**To:** Berry, Mike R.  
**Cc:** Bradshaw, Judy A.; Kingery, Anna L.  
**Subject:** FW: Approval of Daily Trip Card for Taxi Applicant

Mike:  
As requested.  
Jim O'D

---

**From:** Edwards, Jeff D.  
**Sent:** Monday, July 19, 2010 1:52 PM  
**To:** O'Donnell, James M.  
**Cc:** Buzynski, Mark J.; Waymire, Steve M.  
**Subject:** FW: Approval of Daily Trip Card for Taxi Applicant

A/C O'Donnell,

In the interest of time, I am sending this directly back to you with Officer West's review and recommendation.

Sgt. Edwards

---

**From:** West, Mike D.  
**Sent:** Monday, July 19, 2010 1:47 PM  
**To:** Edwards, Jeff D.  
**Subject:** FW: Approval of Daily Trip Card for Taxi Applicant

Sgt,

I have reviewed the taxi trip card and it complies with the necessary information needed when transporting a customer. I would recommend the approval of the taxi trip card.

Michael West  
Senior Police Officer  
Traffic Unit

---

**From:** Edwards, Jeff D.  
**Sent:** Monday, July 19, 2010 12:07 PM  
**To:** West, Mike D.  
**Subject:** FW: Approval of Daily Trip Card for Taxi Applicant

---

**From:** O'Donnell, James M.  
**Sent:** Monday, July 19, 2010 11:17 AM  
**To:** Edwards, Jeff D.



**Cc:** Bradshaw, Judy A.; Kingery, Anna L.; Waymire, Steve M.  
**Subject:** FW: Approval of Daily Trip Card for Taxi Applicant

Jeff:  
Please handle.  
Jim O'D

---

**From:** Kingery, Anna L.  
**Sent:** Monday, July 19, 2010 10:15 AM  
**To:** Berry, Mike R.  
**Cc:** Bradshaw, Judy A.; O'Donnell, James M.; Kingery, Anna L.  
**Subject:** FW: Approval of Daily Trip Card for Taxi Applicant

I apologize for the delay, Mike. I have forwarded your request to Assistant Chief James O'Donnell, commander of our Operations Division, for review.

*Anna Kingery  
Exec Adm Asst to the  
Chief of Police  
Des Moines Police Department  
25 E. 1st Street  
Des Moines, IA 50309  
Phone: 515-237-1627*

---

**From:** Berry, Mike R.  
**Sent:** Tuesday, July 06, 2010 3:52 PM  
**To:** Kingery, Anna L.  
**Cc:** Berry, Mike R.  
**Subject:** Approval of Daily Trip Card for Taxi Applicant

Anna,

I have enclosed a memo with a copy of a Daily Trip Card submitted by United Cab Ltd., in their application for a certificate to operate a Taxi company.

Could you have this reviewed and returned to me, please?

Thank you,




United Cab Ltd Trip  
Card.pdf

*Michael R. Berry*

Traffic Facilities Administrator

Michael R. Berry  
City of Des Moines  
Engineering Department  
Traffic & Transportation Division  
600 E. Court Avenue, Suite #200  
Des Moines, IA 50309  
(515) 283-4973  
FAX (515) 237-1640



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**CITY OF DES MOINES**  
Office of  
**TRAFFIC AND TRANSPORTATION**

**TO:** SPO Mike West, Traffic Unit  
DM Police Department

**DATE:** July 19, 2010

**FROM:** Mike Berry  
Eng. Dept. – Traffic Div.

**SUBJECT:** Transmittal of Request for a Certificate  
of Public Necessity to operate a  
Limousine Company – City Cab LLC.

Mike,

Attached, you will find the information that I have been provided by City Cab, LLC's registered agent, Samuel I. Kreamer (Kreamer Law Firm, PC) and the three owners; Mohamed Ahmed, Shani Amin & Daud Mohamed, dba City Cab LLC., the corporation that is applying for a Certificate of Public Necessity to operate a Taxi Cab Company.

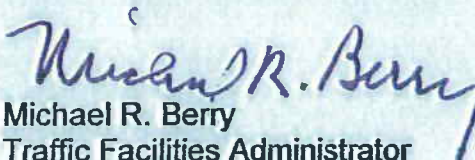
Under §126-63.5 the Police Department has a requirement to investigation the criminal and drivers records of an applicant, in this case the Corporate Owners of City Cab LLC., Mohamed Ahmed, Shani Amin & Daud Mohamed, when applying for a license to operate as a limousine company, in the City of Des Moines.

Please see the attached documents regarding the individuals who are the corporate owners.

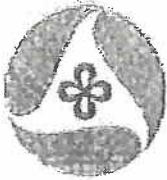
The applicants are asking that this go before Council as soon as possible. The application itself is substantially complete; there is only one significant additional documents and a couple of small clarifications required for the application to be considered complete, so it can be submitted to Council.

Please note that this is the second Taxi Cab Company application submitted to this office this month.

If you have any questions or further comments regarding this matter, please feel free to contact me. Thanks.

  
Michael R. Berry  
Traffic Facilities Administrator

Encl.



# Iowa Department of Transportation

Office of Driver Services  
PO Box 9204, Des Moines, IA 50306-9204

(Toll Free) 800-532-1121  
515-244-9124  
FAX: 515-239-1837

## Certified Abstract of Driving Record

<b>Inquiry Date:</b>	7/7/2010	<b>DL/ID #:</b>		<b>Customer #:</b>	5543730
<b>Name:</b>	Ahmed, Mohamed Rashid	<b>Class:</b>	D	<b>ID Status:</b>	None
<b>Address:</b>	6009 CRESTON AVE APT C21	<b>Audit #:</b>	4486578	<b>DL Status:</b>	VAL
<b>City/State:</b>	DES MOINES, IA 503211283	<b>Issue Date:</b>	07/06/2010	<b>CDL Status:</b>	None
<b>Mailing Address:</b>	6009 CRESTON AVE APT C21	<b>Expiration Date:</b>	09/02/2011	<b>Restriction Supplement:</b>	None
<b>Mailing City/State:</b>	DES MOINES, IA 503211283	<b>Endorsements:</b>	3		
		<b>Restrictions:</b>	Corrective Lenses		
		<b>Date of Birth:</b>			
		<b>Sex:</b>	M		

## History Information

CLEAR DRIVING RECORD

Name: Ahmed, Mohamed Rashid DL/ID

Pursuant to Iowa Code §321.10, I, Kim Snook, Director of Office of Driver Services, Iowa Department of Transportation, do hereby certify that I am the custodian of the records held by the Office of Driver Services, that this is a true and accurate copy of an official record currently in the custody of said office, and that I have been authorized by the Director of the Iowa Department of Transportation to so certify.

In witness whereof, I have caused my signature and the seal of the Department to be set upon this document, at Ankeny, Iowa this date:

7/7/2010

Office of Driver Services  
Iowa Department of Transportation

Name: Ahmed, Mohamed Rashid DL/ID

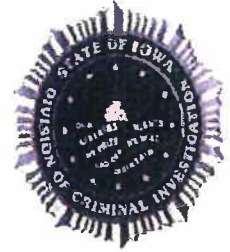
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47C



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



Iowa Criminal History Record Check  
Walk-In Request

Your name	Mohamed RASHID AHMED
Address	6009 SW CRYSTAL AVE #C2 DES MOINES
City/State/Zip	50321
Phone#	957 6071425

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

<b>Last Name</b> <i>Apellido</i> (mandatory)	<b>First Name</b> <i>Primer Nombre</i> (mandatory)	<b>Middle Name</b> <i>Segundo Nombre</i> (recommended)
AHMED	MOHAMED	RASHID
<b>Date of Birth</b> <i>Fecha Nacimiento</i> (mandatory)	<b>Gender</b> <i>Genero</i> (mandatory)	<b>Social Security Number</b> (recommended)
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Waiver Signature</b> <i>Firma</i> (If the request is on yourself, please sign. If the request is on someone else, write N/A.)		

Results

As of 4-6-10, a name and date of birth check revealed:

- No record found
- Record attached, DCI # \_\_\_\_\_

DCI initials BH

DCI USE ONLY  
 2010 APR -5 AM 3:09  
 DIV. OF CRIMINAL INVESTIGATION  
 STATE OF IOWA  
 D.P.S.

Receipt

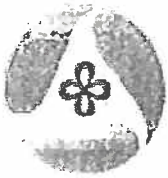
Number of requests 1 x \$10.00 per last name = Total amount \$ 10.00

Method of payment:  cash  money order  check # \_\_\_\_\_  MasterCard or Visa

Cardholder's name \_\_\_\_\_ Last 4 digits of MC or Visa \_\_\_\_\_

DCI initials BH





# Iowa Department of Transportation

Office of Driver Services  
PO Box 9204, Des Moines, IA 50306-9204

(Toll Free) 800-532-1121  
515-244-9124  
FAX: 515-239-1837

47c

## Certified Abstract of Driving Record

<b>Inquiry Date:</b>	7/7/2010	<b>DL/ID #:</b>	)	<b>Customer #:</b>	4193306
<b>Name:</b>	Mohamed, Daud Ali Abdulle	<b>Class:</b>	A	<b>ID Status:</b>	None
<b>Address:</b>	1075 22nd St Apt 1	<b>Audit #:</b>	1960948	<b>DL Status:</b>	VAL
<b>City/State:</b>	Des Moines, IA 50311	<b>Issue Date:</b>	03/14/2008	<b>CDL Status:</b>	VAL
<b>Mailing Address:</b>	PO BOX 1954	<b>Expiration Date:</b>	01/01/2013	<b>Restriction Supplement:</b>	None
<b>Mailing City/State:</b>	DES MOINES, IA 503051954	<b>Endorsements:</b>	T		
		<b>Restrictions:</b>	NONE		
		<b>Date of Birth:</b>			
		<b>Sex:</b>	M		

## History Information

Accidents - Accident involvement indicated does NOT mean the individual was at fault or given a citation.

Accident Date	Case Number	State
02/23/2010	559122	IA

Name: Mohamed, Daud Ali Abdulle DL/ID:

Pursuant to Iowa Code §321.10, I, Kim Snook, Director of Office of Driver Services, Iowa Department of Transportation, do hereby certify that I am the custodian of the records held by the Office of Driver Services, that this is a true and accurate copy of an official record currently in the custody of said office, and that I have been authorized by the Director of the Iowa Department of Transportation to so certify.

In witness whereof, I have caused my signature and the seal of the Department to be set upon this document, at Ankeny, Iowa this date:

7/7/2010

Office of Driver Services  
Iowa Department of Transportation

Name: Mohamed, Daud Ali Abdulle DL/ID:

47C



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



### Iowa Criminal History Record Check Walk-In Request

Your name	<u>David Mohamed</u>
Address	<u>1081 22nd St</u>
City/State/Zip	<u>Des Moines IA 50311</u>
Phone#	<u>515 779 4744</u>

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

<b>Last Name</b> <i>Apellido</i> (mandatory)	<b>First Name</b> <i>Primer Nombre</i> (mandatory)	<b>Middle Name</b> <i>Segundo Nombre</i> (recommended)
<u>Mohamed</u>	<u>David</u>	<u>IA</u>
<b>Date of Birth</b> <i>Fecha Nacimiento</i> (mandatory)	<b>Gender</b> <i>Genero</i> (mandatory)	<b>Social Security Number</b> (recommended)
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Waiver Signature</b> <i>Firma</i> (If the request is on yourself, please sign. If the request is on someone else, write N/A.)		
<u>David Mohamed</u>		

DCI USE ONLY

**Results**

As of 7-8-10 a name and date of birth check revealed:

No record found

Record attached, DCI # \_\_\_\_\_

DCI initials Bde

2010 JUL -8 PM 4:28  
 DIV. OF CRIMINAL INVESTIGATION  
 FILE 05-0000

**Receipt**

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

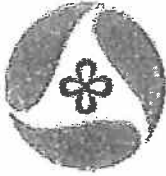
Method of payment:  cash  money order  check # \_\_\_\_\_  MasterCard or Visa

Cardholder's name \_\_\_\_\_ Last 4 digits of MC or Visa \_\_\_\_\_

DCI initials GR

Credit Card Number # \_\_\_\_\_ Exp. Date \_\_\_\_\_

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# Iowa Department of Transportation

Office of Driver Services  
PO Box 9204, Des Moines, IA 50306-9204

(Toll Free) 800-532-1121  
515-244-9124  
FAX: 515-239-1837

## Certified Abstract of Driving Record

<b>Inquiry Date:</b>	7/7/2010	<b>DL/ID #:</b>		<b>Customer #:</b>	1111474
<b>Name:</b>	Amin, Shani Habib	<b>Class:</b>	A	<b>ID Status:</b>	None
<b>Address:</b>	6000 Creston Ave #C9	<b>Audit #:</b>	3955807	<b>DL Status:</b>	VAL
		<b>Issue Date:</b>	12/18/2009	<b>CDL Status:</b>	VAL
<b>City/State:</b>	Des Moines, IA 50321	<b>Expiration Date:</b>	01/01/2015	<b>Restriction Supplement:</b>	None
		<b>Endorsements:</b>	NT		
<b>Mailing Address:</b>	6000 Creston Ave #C9	<b>Restrictions:</b>	NONE		
		<b>Date of Birth:</b>			
<b>Mailing City/State:</b>	Des Moines, IA 50321	<b>Sex:</b>	M		

## History Information

### Convictions

Citation Date	Conviction Date	ACD	Explanation	County	JUR
09/11/2009	10/09/2009		Logbook/Hours of Service	67	IA
03/04/2010	04/01/2010	S92	Speed	77	IA

Name: Amin, Shani Habib DL/ID

Pursuant to Iowa Code §321.10, I, Kim Snook, Director of Office of Driver Services, Iowa Department of Transportation, do hereby certify that I am the custodian of the records held by the Office of Driver Services, that this is a true and accurate copy of an official record currently in the custody of said office, and that I have been authorized by the Director of the Iowa Department of Transportation to so certify.

In witness whereof, I have caused my signature and the seal of the Department to be set upon this document, at Ankeny, Iowa this date:

7/7/2010

Office of Driver Services  
Iowa Department of Transportation

Name: Amin, Shani Habib DL/ID



47C



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



### Iowa Criminal History Record Check Walk-In Request

Your name	SHANI AMIN
Address	6000 Creston Ave #C9
City/State/Zip	Des Moines, IA 50321
Phone#	515-770-2148

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

<b>Last Name</b> <i>Apellido (mandatory)</i>	<b>First Name</b> <i>Primer Nombre (mandatory)</i>	<b>Middle Name</b> <i>Segundo Nombre (recommended)</i>
AMIN	SHANI	HABIB
<b>Date of Birth</b> <i>Fecha Nacimiento (mandatory)</i>	<b>Gender</b> <i>Genero (mandatory)</i>	<b>Social Security Number</b> <i>(recommended)</i>
1 / 1	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

**Waiver Signature** *Firma (If the request is on yourself, please sign. If the request is on someone else, write N/A.)*

*Shani Amin*

DCI USE ONLY

### Results

As of 3-3-10, a name and date of birth check revealed:

No record found

Record attached, DCI # \_\_\_\_\_

DCI initials Bde

STATE OF IOWA  
D.P.S.  
2010 MAR -3 PM 4:10  
DIV. 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 # \_\_\_\_\_  MasterCard or Visa

Cardholder's name \_\_\_\_\_ Last 4 digits of MC or Visa \_\_\_\_\_

DCI initials Bde

Credit Card Number # \_\_\_\_\_ Exp. Date \_\_\_\_\_

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Des Moines, IA 50310-6166  
**(515) 279-5555**

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**The Cab**

8460 Birchwood Ct #STE 900  
Johnston, IA 50131-2881  
**(515) 276-5930**

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