

★ Roll Call Number

Agenda Item Number

37B

.....
Date October 11, 2010

PUBLIC HEARING UPON APPLICATION OF
UNITED CAB LTD.
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, United Cab Ltd., 2500 Martin Luther King Jr. Parkway, Suite 4, 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 five vehicles; and

WHEREAS, pursuant to Section 126-185 on September 13, 2010, by Roll Call No. 10-1463, the City Council opened the public hearing on the matter of the application at its regular meeting on September 27, 2010 and by Roll Call No.10-1588, the City Council continued the public hearing to this date; 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

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Engineer is directed to issue a certificate stating the name and address of the applicant, the 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, United Cab Ltd., 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):

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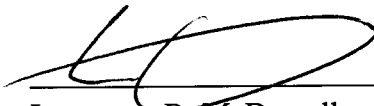
Date October 11, 2010

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 United Cab Ltd. 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 10-617 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				
TOTAL				

MOTION CARRIED APPROVED

 Mayor

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.

 City Clerk

Date Oct 11 2010

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Taxicab Company Application Checklist

Applicant: **UNITED CAB LTD**

August 24, 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 block w/ initials indicates that the applicant has provided documentation meeting or exceeding the requirements of the Municipal Code of the City of Des Moines , **indicates operational requirement to be met**

Sec. 126-118. Vehicle condition.

- (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. Vehicles to be serviced at All Pro Service Center, 5904 Meredith Dr., Des Moines, IA 50322
- (g) Each vehicle shall be not greater than ten (10) years old, based on the model 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. All Vehicles submitted are less than 5 years old.

Sec. 126-119. Designation.

- (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

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emergency vehicle color scheme, in a manner that will mislead or deceive or defraud the public. Applicant has met all of these requirements.

- MAB** (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. Applicant has met all of these requirements.

MAB **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. Applicant has met all of these requirements. Using a Centrodyne Model SG10 (Silent G10)

MAB **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. Applicant has met all of these requirements. Example of Rate Card is enclosed. Rate Card enclosed was approved by the Des Moines Chief of Police this month.

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.

- MAB** (b) The holder of a certificate shall maintain a place of business in a location properly zoned for that business. Zoning approval received from Deputy Zoning Enforcement Officer

- MAB** (c) The holder shall have a listed telephone number for receiving calls for service. Applicant has met all of these requirements. Proposed Yellow Book listing (515)277-7784.

- MAB** (d) The dispatching of taxicabs shall be accomplished by the holder of the certificate using any method which accurately records and retains detailed information

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about each call for service and each trip, including but not limited to: time of call 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. Applicant has met all of these requirements. Dispatch register example provided.

- (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.
- (f) The holder shall provide a minimum of six qualified drivers. Applicant has met all of these requirements. By name driver listing was provided to the Traffic & Transportation Division.
- (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. Applicant has met all of these requirements. Vehicle listing (5 vehicles) provided to Traffic & Transportation Division.
- (h) 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.

- (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. Applicant has met all of these requirements. Trip card approved by the Chief of Police 7/19/10.
- (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.
- (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

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the city, shall first obtain certificate and the required annual license from the traffic engineer.

(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.

N/A (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. Not applicable.~~

(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.

(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.

(5) Exemptions. The following motor vehicles are excluded from the requirements of this article: **NOT EXEMPT** *mlb*

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:

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-  **NRB** (h) 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. Zoning approval received from Deputy Zoning Enforcement Officer
-  (1) 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. Yellow Book proposed listing (enclosed) (515) 277-7784
-  **NRB** (3) Provide a minimum of six qualified taxicab drivers. By name driver listing was provided to the Traffic & Transportation Division, Six drivers.
-  **NRB** (4) Provide a minimum of five qualified taxicab vehicles with a minimum of four vehicles available to respond into operation at all times. Vehicle listing was provided to the Traffic & Transportation Division, Indicates 5 vehicles.
-  **NRB** (i) (5) Meet all applicable zoning ordinance regulations. Zoning approval received from Deputy Zoning Enforcement Officer

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:

-  **NRB** (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. Applicant has met all of these requirements.
-  **NRB** (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

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provided for each of the shareholders, partners, officers, or other investors of the business entity. Applicant indicates good financial status. No judgments.

- (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 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. Applicant has provided this information in the narrative application letter.
- (4) Any facts which the applicant believes tend to prove that public convenience and necessity require the granting of a certificate. Applicant has provided 3 statements about this information as an attachment to the narrative application letter.
- (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. Applicant has provided all of this information as part of the narrative application letter packet.
- (6) The location of proposed depots and terminals. Applicant has provided this information in the narrative application letter.
- (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. Applicant has provided this information in the narrative application letter. Des Moines Police Department investigation confirms information provided.
- (8) The number of vehicles proposed for operation during periods of maximum demand and during periods of least demand. Applicant has provided this information in the narrative application letter.
- (9) Where the applicant will operate its dispatch service. Applicant has indicated the dispatching will occur at 2500 M. L. King Pkwy, Suite #4, Des Moines, IA
- (10) The color scheme or insignia to be used to designate the vehicles of the applicant. Applicant has indicated the color scheme is silver vehicle with cab company name & phone number.
- (11) Further information as the traffic engineer may require of each applicant. None

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■ **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 records shall be investigated; where an association, each association member's records shall be investigated. Des Moines Police Department has provided this information. Mr Habib has been approved.

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

MRS
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. Properly executed Insurance Certificate provided.

■ (a) 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. Properly executed endorsement regarding advance notification.

■ (b) (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. Properly executed insurance certificate provided.

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37B

Taxi Cab Company Application -

August 24
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.

United Cab,
Ltd

Michael R. Berry 8/24/10 August 24, 2010
Michael R. Berry, Traffic Facilities Administrator, City of Des Moines



Christopher C. Coca
8/24/2010

Application for Certificate of Public Convenience and Necessity

Applicant: United Cab Ltd.
Mohamed Habib, Member/Manager
(sole owner)

Principal Place of Business: 2500 MLK, Suite 4
Des Moines, Iowa 50310

Garage/Storage Area: 1130 - 31st Street
Des Moines, Iowa 50311

Registered Agent: Richard D. Howe
2824 104th Street
Urbandale, IA 50322

Berry, Mike R.

From: Berry, Mike R.
Sent: Tuesday, July 27, 2010 3:07 PM
To: 'howe@howelaw.net'
Subject: Insurance Info. Requested

Rick,

Agents will tell you, correctly, that they are not allowed to change the forms that they use. The form below is a standard Acord 25 form. The information in the special provisions/endorsement block supersedes the cancellation info (lower right block) and meets our notification requirements.

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 nonpayment by registered mail to the City of Des Moines Traffic Engineer.	
CERTIFICATE HOLDER	CANCELLATION
City of Des Moines Engineering Dept/Mike Berry Traffic Transportation Div 600 E. Court Ave, Suite 200 Des Moines IA 50309	DESMOIS 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: _____

In addition;

Each of the companies listed below have issued a policy for a vehicle for hire (Taxi / Limousine / Para-Transit) company, for this calendar year, with an endorsement as I have indicated is required (above):

- LaMair-Murlock-Condon Co (West Des Moines)
- Northern States Agency (Branda Insurance Agency – Des Moines) Minneapolis, MN
- Professional Solutions Ins. Services (Clive, IA)
- CIISI – Indianola (Indianola, IA)
- Davis Insurance Agency (Des Moines, IA)
- National Indemnity Co of Mid-America (Omaha, NE)
- Arthur J. Gallagher Risk Management Services (West Des Moines, IA)
- Beecher Carlson Insurance Services (Atlanta, GA)
- Mahowald Insurance Agency (St. Cloud, MN)

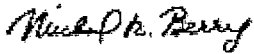
The following list is the name of the insurer that was used by the various agencies that I provided above, during the last two years.

- Empire Fire & Marine
- The Travelers Ins
- National Indemnity Co of Mid-America
- Continental Western

The Home State Companies
Scotsdale Ins Co
Northland Ins Co
Paratransit Ins Co
National Interstate Ins Co
National Casualty Co
Accident Fund National Ins Co
Auto Owners Ins
Swett & Crawford
Regent Ins Co
National Union Fire Ins Co of Pittsburgh, PA
New Hampshire Ins Co
The Insurance Company of the State of PA
Ace Property & Casualty Ins Co
Lexington Ins Co

Hope this information is useful.

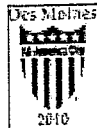
Mike Berry




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

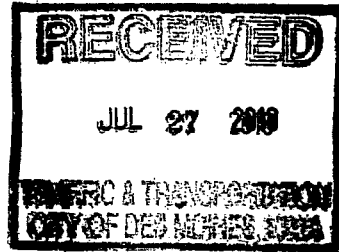
All-America City
1949 1976 1981 2003 2010



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United Cab Ltd. ⁴⁷⁰

2500 MLK, Suite 4
Des Moines, Iowa 50310



July 26, 2010

Michael R. Berry
Traffic & Transportation Division
600 E. Court Avenue
Suite 200
Des Moines, Iowa 50309

**RE: United Cab, Ltd.
Application for Taxi Cab Certificate
Our File No. 21604.02-UNI**

Dear Mr. Berry:

Attached is the List of Vehicles which will be used as taxi cabs in the operation of United Cab Ltd. I hereby attest that each vehicle on the attached list is in good working condition. In preparation for commencing operations should our application for a Certificate be approved, I have in the last thirty (30) days had the oil changed and each vehicle checked for its mechanical condition. Each vehicle was determined to be in good operating condition for its intended use as a taxicab. I will continue to have the oil changed and vehicle checked at 3,000 mile intervals once the cab service begins operations.

Sincerely,

Mohamed Habib

Mohamed Habib, Member/Manager
United Cab, Ltd.

HOWE, CUNNINGHAM, LOWE & KELSO, P.L.C.

ATTORNEYS AT LAW

2824 104TH STREET

URBANDALE, IOWA 50322-3813

TELEPHONE (515) 278-4200

FACSIMILE (515) 278-4655

RICHARD D. HOWE

MICHAEL J. CUNNINGHAM

CHIP LOWE

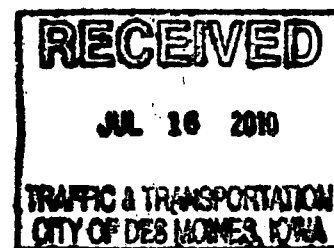
JEFFREY A. KELSO

KEVIN CUNNINGHAM

July 16, 2010

Michael R. Berry
Traffic & Transportation Division
City of Des Moines
600 E. Court Avenue
Suite 200
Des Moines, Iowa 50309

RE: **United Cab Ltd.**
Application for Taxicab Certificate
Our File No. 21604.01-UNI



Dear Mr. Berry:

To supplement our original application for a Certificate of Convenience & Necessity I am enclosing the following:

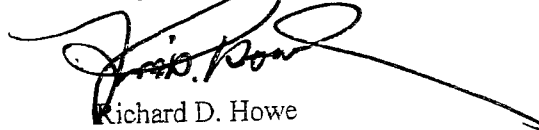
1. Each taxicab operated by applicant shall be silver in color and shall have applicant's name on the outside of the front door on each side of the vehicle.
2. Each taxicab shall display on the window of the backseat on both sides of the vehicle the name, address, telephone number and taxicab number assigned to that vehicle. Attached is an example.
3. Every vehicle shall have the rates posted on the inside of the window of the backseat on both sides of the vehicle. Attached is a copy of the trip rates.
4. The principal place of business for the applicant is 2500 MLK, Suite 4, Des Moines, Iowa. Attached is a copy of the 2009 Assessment Roll confirming that the property is zoned as commercial and thus appropriate for the business proposed by applicant. The equipment will be serviced and maintained at the facilities of All Pro Servicenter located at 5904 Meredith Drive in Urbandale, Iowa. Attached is a report from the Polk County Assessor confirming that the property is zoned commercial. When not in use, the vehicles will be parked at the home of the assigned driver or in the rear of the home where Mohamed Habib resides located at 1130 31st Street in Des Moines. Attached is a report from the Polk County Assessor confirming that the property is zoned residential.
5. Applicant will have a telephone listing with Yellow Book which uses the listed telephone number of 515-277-7784. Attached is the E-mail confirming the arrangements for a 1 inch by a 2 inch listing in the Yellow pages.

July 16, 2010
Page 2

6. The Dispatch Register originally submitted has been amended so that applicant can record call time, dispatch time, pick up time and delivery time. This will enable applicant to measure his response time in meeting the needs of the public. The revised Dispatch Register is attached.
7. Applicant is a limited liability company with Mohamed Habib as the sole owner. Attached is a stamp-filed copy of the Certificate of Organization and the Acknowledgement issued by the Secretary of State. There are no contract drivers.
8. In preparation for filing the application, Mohamed Habib talked with a number of people about existing cab service in Des Moines. Attached are three (3) statements that are representative of the responses he received.
9. Mohamed Habib, the sole owner of applicant moved to Des Moines in 1997. He had been a taxicab driver in his native Country of Kenya for four (4) years. He has been driving a cab in Des Moines for the last six (6) months and is familiar with the procedures and requirements for providing the service. His license privileges have never been suspended or revoked. He has never been denied a license or the renewal of a license.
10. Mohamed Habib has never been convicted of, pled guilty to, or stipulated to the facts of a violation of a criminal statute or ordinance. The Certified Abstract of Driving Record indicates that he has had one speeding violation with a conviction date of May 3, 2006.

Thank you for outlining your alternatives for handling the application once it becomes a public document. We would prefer that you certify to the Council that the appropriate paperwork was submitted, keeping the originals on file in your office. Please contact me if additional information is required. I sincerely appreciate your cooperation and assistance in this matter.

Very truly yours,



Richard D. Howe

RDH:kl
Enc.

cc: United Cab, Ltd.

BROADWAY
Premium Funding

1747-22 Veterans
Memorial Hwy
Islandia, NY 11749
800-728-7255

Premium Finance Agreement
Commercial Finance Agreement

Account No. 47A
31B

A	CASH PRICE (TOTAL PREMIUMS)	\$ 33,262.00	AGENT (Name and place of business) Peoples Insurance Agency, Ltd.	INSURED (Name and business address) Mohamed Noor Habib United Taxi Cab 1130 31st St
	CASH DOWN PAYMENT	\$ 6,652.40	P.O Box 119 1700 8th Street SW Waverly IA 50677 (800) 932-4801	Des Moines IA 50311 (515) 770-1984

LOAN DISCLOSURE

Amount Financed (A-B) The amount of credit provided to you or on your behalf.	FINANCE CHARGE The dollar amount the credit will cost you.	Total of Payments The amount you will have paid after you have made all payments as scheduled.	ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.
\$ 26,609.60	\$ 894.85	\$ 27,504.45	8.000 %

YOUR PAYMENT SCHEDULE WILL BE

Number of Payments	Amount of Payments	When Payments are Due:
9	3,056.05	(Monthly) Beginning: 05/13/2010

Quote Number: 000001060289

I AUTHORIZE BROADWAY PREMIUM FUNDING TO RELY UPON A FACSIMILE COPY OF THIS SIGNED AGREEMENT.

DEFINITIONS: BROADWAY PREMIUM FUNDING will be hereinafter referred to as BROADWAY. The words "the insured", "I", "you", "me", "my" mean the person borrowing the money to pay for the insurance policies listed on this PREMIUM FINANCE AGREEMENT.
PROMISE TO PAY: In return for the payment(s) that BROADWAY has advanced to pay my insurance on the policy(ies) listed below, I promise to make monthly payments as shown. I will make these payments until I have paid the full amount advanced for me, plus the Finance Charges and any other charges I may owe as shown on this agreement. I understand payments will be made to:
BROADWAY PREMIUM FUNDING 1747-22 Veterans Memorial Hwy Islandia, NY 11749 and will be deemed made when actually received by BROADWAY.
SECURITY: I am giving a security interest in all unearned premiums and / or dividends which may become payable under said policies which reduce the unearned premiums. I agree not to assign the policy, except for the interest of mortgagees and loss payees, without written consent of BROADWAY.
NOTE: See both pages of this agreement for any additional information about non-payment, default, any required repayment in full before the schedule date, and prepayment refunds and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	NAME OF INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	POL. TERMS	PREMIUM
TBD	04-13-2010	01931-001 - Scottsdale Indemnity Company 001348 - First Western	AUTO FIN TXS/FEES ERN TXS/FEES	12	33,262.00 0.00 0.00
NY Section 2119 Insurance Law charge*					None
(A ABOVE) TOTAL \$					33,262.00
26,609.60					(If none, so state)

* The service for which the charge pursuant to Insurance Law, Section 2119, is imposed are in connection with obtaining and servicing the policies listed herein.
ACCEPTANCE: I understand that the broker or agent whose name appears below is not a representative of BROADWAY and has no authority to promise anything on behalf of BROADWAY. This agreement shall not be valid until accepted by BROADWAY. If my down payment is made by a check, I understand that it is accepted subject to collection and that if the check is dishonored, this agreement shall be deemed not to have been accepted, even if a notification of acceptance has been issued by BROADWAY.
 The insured understands that BROADWAY may transfer and/or assign this agreement to another duly licensed premium finance agency, bank or financial institution.

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ BOTH PAGES OF IT OR IF IT CONTAINS ANY BLANK SPACES. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT AT THE TIME YOU SIGN. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE/SERVICE CHARGE. 4. KEEP YOUR COPY OF THIS AGREEMENT TO PROTECT YOUR LEGAL RIGHTS.

PRN: 041310 CFG: BPF-INET RT: BPF-JHBB CRD: N/A BP: Bill P/F: 337.41 SUB: 44177-0084
I, THE INSURED HAVE READ THIS AGREEMENT, UNDERSTAND IT CLEARLY AND AGREE TO THE TERMS AND CONDITIONS ON BOTH PAGES. (ALL INSURED DESIGNATED IN THE POLICY(IES) MUST SIGN. IF THE INSURED IS A CORPORATION, AN OFFICER MUST SIGN.) I ALSO ACKNOWLEDGE AS TO THE RECEIPT OF AN EXECUTED COPY OF THIS AGREEMENT AT THE TIME OF EXECUTION THEREOF AND REPRESENT I HAVE AUTHORITY TO SIGN ON BEHALF OF THE INSURED.

INSURED NAME	SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE	TITLE	DATE
--------------	---	-------	------

ADDITIONAL PREMIUMS: The money paid by BROADWAY is only for the premium as determined at the time this agreement is accepted by BROADWAY. BROADWAY'S payment shall not be applied by the insurance company to pay for any additional premiums owed by me as a result of any type of misclassification of the risk. I agree to pay the company any additional premiums which become due for any reason including, but not limited to an audit. BROADWAY may, however, at its option, finance the additional premium according to a written agreement of amendment. FAILURE TO PAY THE ADDITIONAL PREMIUM OR COMPLY WITH ANY AMENDED AGREEMENT MAY RESULT IN CANCELLATION OF THE POLICY. BROADWAY may assign to the insurance company any rights it has against me for the premiums due the company in excess of the premium returned to you.

BLANK SPACES: I hereby agree to allow BROADWAY to fill in those spaces which refer to the name of the insurer, the policy number(s) and the due date of the first installment if the insurance policy(ies) have not been issued at the time of my signing this agreement.

AGENT OR BROKER	SIGNATURE OF AGENT OR BROKER	TITLE	DATE
-----------------	------------------------------	-------	------

47D

July 21, 2010

Richard D. Howe
Howe, Cunningham, Lowe & Kelso, P.L.C.
2824 - 104th Street
Urbandale, IA 50322-3813

RE: Application for Certificate of Public Convenience and Necessity to Operate a Taxi Company within the Corporate limits of the City of Des Moines, IA - UNITED CAB LTD

Dear Mr. Howe,

Part of the process of submitting the required application paperwork to the Des Moines City Council for a Certificate of Public Convenience and Necessity (to Operate a Taxi Company within the Corporate limits of the City of Des Moines, IA; UNITED CAB LTD), is for me to perform a complete review of the application documents for correctness and completeness. I also submit a request to the Des Moines Police Department for an investigation of the owner(s) in accordance with §126-184 (Chapter 126, Vehicles for Hire), of the Des Moines Municipal Code.

The following discrepancies are noted;

- 1) §126-149 Service
 - (b) The holder of the certificate shall maintain a place of business in a location that is properly zoned for that business
- §126-182 Requirements for taxicab service
 - (1) Provide an office in a location that is properly zoned for that business which must be available for inspection upon request of the city manager
 - (5) Meet all applicable zoning ordinance regulations
- §126-183 Application for certificate of public convenience and necessity
 - (1))the applicant shall provide a statement from the governing jurisdiction that the business complies with the appropriate zoning regulations

Concern; You are directed to contact Mr. Ryan Moffett, City of Des Moines Permit & Development Center (Zoning) at 283-4975 to schedule a pre-application meeting to discuss the use(s) that the property at 2500 Martin L. King Parkway, Suite #4, and the property located at 1130-31st Street. You will have to obtain a statement from Mr. Moffett indicating that all zoning requirements are met for both locations. You would need to return that zoning statement to this office, to include with the application packet.
- 2) §126-183 Application for certificate of public convenience and necessity
 - (5)A statement of the condition of the vehicles to be operated.....

Concern; I merely need a statement from the; owner, driver or mechanic attesting to the condition of each specific vehicle(s). Since Iowa does not have a vehicle inspection law there is no requirement for a formal vehicle inspection.



ENGINEERING DEPARTMENT
TRAFFIC & TRANSPORTATION
DIVISION-
600 COURT AVENUE, Suite 200
DES MOINES, IOWA 50309
(515) 283-4973
FAX (515) 237-1640

ALL-AMERICA CITY
1949, 1976, 1981
2003

3) §126-183 (11) Further information as the traffic engineer may require of each applicant;
Concern; A copy of the State Sales Tax Certificate or a date/time stamped copy of the application for such a certificate was not enclosed with the application.

5) §126-187 Liability Insurance
Concern; No insurance information of any kind has been provided with this application.

As this date, the required application paperwork, for this application packet, has not been furnished as requested and required.

At this time, this packet cannot be recommended for approval by this office, if it had to be submitted to the Des Moines City Council for their consideration, for the reasons enumerated above.

Because of these problems I am putting a hold on this application until further notice or until all of the missing/required documentation is provided as required.

Michael R. Berry
Traffic Facilities Administrator

Cc: Ryan Moffett
City of Des Moines Permit & Development Center (Zoning)
Phil Poorman
City of Des Moines Permit & Development Center (Zoning)
Gary L. Fox
City Traffic Engineer, City of Des Moines Engineering Dept.

47D

Berry, Mike R.

To: Donovan, SuAnn M.
Subject: RE: United Cab

Thanks!
I will.

MB


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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From: Donovan, SuAnn M.
Sent: Tuesday, August 24, 2010 9:38 AM
To: Berry, Mike R.
Subject: RE: United Cab

He is to get me the required assurance on the dispatch operation. I would say submit it.

Thanks,

Su

From: Berry, Mike R.
Sent: Monday, August 23, 2010 1:04 PM
To: Donovan, SuAnn M.
Subject: United Cab

SuAnne,

I still need to be assured that United Cab has met all of the requirements, to the point where they can actually be considered ready to have their application submitted to Council.

This is the last item I need for me to consider the packet complete (enough to submit, anyway).

Please let me know,

Thanks,

MRB

<< OLE Object: Picture (Device Independent Bitmap) >>

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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47D

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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Berry, Mike R.

To: howe@howelaw.net
Cc: Berry, Mike R.
Subject: United Cab Co Ltd Application Status

Richard,

I am attaching the latest worksheet I have, after review of the combined documents submitted as application for a Certificate of Public Necessity and Convenience to operate a Taxi Cab company, in Des Moines.

Can you tell me what color the lettering on the vehicles will be and verify that it will be at least 2" high?

I have e-mail a Des Moines zoning official (cc'd you) requesting a determination of suitability for this type of use, at both locations

The Trip Card is at the Chief of Police's Office and has not been returned. I have received a reply that it has gone to an Assistant Chief of Police for his review and can be approved at that level if found satisfactory

I need a statement; from the owner, driver or even a qualified mechanic regarding the condition of the vehicles to be operated; i.e.,

Vehicle # X074 – Silver Crown Victoria. Excellent Condition. No faults found. By:

Vehicle Driver Name & date

Vehicle # X066 – Silver Kia. Good Condition. Scheduled for quarterly

maintenance 08/10. By Vehicles Owner Name & date

Or some document to this effect...

Need copy of actual State Sales Tax Certificate or a copy of the application for Certificate
Need all Insurance documentation.

Hope that this is helpful information,

Mike Berry



United Cab Ltd App
Review 0719...


Michael R. Berry

Traffic Facilities Administrator

Michael R. Berry
City of Des Moines
Engineering Department
Traffic & Transportation Division
30 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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37B

CITY OF DES MOINES
Office of
TRAFFIC AND TRANSPORTATION

TO: SPO Mike West, Traffic Unit
DM Police Department

DATE: July 7, 2010

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

SUBJECT: Transmittal of Request for a Certificate
of Public Necessity to operate a
Limousine Company – United Cab Ltd.

Mike,

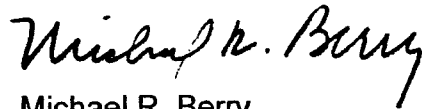
Attached, you will find the information that I have been provided by the applicant, Mohamed Habib (sole owner) ,dba United Cab Ltd., who is applying for a Certificate of Public Necessity to operate a Taxi Cab Company.

Under §126-63.5 the Police Department has a requirement to investigation the criminal and drivers records of an applicant, in this case the Owner/Manager (sole owner) of United Cab Ltd., Mohamed Habib, when applying for a license to operate as a limousine company, in the City of Des Moines.

Please see the attached documents which include the individuals who will be drivers.

The applicant is asking that this go before Council as soon as possible. Even so, there are a significant number of clarifications and additional documents required for the application to be considered complete, so it can be submitted to Council.

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



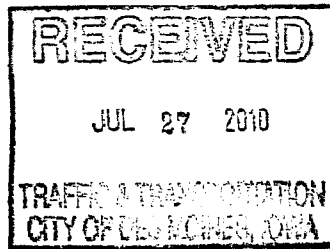
Michael R. Berry
Traffic Facilities Administrator

Encl.

MR. MOHAMED HABIB HAS BEEN APPROVED 07/19/10.

MICHAEL WEST 4810





LIST OF DRIVERS
(CRIMINAL HISTORY RECORD CHECK AND DRIVING RECORD ATTACHED)

1. MOHAMED HABIB
2. ALAWI HABIB
3. AWEIS HABIB
4. JEYLANI HABIB
5. DINI HABIB
6. KASSIM HABIB

We have also enclosed copies of the Taxi Drivers Licenses held by the drivers.



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



Iowa Criminal History Record Check
 Walk-In Request

Your name	Mohamed Habib
Address	1130 31 st Street
City/State/Zip	Des Moines IA 50311
Phone#	515 770 1984

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

Results

As of 2-16-10, a name and date of birth check revealed:

No record found

Record attached, DCI # _____

DCI initials JO

DCI USE ONLY
 FEB 16 PM 12:12
 DIV OF CRIMINAL INVESTIGATION
 STATE OF IOWA
 D.P.S.

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 _____

47D



Iowa Department of Transportation

Office of Driver Services
PO Box 9204, Des Moines, IA 50308-9204

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

Certified Abstract of Driving Record

Inquiry Date:	2/9/2010	DL/ID #:		Customer #:	279994
Name:	Habib, Mohamed Noor	Class:	D	ID Status:	None
Address:	1130 31st St	Audit #:	4083885	DL Status:	VAL
City/State:	Des Moines, IA 50311	Issue Date:	02/09/2010	CDL Status:	None
		Expiration Date:	01/01/2014	Restriction Supplement:	None
		Endorsements:	3		
Mailing Address:	1130 31st St	Restrictions:	NONE		
		Date of Birth:			
Mailing City/State:	Des Moines, IA 50311	Sex:	M		

History Information

Convictions

Citation Date	Conviction Date	ACD	Explanation	County	JUR	Total Records: 1
04/24/2006	05/03/2006	S92	Speed	40	IA	

Name: Habib, Mohamed Noor 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:

2/9/2010

Office of Driver Services
Iowa Department of Transportation

Name: Habib, Mohamed Noor DL/ID



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



Iowa Criminal History Record Check
 Walk-In Request

Your name	KASSIM M. Hab
Address	3121 KINGMAN BLVD # 8
City/State/Zip	DES MOINES IA 50318
Phone#	515-779-4354

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)
Habib	KASSIM	Mohamed
Date of Birth <i>Fecha Nacimiento</i> (mandatory)	Gender <i>Genero</i> (mandatory)	Social Security Number (recommended)
0	<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.)

Kassim M. Habib

DCI USE ONLY

Results

As of 3-30-10, a name and date of birth check revealed:

- No record found
- Record attached, DCI # _____

DCI initials CD

STATE OF IOWA
 D.P.S.
 DIV. OF CRIMINAL
 INVESTIGATION
 2010 MAR 30 AM 11:38

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 JP

Credit Card Number # _____

Exp. Date _____

77D



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:	3/30/2010	DL/ID #:		Customer #:	1494811
Name:	Habib, Kassim Mohamed	Class:	A	ID Status:	None
Address:	1130 31st St	Audit #:	3608060	DL Status:	VAL
City/State:	Des Moines, IA 50311	Issue Date:	08/14/2009	CDL Status:	VAL
Mailing Address:	1130 31st St	Expiration Date:	01/01/2014	Restriction Supplement:	None
Mailing City/State:	Des Moines, IA 50311	Endorsements:	NONE		
		Restrictions:	NONE		
		Date of Birth:			
		Sex:	M		

History Information

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

Accident Date	Case Number	JUR	Total Records:
01/06/2005	5210427	IA	
11/05/2007	400836	IA	

Name: Habib, Kassim Mohamed DL/I

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 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:

3/30/2010

Office of Driver Services
Iowa Department of Transportation

Name: Habib, Kassim Mohamed DL/I



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



Iowa Criminal History Record Check
 Walk-In Request

Your name: ALAN NOOR HABIB
 Address: 1130 31st St
 City/State/Zip: DES MOINES IOWA 50311
 Phone: 515 222 2113

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)
HABIB	ALAN	NOOR
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)		
<i>Alan Habib</i>		

Results

As of 2-16-10, a name and date of birth check revealed:

No record found

Record attached, DCI # _____

DCI initials JO

DCI USE ONLY

STATE OF IOWA
 DIVISION OF
 CRIMINAL
 INVESTIGATION
 FEB 16 PM 12:12

Receipt

Number of requests 2 x \$10.00 per last name = Total amount \$ 20.00

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

Cardholder's name _____ Last 4 digits of MC or Visa _____

DCI initials JR

Credit Card Number # _____ Exp. Date _____



Iowa Department of Transportation

Office of Driver Services
PO Box 9204, Des Moines, IA 50305-9204

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

47D

Certified Abstract of Driving Record

Inquiry Date:	12/4/2009	DL/ID #:		Customer #:	2534136
Name:	Habib, Alawi Noor	Class:	A	ID Status:	VAL
Address:	1130 31st St	Audit #:	3646355	DL Status:	VAL
City/State:	Des Moines, IA 50311	Issue Date:	08/27/2009	CDL Status:	VAL
		Expiration Date:	01/01/2014	Restriction:	None
		Endorsements:	NONE	Supplement:	
Mailing Address:	1130 31st St	Restrictions:	NONE		
		Date of Birth:			
Mailing City/State:	Des Moines, IA 50311	Sex:	M		

History Information

Convictions

Citation Date	Conviction Date	ACD	Explanation	County	JUR
05/14/2005	08/25/2005	S96	Driving Too Slow	77	IA
08/20/2006	11/02/2006	M40	Unsafe Approach to Certain Vehicles	77	IA
09/02/2006	10/13/2006	S92	Speed		WY

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

Accident Date	Case Number	JUR
04/24/2004	4219083	IA

Name: Habib, Alawi Noor 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:

12/4/2009

Office of Driver Services
Iowa Department of Transportation

Name: Habib, Alawi Noor DL/ID



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



Iowa Criminal History Record Check
 Walk-In Request

Your name <u>AWAIS Habib</u>
Address <u>1326 11 ST</u>
City/State/Zip <u>DES MOINES IA 50314</u>
Phone# <u>515-779-9269</u>

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

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

DCI USE ONLY

Results

As of 1/12/10, a name and date of birth check revealed:

No record found

Record attached, DCI # _____

DCI initials AL

2010 JAN 12 PM 10:20

Receipt

Number of requests 1 x \$10.00 per last name = Total amount \$ 10

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

Cardholder's name _____ Last 4 digits of MC or Visa _____

DCI initials AL

Credit Card Number # _____ Exp. Date _____

47B



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:	1/12/2010	DL/ID #:		Customer #:	4203336
Name:	Habib, Aweis Mohamed	Class:	A	ID Status:	None
Address:	1326 11th st	Audit #:	2896511	DL Status:	VAL
		Issue Date:	01/07/2009	CDL Status:	VAL
City/State:	Des Moines, IA 50314	Expiration Date:	01/01/2014	Restriction Supplement:	None
Mailing Address:	1326 11th st	Endorsements:	NONE		
		Restrictions:	NONE		
Mailing City/State:	Des Moines, IA 50314	Date of Birth:			
		Sex:	M		

History Information

Convictions:

Citation Date	Conviction Date	ACD	Explanation	County	JUR
10/14/2007	12/31/2007	B64	No Insurance Card		OR
10/14/2007	12/31/2007	S92	Speed		OR
07/29/2009	10/08/2009	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
07/29/2009	521843	IA

Name: Habib, Aweis 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 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:

1/12/2010

Office of Driver Services
Iowa Department of Transportation

Name: Habib, Aweis Mohamed DL/ID:



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



Iowa Criminal History Record Check
 Walk-In Request

Your name	Jaylani Noor Habib
Address	7001 Woodlawn Ave Apt 11
City/State/Zip	Des Moines IA 50312
Phone#	515 622 0176

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

Results

As of 3-23-10, a name and date of birth check revealed:

No record found.

Record attached, DCI # _____

DCI initials Bdr

STATE OF IOWA
 D.P.S.
 DIV. OF CRIMINAL INVESTIGATION
 MAR 23 AM 10:09

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 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

HTD

Certified Abstract of Driving Record

Inquiry Date:	3/23/2010	DL/ID #:		Customer #:	4252333
Name:	Habib, Jeylani Noor	Class:	A	ID Status:	VAL
Address:	3001 Woodland Ave Apt 11	Audit #:	3903557	DL Status:	VAL
		Issue Date:	11/25/2009	CDL Status:	VAL
City/State:	Des Moines, IA 50312	Expiration Date:	01/01/2015	Restriction Supplement:	None
		Endorsements:	NONE		
Mailing Address:	3001 Woodland Ave Apt 11	Restrictions:	NONE		
		Date of Birth:			
Mailing City/State:	Des Moines, IA 50312	Sex:	M		

History Information

Convictions

Citation Date	Conviction Date	ACD	Explanation	County	JUR
08/14/2004	08/30/2004	S92	Speed	77	IA
10/22/2006	11/15/2006	S92	Speed	17	IA

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

Accident Date	Case Number	JUR
12/06/2007	409701	IA

Sanctions

Type	Effective	End	ACD	Explanation	Occurrence	JUR
Suspended	01/19/2005	05/19/2005	W01	Habitual Violator	IA	IA
Suspended	02/15/2008	12/16/2008	D38	Fail to Post Security for an Accident	IA	IA

Name: Habib, Jeylani Noor 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 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 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:

3/23/2010

Office of Driver Services
Iowa Department of Transportation

Name: Habib, Jeylani Noor DL/ID:



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



Iowa Criminal History Record Check
 Walk-In Request

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

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

DCI USE ONLY

Results

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

No record found

Record attached, DCI # _____

DCI initials JO

STATE OF IOWA
 D.P.S.
 2010 MAR -5 PM 2:40
 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 JO

Credit Card Number # _____ Exp. Date _____

47D



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:	3/2/2010	DL/ID #:		Customer #:	2333119
Name:	Habib, Dini Amin	Class:	A	ID Status:	None
Address:	3121 Kingman Blvd #1	Audit #:	3734955	DL Status:	VAL
		Issue Date:	09/25/2009	CDL Status:	VAL
City/State:	Des Moines, IA 50311	Expiration Date:	01/01/2014	Restriction Supplement:	None
		Endorsements:	T		
Mailing Address:	3121 Kingman Blvd #1	Restrictions:	NONE		
		Date of Birth:			
Mailing City/State:	Des Moines, IA 50311	Sex:	M		

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:

3/2/2010

Office of Driver Services
Iowa Department of Transportation

Name: Habib, Dini Amin DL/ID:



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



Iowa Criminal History Record Check
 Walk-In Request

Your name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

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

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.
 DIV. OF CRIMINAL
 INVESTIGATION
 2010 MAR -3 PM 4: 10

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

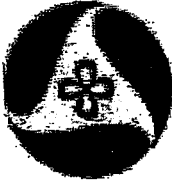
Cardholder's name _____ Last 4 digits of MC or Visa _____

DCI initials Bde

Credit Card Number # _____ Exp. Date _____

ART'S

47D



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:	3/3/2010	DL/ID #:		Customer #:	1111474
Name:	Amin, Shani Habib	Class:	A	ID Status:	None
Address:	6000 Creston Ave #C9	Audit #:	3955807	DL Status:	VAL
City/State:	Des Moines, IA 50321	Issue Date:	12/18/2009	CDL Status:	VAL
		Expiration Date:	01/01/2015	Restriction Supplement:	None
		Endorsements:	NT		
Mailing Address:	6000 Creston Ave #C9	Restrictions:	NONE		
		Date of Birth:			
Mailing City/State:	Des Moines, IA 50321	Sex:	M		

History Information

Convictions					Total Records: 1	
Citation Date	Conviction Date	ACD	Explanation	County	JUR	
09/11/2009	10/09/2009		Logbook/Hours of Service	57	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:

3/3/2010

Office of Driver Services
Iowa Department of Transportation

Name: Amin, Shani Habib DL/ID:

Jeylani N. Habib
Mohamed N. Habib
Alawi N. Habib
Aweis M. Habib
Dini A. Habib
Amin S. Habib

6 Drivers

THE CITY OF
DES MOINES
"A Capital City!"


DES MOINES

TAXI DRIVERS LICENSE

10

Jeylani Noor Habib
2010

Expires 12/31/2010



LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES

THE CITY OF
DES MOINES
"A Capital City!"


DES MOINES

TAXI DRIVERS LICENSE

Mohamed Noor Habib


2010

Expires 12/31/2010



LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES


47A

 THE CITY OF
DES MOINES
A Capital City

TAXI DRIVERS LICENSE

Alawi Noor Habib


2010



Expires 12/31/2010

LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES

~~47D~~
37B


 THE CITY OF
DES MOINES
A Capital City

TAXI DRIVERS LICENSE

Aweis M. Habib
2010

Expires 12/31/2010

LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES



47D

THE CITY OF
DES MOINES
A Capital City


DES MOINES

XI DRIVERS LICENSE

Dini A. Habib
2010

Expires 12/31/2010

CENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES



47D
37B

LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES

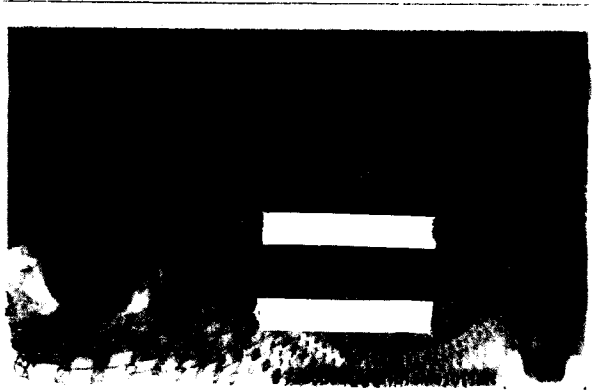
Expires 12/31/2010

2010

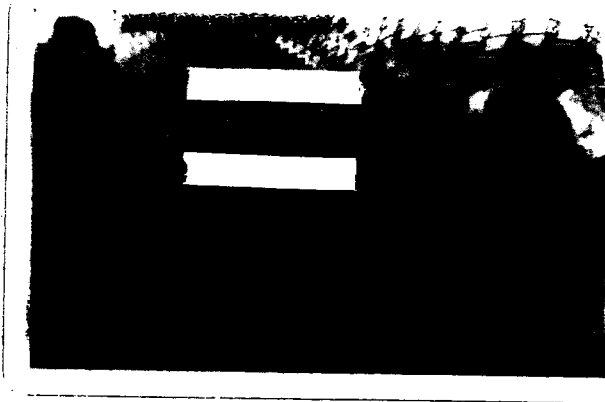
Shani Habib Amin


TAXI DRIVERS LICENSE

THE CITY OF DES MOINES
A CORP. OF IA




47D



 THE CITY OF
DES MOINES
A Great Place to Live

TAXI DRIVERS LICENSE




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

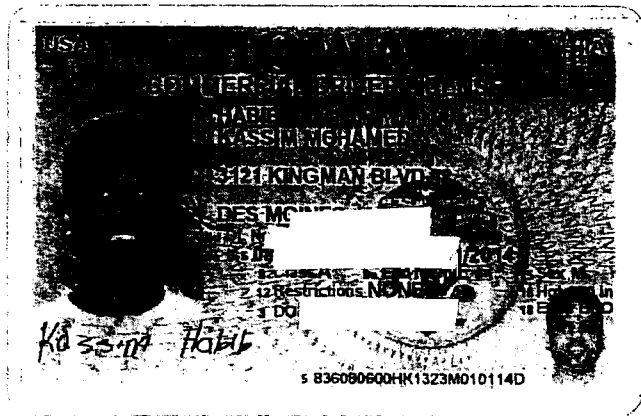
101002615

Kassim Mohamed Habib

2010

Expires 12/31/2010

LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES



47D

LIST OF DRIVERS
(CRIMINAL HISTORY RECORD CHECK AND DRIVING RECORD ATTACHED)

1. MOHAMED HABIB **32**
2. ALAWI HABIB **27**
3. AWEIS HABIB **38**
4. JEYLANI HABIB **34**
5. DINI HABIB **32**
6. SHANI AMIN **34**

We have also enclosed copies of the Taxi Drivers Licenses held by the drivers.

47B
31B

TRIP RATES

Taxicab fares shall not exceed the following rates:

1. For the first one-tenth mile or fraction thereof for one person \$ 2.00
2. For each succeeding one-tenth mile or fraction thereof \$.20
3. For each additional passenger over the age of 12 for the whole journey \$.50
4. For each minute of waiting time or fraction thereof \$.42
5. Night surcharge per trip (10:00 p.m. to 4:00 a.m.) \$ 2.00
6. Excess expense surcharge per trip not to exceed \$1.00, as may be put into effect by resolution adopted by the city council.

47D

DISPATCH REGISTER

CALLER _____
DATE _____ CALL TIME _____ A.M. _____ P.M.
ORIGIN _____
DESTINATION _____
DISPATCH TIME _____ A.M. _____ P.M.
PICK UP TIME _____ A.M. _____ P.M.
DELIVERY TIME _____ A.M. _____ P.M.
SPECIAL INSTRUCTIONS _____
CAB # _____

DISPATCH REGISTER

CALLER _____
DATE _____ CALL TIME _____ A.M. _____ P.M.
ORIGIN _____
DESTINATION _____
DISPATCH TIME _____ A.M. _____ P.M.
PICK UP TIME _____ A.M. _____ P.M.
DELIVERY TIME _____ A.M. _____ P.M.
SPECIAL INSTRUCTIONS _____
CAB # _____

RECEIVED
SECRETARY OF STATE
IOWA

10 APR 28 PM 4:18

397346

47A
31B

ARTICLES OF INCORPORATION
OF
UNITED CAB LTD.

529365 ARTI \$50.00 KARE 2 4/28/10

To: Secretary of State, State of Iowa:

The undersigned, acting as incorporator of a corporation under the Iowa Business Corporation Act, Chapter 490 of the Code of Iowa, adopts the following Articles of Incorporation for such corporation:

- I. The name of the corporation is United Cab Ltd.
- II. The period of its duration is perpetual.
- III. The corporation shall have unlimited power to engage in, and to do any lawful acts concerning, any and all lawful businesses for which corporations may be organized under this Chapter.
- IV. The aggregate number of shares which the corporation has authority to issue is 100,000, all of which shall be common stock.
- V. The number of directors constituting the initial Board of Directors and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors be elected and qualify are:

Mohamad Habib 1130 31st Street
Des Moines, IA 50311

VI. No contract or other transaction between a corporation and one or more of its directors or any other corporation or firm, association, or entity in which one or more of its directors are directors or officers or are financially interested, shall be either void or voidable because of such relationship or interest or because such director or directors are present at the meeting of the Board of Directors or a committee thereof which authorizes, approves or ratifies such contract, or transaction or because his or their votes are counted for such purpose, if any of the following occur:

1. The fact of such relationship or interest is disclosed or known to the Board of Directors or committee which authorizes, approves, or ratifies the contract or transaction by a vote or consent sufficient for the purpose without counting the vote or consent of such interested director.
2. The fact of such relationship or interest is disclosed or known to the shareholders entitled to vote and they authorize, approve or ratify such contract or transaction by vote or written consent.

2

477

IOWA

No: W00676350
Date: 04/29/2010

SECRETARY OF STATE

490 DP-397346
UNITED CAB LTD.

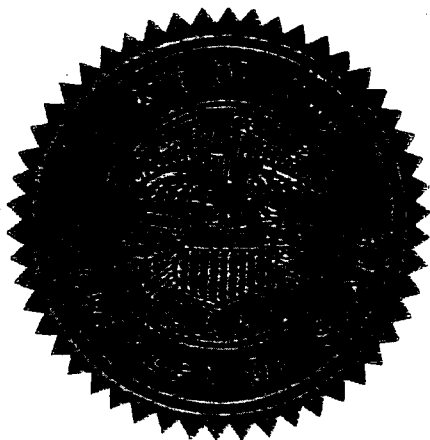
ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Articles of Incorporation

The document was filed on Apr 28 2010 4:18PM, to be effective as of Apr 28 2010 4:18PM.

The amount of \$50.00 was received in full payment of the filing fee.



Michael A. Mauro

MICHAEL A. MAURO SECRETARY OF STATE



LIST OF VEHICLES

<u>YEAR</u>	<u>MAKE</u>	<u>VIN</u>
2005	KIA	XXXXXXXXXX127
2006	FORD	XXXXXXXXXX171006
2002	FORD	XXXXXXXXXX1068044
2002	CHRYSLER	XXXXXXXXXX
2006	CHEVROLET	XXXXXXXXXX

CERTIFICATE OF TITLE TO A VEHICLE

Regular

Designation

Title No. **77AH80012**

County **Polk**

Issue Date **06/04/2010**

VIN

Type **Multi-purpose**

Year **2005** Make **KIA**
Cyl: **6** Fuel **Gasoline**
Color **Green**
Odometer **81,899** Actual Miles

Model **Sedona EX/LX**
Weight **4,800**
LP. **\$20,000**

Style **SV**
GVWR
Sq. Ft.
Cumulative Damage

Owner(s)

Habib, Mohamed Noor
Habib, Abubakar Noor
Aba Adda, Amina Sufi
1130 31st St
Des Moines IA 50311

Or

	Fee	Penalty
Title Fees	\$25.00	\$0.00
Fee for New Reg	UT08g	
Registration Fees	\$0.00	\$0.00
SI Fees	\$0.00	
Plate Fees	\$0.00	
Other Fees	\$0.00	
Totals	\$25.00	\$0.00

Prev. Title No./ST- **77AG07423 / IA**

Prev. Owner

Habib, Abubakar Noor
618 31ST ST
DES MOINES IA 503123855

1ST Security Interest

If there are NO Security Interests "X" here:

Date:

Held By:

Address:

Cancellation of 1ST Security Interest

Date _____ No. _____ Date _____

Holder _____ CO Treas. _____

By _____ By _____

2ND Security Interest

Date:

Held By:

Address:

Cancellation of 2ND Security Interest

Date _____ No. _____ Date _____

Holder _____ CO Treas. _____

By _____ By _____

3RD Security Interest

Date:

Held By:

Address:

Cancellation of 3RD Security Interest

Date _____ No. _____ Date _____

Holder _____ CO Treas. _____

By _____ By _____

Witness My Hand

Mary Maloney

By

Deputy

County Treasurer

gros



AD11582748

CERTIFICATE OF TITLE TO A VEHICLE

Regular

Designation **Prior Salvage**

Title No. **77AH80011**

County **Polk**

Issue Date **06/04/2010**

VIN **1**

16

Type **Automobile**

Year	2006	Make	Ford	Model	Five Hundred Ltd	Style	4D
Cyl.	6	Fuel	Gasoline	Weight	3,600	GVWR	
Color	Gold			LP.	\$26,400	Sq. Ft.	
Odometer	41,953	Actual Miles				Cumulative Damage	

Owner(s)	Or	Fee	Penalty
Habib, Mohamed Noor		\$25.00	\$0.00
Habib, Alawi Noor		UT08g	
1130 31st St	Title Fees	\$0.00	\$0.00
Des Moines IA 50311	Fee for New Reg	\$0.00	
	Registration Fees	\$0.00	
	SI Fees	\$0.00	
Prev. Title No./ST 77AG77918 / IA	Plate Fees	\$0.00	
Prev. Owner	Other Fees	\$0.00	
Habib, Alawi Noor	Totals	\$25.00	\$0.00
1130 31st St			
Des Moines, IA 50311			

1ST Security Interest If there are NO Security Interests "X" here

Date: _____ No: _____

Held By: _____

Address: _____

Cancellation of 1ST Security Interest

Date: _____ No: _____ Date: _____

Holder: _____ CO Treas: _____

By: _____ By: _____

2ND Security Interest No: _____

Date: _____

Held By: _____

Address: _____

Cancellation of 2ND Security Interest

Date: _____ No: _____ Date: _____

Holder: _____ CO Treas: _____

By: _____ By: _____

3RD Security Interest No: _____

Date: _____

Held By: _____

Address: _____

Cancellation of 3RD Security Interest

Date: _____ No: _____ Date: _____


Holder: _____ CO Treas: _____

By: _____ By: _____

Witness My Hand *Mary Maloney*

Mary Maloney Deputy

County Treasurer

gross  4011502747

CERTIFICATE OF TITLE TO A VEHICLE

Regular

Designation **Prior Salvage**

Title No. **77AH80013**

County **Polk**

Issue Date **06/04/2010**

VIN _____ Type **Automobile**

Year	2002	Make	Ford	Model	Taurus SES	Style	4D
Cyl.	6	Fuel	Gasoline	Weight	3,400	GVWR	
Color	Gold			LP.	\$20,500	Sq. Ft.	
Odometer	123,000	Actual	Miles			Cumulative	Damage

Owner(s)

Habib, Mohamed Noor
Habib, Dini Amin
1130 31st St
Des Moines IA 50311

Or

	Fee	Penalty
Title Fees	\$25.00	\$0.00
Fee for New Reg	UT08g	
Registration Fees	\$0.00	\$0.00
SI Fees	\$0.00	
Plate Fees	\$0.00	
Other Fees	\$0.00	
Totals	\$25.00	\$0.00

Prev. Title No./ST **77AH40229 / IA**

Prev. Owner

Habib, Dini Amin
3121 Kingman Blvd #1
Des Moines IA 50311

1ST Security Interest

If there are NO Security Interests "X" here:

Date: _____ No
Held By: _____
Address: _____

Cancellation of 1ST Security Interest

Date _____ No _____ Date _____
Holder _____ CO Treas _____
By _____ By _____

2ND Security Interest

Date: _____ No
Held By: _____
Address: _____

Cancellation of 2ND Security Interest

Date _____ No _____ Date _____
Holder _____ CO Treas _____
By _____ By _____

3RD Security Interest

Date: _____ No
Held By: _____
Address: _____

Cancellation of 3RD Security Interest

Date _____ No _____ Date _____
Holder _____ CO Treas _____
By _____ By _____

Witness My Hand

Mary Maloney
County Treasurer

By

Deputy

gr05



4011562749

CERTIFICATE OF TITLE TO A VEHICLE

Regular

Designation Prior Salvage
Title No. 77AH63512
County Polk
Issue Date 04/27/2010
Type Automobile

VIN
Year 2006
Make Chevrolet
Model Impala Lt
Style 4D
Cyl 6
Fuel Flexible Fuel
Weight 3,500
GVWR
Color Silver
LP \$21,900
Sq. Ft.
Odometer 54,316 Actual Miles
Cumulative Damage

Owner(s)
Habib, Alawi Noor
1130.31st St
Des Moines IA 50311
Title Fees \$25.00
Fee for New Reg \$125.00
Registration Fees \$193.00
SI Fees \$0.00
Plate Fees \$0.00
Other Fees \$0.00
Totals \$343.00
Penalty \$0.00
Prev. Title No./ST 77SB00749 / IA
Prev. Owner
Habib, Mohamed Noor
1130 31st St
Des Moines IA 50311

1ST Security Interest
If there are NO Security Interests "X" here: [X]
Date:
Held By:
Address:

Cancellation of 1ST Security Interest
Date: No: Date:
Holder: CO Treas:
By: By:

2ND Security Interest
Date: No:
Held By:
Address:

Cancellation of 2ND Security Interest
Date: No: Date:
Holder: CO Treas:
By: By:

3RD Security Interest
Date: No:
Held By:
Address:

Cancellation of 3RD Security Interest
Date: No: Date:
Holder: CO Treas:
By: By:

Witness My Hand
Mary Maloney
County Treasurer
By: Deputy

AD11547020

CERTIFICATE OF TITLE TO A VEHICLE

Regular

Designation **Prior Salvage**

Title No. **77AH57265**

County **Polk**

Issue Date **04/14/2010**

VIN **10**

Type **Multi-purpose**

Year **2002** Make **Chrysler** Model **Town & Country LMT** Style **SV**
Cyl **6** Fuel **Gasoline** Weight **4,300** GVWR
Color **Silver** LP. **\$35,600** Sq. Ft.
Odometer **104,166** Actual Miles Cumulative Damage

Owner(s)

Habib, Mohamed Noor
1130 31st St
Des Moines IA 50311

Fee Penalty

Title Fees	\$25.00	\$0.00
Fee for New Reg	\$75.00	
Registration Fees	\$142.00	\$0.00
SI Fees	\$0.00	
Plate Fees	\$0.00	
Other Fees	\$0.00	
Totals	\$242.00	\$0.00

Prev. Title No./ST **77SA99348 / IA**

Prev. Owner

Habib, Mohamed Noor
1130 31st St
Des Moines IA 50311

1ST Security Interest

If there are NO Security Interests "X" here:

Date:

No.

Held By:

Address:

Cancellation of 1ST Security Interest

Date _____ No. _____ Date _____

Holder _____ CO Treas _____

By _____ By _____

2ND Security Interest

Date:

No.

Held By:

Address:

Cancellation of 2ND Security Interest

Date _____ No. _____ Date _____

Holder _____ CO Treas _____

By _____ By _____

3RD Security Interest

Date:

No.

Held By:

Address:

Cancellation of 3RD Security Interest

Date _____ No. _____ Date _____

Holder _____ CO Treas _____

By _____ By _____

Witness My Hand

Mary Maloney
County Treasurer

By

Deputy

thov



4011315746

THIS TITLE CONTAINS AN EAGLE WATERMARK WHICH IS VISIBLE WHEN HELD TO LIGHT

47D
31B

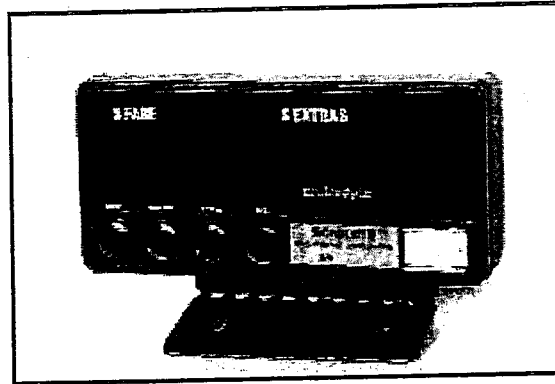
SERVICING TAXICABS

Arrangements have been made with All Pro Servicenter to have the five (5) taxicabs serviced and maintained. The company will do a full service inspection of all vehicles and will establish a periodic maintenance and service schedule. The company is a full service auto repair center that was established in 1991. The contact information is as follows:

John J. Merriam
Service Manager
All Pro Servicenter
5904 Meredith Drive
Urbandale, Iowa 50322
515-278-2059

United Cab Ltd. has arranged for the installation of five (5) Centrodyne Taximeters upon approval of their application. Attached is the quote/invoice arranged through Fred Stock Electronics.

47D

centrodyne**Silent 610 Electronic Taximeter**

The "Silent 610" taximeter has been designed as a fully programmable/configurable "basic" taximeter which can easily upgrade to "Printing" and/or "Credit Card" and "GPS" versions via the addition of hardware and software options. The meter is ergonomically designed and blends with the car dashboard. Thousands in operation!

Some of the system selectable features are:

- Self programmable fare structure
- Automatic calibration
- Rate lock-out when hired
- Programmable tax rate
- Fare and tax totals display
- Fare inhibit above speed threshold
- Four (4) independent rates
- Auto rate change based on fare, distance, and time of day
- Additional relay drivers output for roof lights
- Programmable display time-out
- Seven (7) digits statistics display
- Daily erasable statistics
- Password protection
- RS232 communication port
- Signal divider/amplifier included
- Sensors: electronic, magnetic or mechanical
- Dimensions: 158mm x 71.75mm x 36.6mm (6.22" x 2.82" x 1.44")
- Displays rate digit: 7-segment LED
- Mounting: in, on or against vehicle dashboard
- Operating temperature: -30°C to 70°C (-22°F to 158°F)
- Power: 9 - 16V DC (nominal) 20V DC max. (short term)

HOME**BACK****CONTACT US**

47D
31B

quote/invoice for mtrs & toplights

From: service@paypal.com (service@paypal.com)

Sent: Fri 3/26/10 4:09 PM

To: Alawi habib (ahabib1983@hotmail.com)

Mar 26, 2010 13:09:15 PDT



Hello Alawi habib,

Merchant

Fred Stock Electronics
P.O. Box 12492
Palm Desert, CA 92255-2492
United States
760-345-4347
fred@taxicabelectronics.com

Note from merchant

Hi Alawi: Did I get that RIGHT? This is for 5 meters and 5 toplights as we discussed. We pre-program the meter rates for you, and letter the toplights free. I have discounted both items. You can print this out, but don't delete it. If you decide to order, you can use the link on the e-mail to do that.
Blessings, Fred

Fred Stock Electronics would like to be paid through PayPal.

Description	Unit price	Qty	Amount
Centrodyne Taximeters S610 Item # C610	\$225.00	5	\$1,433.77 USD
Toplight, Basic FTC11 (choice of colors) Item # FTC11	\$54.00	5	\$1,433.77 USD
Subtotal			\$1,395.00
Shipping and handling			\$38.77
Total			\$1,433.77 USD

Pay with PayPal

47D
37B

APPLICANT PROPOSES TO USE THE FOLLOWING FORMS TO DOCUMENT THE SERVICES PROVIDED:

1. DISPATCH REGISTER
2. DRIVER DAILY RECORD/TRIP CARD
3. RECEIPT FOR FARE

47D

DISPATCH REGISTER

CALLER _____
DATE _____ TIME _____ A.M. _____ P.M.
ORIGIN _____
DESTINATION _____
SPECIAL INSTRUCTIONS _____
CAB # _____

DISPATCH REGISTER

CALLER _____
DATE _____ TIME _____ A.M. _____ P.M.
ORIGIN _____
DESTINATION _____
SPECIAL INSTRUCTIONS _____
CAB # _____

DISPATCH REGISTER

CALLER _____
DATE _____ TIME _____ A.M. _____ P.M.
ORIGIN _____
DESTINATION _____
SPECIAL INSTRUCTIONS _____
CAB # _____

UNITED CAB LTD.

PHONE # (515) 277-7784

AMOUNT: / /
DOLLARS CENTS

DATE: / /

NUMBER

COMPANY NAME

FROM

INDIVIDUAL NAME

TO

CAB NUMBER DRIVER

X _____
AUTHORIZED SIGNATURE

UNITED CAB LTD.

PHONE # (515) 277-7784

AMOUNT: / /
DOLLARS CENTS

DATE: / /

NUMBER

COMPANY NAME

FROM

INDIVIDUAL NAME

TO

CAB NUMBER DRIVER

X _____
AUTHORIZED SIGNATURE

UNITED CAB LTD.

PHONE # (515) 277-7784

AMOUNT: / /
DOLLARS CENTS

DATE: / /

NUMBER

COMPANY NAME

FROM

INDIVIDUAL NAME

TO

CAB NUMBER DRIVER

X _____
AUTHORIZED SIGNATURE

UFD

CITY OF DES MOINES
Office of
TRAFFIC AND TRANSPORTATION

TO: Judy Bradshaw
Chief of Police

DATE: July 6, 2010

FROM: Mike Berry
Parking Facilities Administrator

SUBJECT: Review for Approval; Daily Trip
Card – Applicant United Cab Ltd.

In accordance with the requirements of §126-150 (a) the attached Daily Trip Card, submitted by United Cab Ltd., with their application for a Certificate of Convenience and Necessity to operate a Taxi Company in the City of Des Moines, is submitted for review.

Please return this documentation indicating whether this Daily Trip Card format is acceptable (see below).

Thank you.

Michael R. Berry
Michael R. Berry
Traffic Facilities Administrator

Encl.

Des Moines Police Department
Chief of Police

Date: _____

Enclosed Daily Trip Card Format, submitted by United Cab Ltd is:

Approved

Disapproved

Judy Bradshaw
Chief of Police

47D

Financial Status of Applicant

There are no unpaid judgments for United Cab Ltd. or its owner, Mohamed Habib. The corporation was formed on April 28, 2010 and was capitalized with a contribution of \$3,000.00. Mohamed Habib has an account with Liberty Bank to provide reserve funding for the taxicab operation. Attached is an account summary report showing an available balance of \$4,764.78.

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37B

Demand Deposit

MOHAMED NOOR HABIB

Rel Birthdate Phone Tax Identification

[01] MOHAMED NOOR HABIB
1130 31ST ST
DES MOINES IA 50311-3903

Tax Name: [1] MOHAMED NOOR HABIB

Memo Balances

Current Ledger Balance:	\$4,764.78	Current Reg CC Cash Available:	\$4,764.78
Plus Presentments:	\$1,400.00	Memo Available Balance:	\$4,764.78
Memo Ledger Balance:	\$6,164.78		

Presentments

Description	Memopost	Expiration	Ledger Adjustment	Available Adjustment
Source: Teller-Terminal 227959 (112)	Jun 04, 2010	Jun 04, 2010	\$1,400.00	
	2:11 p.m.			

Current & Previous Cycle

Description	Debits	Credits	Date	Balance
Balance Forward:			Apr 15, 2010	\$10,057.73
		\$418.42	Apr 16, 2010	\$10,476.15
UUUUUUUUUUUUUU0170			Apr 16, 2010	\$10,426.15
E	\$50.00		Apr 26, 2010	\$10,256.15
Check #1162	\$170.00		Apr 29, 2010	\$9,801.15
Check #1161	\$455.00		Apr 30, 2010	\$10,215.60
V		\$414.45		
0000000000000170		\$18,554.47	May 04, 2010	\$28,770.07
Deposit		\$2,000.00	May 04, 2010	\$30,770.07
Deposit			May 05, 2010	\$891.32
C	\$29,878.75			
E			May 05, 2010	\$866.32
Wire Fee 23586	\$25.00		May 05, 2010	\$864.82
Sales Tax	\$1.50		May 10, 2010	\$3,014.82
Deposit		\$2,150.00	May 10, 2010	\$3,014.82
FILE	\$34.69		May 13, 2010	\$2,980.13
RECURRING RTH 000 000 0000 JA				
490002 0133		\$534.79	May 14, 2010	\$3,514.92
UUUUUUUUUUUUUU0170			May 14, 2010	\$3,514.92
****Statement Produced****				
Deposit		\$1,950.00	May 17, 2010	\$5,464.92
Deposit		\$4,000.00	May 24, 2010	\$9,464.92
WITHDRAWAL	\$6,057.02		May 25, 2010	\$3,407.90
		\$356.88	May 28, 2010	\$3,764.78
0000000000000170		\$1,000.00	Jun 01, 2010	\$4,764.78
Deposit			Jun 03, 2010	\$4,764.78
Balance This Statement:				

PUBLIC CONVENIENCE AND NECESSITY

In preparation for filing this application Mohamed Habib talked with a number of people about existing cab service in Des Moines. Attached are three statements that are representative of the responses he received.

April 15, 2010

To whom it may concern:

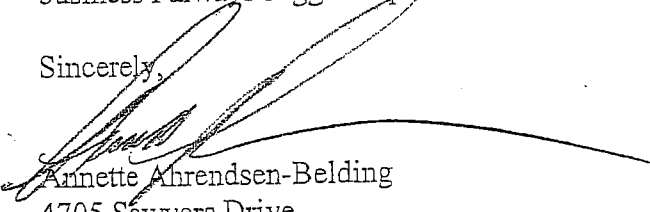
I have been a residence of Des Moines for 5 year now. When we first moved here there were numerous times that I called for a cab to take me to the airport. I tried both cab companies in the city and had TERRIBLE service.

One example of the service I receive was I called yellow cab to schedule a time since I had such an early morning departure time at the airport. I schedule the pickup at 4:30am and the person on the phone confirmed that I would have a cab there at that time. I asked if I should call again in the morning to reconfirm and was told that if was schedule not to worry. At 4:30am I am at the front door waiting, waiting and finally 15 min later I called the cab company to cancel because I drove to the airport instead. When I called the customer service person was crabby, and said it wasn't scheduled. WOW!!!! I still could be waiting!!!!

This is just one example of the poor service I have received from our local Des Moines cab companies. I think that this city needs to let another service come in and show the other two what customer service is all about. I have traveled all over the world and I have to say Des Moines has the worst cab service I've ever seen.

I would advise any one coming to Des Moines NOT to use the cab service. In my business I always suggest a private car or limo service.

Sincerely,



Annette Ahrendsen-Belding
4705 Sawyers Drive
Des Moines, Iowa 50310

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37B

STATEMENT OF ABDIRIZAK SALAH

Hilal Groceries is a retail grocery business I have operated for 10 years. We are located at 1163 - 25th Street in Des Moines, Iowa. We have African, Arabian, Pakistani and Indian Food Products and Zabiha Halal meats. Many of my customers are refugees who come to this country with limited or no English speaking skills. They are hard working people but it is common for them to spend several years to learn the language, qualify for a drivers license and save the funds to purchase a vehicle. When my customers ask me to call a taxicab they frequently wait 30 to 60 minutes. This has been the situation since I opened and doesn't seem to get any better. I know Mohamed Habib and believe that he will provide good service to our customers as taxicab company.



Abdirizak Salah, Owner
Hilal Groceries

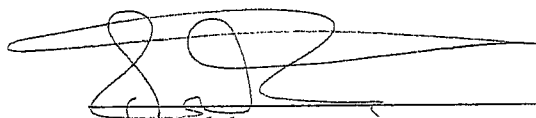
7/8/10

Date

4715
31B

STATEMENT OF SALAH SALAH

My name is Salah Salah and I own and operate Action Autobody at 1157 - 15th Street in Des Moines. We are an auto body and collision repair shop. Approximately 2-3 times a week a customer will ask us to call a cab. We have difficulty getting cab service that satisfies our customers. Frequently, a customer will wait 30-45 minutes even though we are told that a vehicle will be sent right away. United Cab Ltd. is owned by Mohamed Habib who I consider to be a member of our community. He is aware of our service needs and I am confident that his new company will help us obtain the services required by our customers.



Salah Salah

7/9/10

Date