

Date October 11, 2010

**PUBLIC HEARING ON TAXICAB  
LICENSE APPLICATION OF WENDY RENEE STOUT**

WHEREAS, Wendy Renee Stout, 612 East Diehl Avenue, filed an application for a license to drive a taxicab in the City of Des Moines and the Department of Traffic and Transportation rejected said application; and

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

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

WHEREAS, Wendy Renee Stout's arrest on a Colorado warrant for fugitive from justice on April 14, 2006 was the basis for her denial under Des Moines Municipal Code § 126-218 regarding qualifications for taxicab license issuance.

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

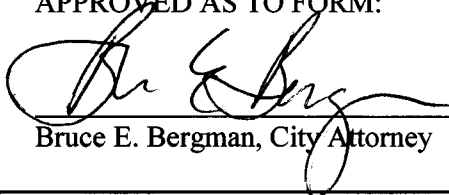
\_\_\_\_\_ Alternative One: That Ms. Wendy Renee Stout's application for license to drive a taxicab in the City of Des Moines be and is hereby denied.

MOVED BY \_\_\_\_\_ TO DENY LICENSE.

\_\_\_\_\_ Alternative Two: That Ms. Wendy Renee Stout's application for license to drive a taxicab in the City of Des Moines be and is hereby granted.

MOVED BY \_\_\_\_\_ TO GRANT LICENSE.

APPROVED AS TO FORM:

  
Bruce E. Bergman, City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
GRIESS				
HENSLEY				
MAHAFFEY				
MEYER				
MOORE				
TOTAL				
MOTION CARRIED APPROVED				
_____ 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

September 29, 2010



Wendy Stout  
612 E. Diehl  
Des Moines, IA 50315

Re: Taxicab License Appeal of Application Denial

The purpose of this letter is to acknowledge receipt of timely appeal of the decision to deny issuance of a taxicab license, as presented to you in a September 22, 2010 letter from the City Traffic Engineer.

Accordingly, I have set this matter for hearing on October 11,, 2010 at 5:00 p.m. in the City Council Chambers, City Hall, 400 Robert D. Ray Drive. A copy of the portion of the City Code pertaining to the appeal process is enclosed for your information.

**Failure to appear at the scheduled hearing will be deemed as a waiver of your rights to a hearing.**

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

Sincerely,

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

Diane Rauh  
City Clerk

DR:kh  
Enc.

cc: J. Brewer – Engineering  
L. McDowell-Legal  
M. West – Police  
G. Fox – T & T

To Whom It May Concern,

I was denied a city cab license due to the fact I was arrested in 2006 for a warrant out of Colorado.

This charge was dismissed and no charges were ever brought against me.

I obtained a city cab license through the city of Des Moines in 2007 and for 2008. So I dont understand why I'm being denied no. I would like to go before the city council and appeal as I feel like I deserve to be able to obtain a license.

I am a hard worker and I feel like I deserve a chance especially since I was approved a licence 2 years and twice prior to that incident in 2006.

Thank you,

Wendy Stut

515-779-2187

612 E. Dieml

Des Moines IA 50315

2010 SEP 29 AM 10:21

CITY CLERK  
DES MOINES, IA

FILED

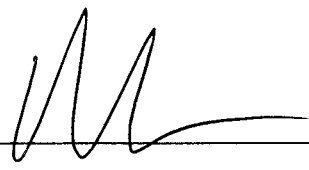
Diane Rauh  
City Clerk  
City Hall  
400 Robert D. Ray Drive  
Des Moines, IA 50309

**FILED**  
2010 SEP 29 AM 10:21  
CITY CLERK  
DES MOINES, IA

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

Name Wendy Stout  
Address 612 E. Diehl  
Phone 515-779-2187  
Date 9/27/2010

Des Moines  
2315

  
\_\_\_\_\_  
Signature



September 22, 2010

Ms. Wendy R. Stout  
612 East Diehl  
Des Moines, IA 50315

RE: Taxi Driver's License

Dear Ms. Stout:

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

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

**Criminal Record:**

04/14/2006            Arrested on a Colorado warrant for Fugitive from Justice, \$6,000 bond on DMPD case 2006-14571

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

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

Sincerely,

Gary L. Fox  
City Traffic Engineer

GLF/jag  
Enclosure

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

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

**To:** Gary Fox  
Traffic and Transportation

**Date:** 09/09/2010

**From:** Michael West  
Senior Police Officer  
Traffic Unit

**Subject:** Taxicab License  
Wendy R Stout

The applicant currently has a valid Iowa Class "B", driver's license which does meet the requirement to operate a taxicab.

A review of Ms Stout's criminal history record reflects that on 04/14/2006 she was arrested for a Colorado warrant for Fugitive from Justice 6000.00 bond on Des Moines case 2006-0014571.

The applicant is being denied under City of Des Moines ordinance 126-218(a-2,i) and 126-218(b-2). Person of good moral character.

When reviewing Ms Stout's driving record the Department of Transportation will be placing her driver's license on Suspension 10/05/2010 for Non-Payment of Iowa Fine.



Michael West 4810

9-8-10



# CITY OF DES MOINES

## APPLICATION FOR LICENSE TO DRIVE A TAXICAB/LIMOUSINE

Name STOUT Wendy Renee  
(Last) (First) (Middle)

Address 1012 E. Dick Des Moines Iowa 515-779-2187  
(City, State & Zip Code) (Phone Number)

Birth Date: 9/12/1970 DL # [REDACTED] SS# [REDACTED] Class: B Exp. Date: 09-17-2012

Weight: 5'3" Height: \_\_\_\_\_ Color of Hair: Brown Color of Eyes: green

Have you ever been licensed as a City of Des Moines Taxi/Limo Driver? yes When? \_\_\_\_\_

Years of experience driving an automobile. \_\_\_\_\_ Taxi/Limo: 4

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

Give reason(s) for suspension/revocation. \_\_\_\_\_

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

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

### EMPLOYMENT RECORD:

EMPLOYMENT RECORD:			EDUCATION RECORD:	
From	To	Employer's Name and Address	School	Circle Highest Grade Completed
8/2009	present	Mediacom 377 Westown Plwy		
3/2009	6/2009	Progress Industries	Elementary	1 2 3 4 5 6 7 8
10/2007	10/2008	TRANS IOWA	High School Cy-fair	9 10 11 12
2/2008	10/2008	DART 1100 Dart Way	College DMACC	1 2 3 4 5 6
			Trade School Other	1 2 3 4

### HEALTH RECORD:

List any physical impairments or disability that would affect your ability to drive. NONE

List any current medications or medical conditions for the past five (5) years which might affect your ability to drive: NONE

City of Des Moines  
Traffic and Transportation

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

Page 2

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

1. Name Scott Henderson Phone No. 770-6250  
Address \_\_\_\_\_
2. Name Amanda Krass Phone No. 232-5180  
Address \_\_\_\_\_
3. Name Frank Huber Phone No. 412-3500  
Address \_\_\_\_\_

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

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

9-8-2010  
(Date)

[Signature]  
(Applicant's Signature)

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

APPROVED

REJECTED

9/9/10  
(Date)

[Signature] 4810  
(Authorized Representative, Chief of Police)

Receipt Number: # 929969  
Date: 9-8-10  
Amount: \$ 10.00  
Badge Number: \_\_\_\_\_  
Company: \_\_\_\_\_  
Owner: \_\_\_\_\_

REJECTED

Application for License  APPROVED

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City Traffic Engineer)





# Iowa Department of Transportation

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

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

## Certified Abstract of Driving Record

<b>Inquiry Date:</b>	9/8/2010	<b>DL/ID #:</b>	[REDACTED] (IA)	<b>Customer #:</b>	4582911
<b>Name:</b>	Stout, Wendy Renee	<b>Class:</b>	B	<b>ID Status:</b>	VAL
<b>Address:</b>	1324 WILLIAMS ST	<b>Audit #:</b>	2042243	<b>DL Status:</b>	VAL
<b>City/State:</b>	DES MOINES, IA 503176847	<b>Issue Date:</b>	04/11/2008	<b>CDL Status:</b>	VAL
<b>Mailing Address:</b>	1324 WILLIAMS ST	<b>Expiration Date:</b>	09/17/2012	<b>Restriction Supplement:</b>	None
<b>Mailing City/State:</b>	DES MOINES, IA 503176847	<b>Endorsements:</b>	P		
		<b>Restrictions:</b>	NONE		
		<b>Date of Birth:</b>	9/17/1976		
		<b>Sex:</b>	F		

## History Information

### Convictions

Citation Date	Conviction Date	ACD	Explanation	County	JUR
04/02/2008	05/09/2008	S92	Speed	77	IA
05/15/2010	06/28/2010	F04	Seat Belt Violation	77	IA

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

Accident Date	Case Number	JUR
01/17/2008	417714	IA

### Sanctions

Type	Effective	End	ACD	Explanation	Occurrence JUR	JUR
Suspended	10/05/2010	INDEFINITE	D53	Non-Payment of Iowa Fine	IA	IA

Name: Stout, Wendy Renee DL/ID: 167CC9910

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:

9/8/2010

Office of Driver Services  
Iowa Department of Transportation

Name: Stout, Wendy Renee DL/ID: 167CC9910



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



Iowa Criminal History Record Check  
 Walk-In Request

Your name	Wendy Stout
Address	1324 Williams St.
City/State/Zip	Des Moines IA 50317
Phone#	515-779-2817

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)
STOUT	Wendy	Renee
Date of Birth <i>Fecha Nacimiento</i> (mandatory)	Gender <i>Genero</i> (mandatory)	Social Security Number (recommended)
9/17/1976	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	[REDACTED]
Waiver Signature <i>Firma</i> (If the request is on yourself, please sign. If the request is on someone else, write N/A.)		
[Signature]		

DCI USE ONLY

Results

As of 9-8-10, a name and date of birth check revealed:

No record found

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

DCI initials Bde

SEP-8 PM 8:27

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 OR

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

