

Date February 28, 2011

RESOLUTION SETTING DATE OF PUBLIC HEARING UPON APPLICATION OF
CITY CAB LLC
FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
TO OPERATE TAXICAB SERVICES

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

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

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

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

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

1. That the Des Moines City Council shall hear the matter of the request to operate a taxicab service in the City of Des Moines at the regularly scheduled City Council meeting on March 14, 2011, in the City Council Chambers at 5:00 p.m.; and

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

Shani Amin and Mohamed Ahmed
City Cab LLC
100 East Euclid Avenue, Suite E
Des Moines, IA 50313

★ **Roll Call Number**

Agenda Item Number

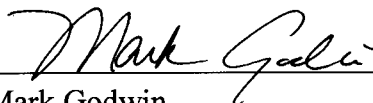
41A

Date February 28, 2011

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

MOVED BY _____ to adopt.

APPROVED AS TO FORM:



 Mark Godwin
 Acting City Attorney

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

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.

MOTION CARRIED APPROVED

 Mayor

 City Clerk

Taxicab Company Application –

February 14
2011

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 "Taxicab Company Application Checklist." The attached documents that have had information blocked out, have had that information removed for cause; i.e., identification protection of the applicant and others referenced by the applicant. The original documents are on file with the Traffic Engineers Office and the entire document(s) may be reviewed by anyone with a verified need to know.

City Cab,
LLC

February 14, 2011

Michael R. Berry, Traffic Facilities Administrator, City of Des Moines

Taxicab Company Application Checklist

Applicant: CITY CAB, LLC

February 11, 2011

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

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

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

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

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

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

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

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

Sec. 126-118. Vehicle condition.

(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. *MSB*

(g) Each vehicle shall be not greater than ten (10) years old, based on the model year of production, and shall include all standard safety features in proper working order. *2@9yrs, 3@8yrs; 1@6 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 emergency vehicle color scheme, in a manner that will mislead or deceive or defraud the public. *MSB*

2 | Taxicab Company Application Checklist – City of Des Moines

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

Sec. 126-120. Taximeters.

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

Sec. 126-123. Posting of rates.

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

Sec. 126-149. Service.

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

MB (b) The holder of a certificate shall maintain a place of business in a location properly zoned for that business. *100 E. Euclid Suite E (Park Fair Mall)*

MB (c) The holder shall have a listed telephone number for receiving calls for service. *515-279-5555*

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

3 | Taxicab Company Application Checklist – City of Des Moines

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

MB (f) The holder shall provide a minimum of six qualified drivers. *7 drivers listed*

MB (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. *6 vehicles listed*

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

Sec. 126-150. Reports and records.

Requirement (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.

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

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

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

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

(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

4 | Taxicab Company Application Checklist – City of Des Moines

agreement with the certificate holder to furnish taxicab services of the quality provided for in this article, and who either own or are lessees of licensed taxicabs. Such agreement shall incorporate the provisions of this article applicable to such driver. Certificate holders bound by said written agreements shall have available a report, on or before the fifth day of each month, stating the names and addresses of all drivers who operated taxicabs during the preceding month.

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

(3) Any holder of a certificate operating under the above plans shall be treated as an *Requirement* 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 *NRB* 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:

- 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:

(1) Provide an office in a location properly zoned for that business which must be *NRB* 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.

(2) Provide taxicab service to the public 24 hours a day, seven days a week and *Requirement* have a telephone that is answered 24 hours a day, seven days a week so that

5 | Taxicab Company Application Checklist – City of Des Moines

any individual may request the services of the certificate holder. The business shall have a listed telephone number. (*Listed 1-55-279-5555*)



(3) Provide a minimum of six qualified taxicab drivers. *7 listed*



(4) Provide a minimum of five qualified taxicab vehicles with a minimum of four vehicles available to respond into operation at all times. *6 listed*



(5) Meet all applicable zoning ordinance regulations.

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

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



(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.



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



(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

6 | Taxicab Company Application Checklist – City of Des Moines

reasons for denial. If the applicant is an association, this information shall be stated as to each member of the association. *Previously denied by Des Moines City Council 10-25-10*

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

MRB (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.

MRB (6) The location of proposed depots and terminals. *Maint. @ 2010 Ingersoll Ave.*

(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.

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

MRB (9) Where the applicant will operate its dispatch service. *100 E. Euclid Suite E*

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

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

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.

Sec. 126-187. Liability insurance.

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

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

MRS (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.

CITY OF DES MOINES
Office of
TRAFFIC AND TRANSPORTATION

TO: SPO Mike West, Traffic Unit
DM Police Department

DATE: February 14, 2011

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

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

Mike,

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

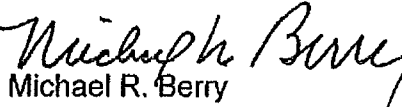
Under §126-63.5 the Police Department has a requirement to investigate the criminal and drivers records of an applicant, in this case the Corporate Owners of City Cab LLC., Mohamed Ahmed, Shani Amin & Daud Mohamed, when applying for a license to operate as a limousine company, in the City of Des Moines.

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

The applicants are asking that this go before Council, setting a hearing date, at the City Council meeting of February 28, 2011 with a requested hearing date of March 14, 2011. The application itself is substantially complete for the application to be considered complete, so it can be submitted to Council.

This is a SECOND SUBMITTAL to the City Council, because the initial application was denied late last year.

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.

KREAMER LAW FIRM, P.C.

Attorneys and Counselors at Law

Samuel I. Kreamer, J.D., C.P.A.
sikjdcpa@kreamerlaw.com

6600 Westown Parkway, Suite 190
West Des Moines, Iowa 50266-7724
Phone: (515) 727-0900
Fax: (515) 727-0939
www.kreamerlaw.com

December 17, 2010

Gary L. Fox, City Traffic Engineer
City of Des Moines Engineering Department
Capitol Center
600 E. Court Avenue
Suite 200
Des Moines, Iowa 50309
Via Hand Delivery

In Re: City Cab LLC (the Company")
Our File No. 43043

Dear Mr. Fox:

The purpose of this letter is to provide you with updated supplemental information requested in your letter to Shani Amin dated October 13, 2010. The statements contained in this letter were obtained from Mohamed Ahmed, Shani Amin, and Daud Mohamed on December 17, 2010. Please be advised as follows:

1. FINANCIAL INFORMATION.

The Balance Sheet of the Company as of December 17, 2010 is as follows:

ASSETS	
Cash in Bank	\$10,200
Cabs	\$20,000
Lights	\$900
Meters	\$2,850
Paint	\$5,850
Signs	\$1,575
Computers	\$1,000
Communication Equipment	\$500
Furniture	<u>\$700</u>
TOTAL ASSETS	\$43,575
LIABILITIES	\$0
OWNER'S EQUITY	\$43,575

Although the foregoing amounts may be subject to adjustment, the Owners of the Company assert that these figures are substantially correct.

2. EXPERIENCE. NOTE: THIS SECTION IS UNCHANGED FROM PRIOR LETTER DATED OCTOBER 15, 2010

The owners and officers of the Company (the "Principals") are: Mohamed Ahmed and Shani Amin.

Daud Mohamed is an important employee, but does not have an ownership interest in the Company and is not an office of the Company at this time. Hence, Daud Mohamed is not considered a "Principal" of the Company at this time.

The experience of the Principals of the Company, as well as the experience of Daud Mohamed, in regards to the transportation of passengers for hire is as follows:

A. Mohamed Ahmed ("Mohamed")

Mohamed was born in Garowe, Somalia

Mohamed's father, Rashid Ahmed, had a business which leased cars and trucks to individuals and businesses in Mogadishu, Somalia, and Nairobi, Kenya. This company also provided taxi services. When Mohamed was growing up, he worked for his father's company. While working for his father, Mohamed worked in all aspects of the business, including, but not limited to, driving, dispatching and vehicle service.

From 1994 to 2008 (approximately 14 years), Mohamed owned and operated "Millennium Car Hire" in Nairobi, Kenya. This company provided taxi services to individuals, and rented cars to individuals. Mohamed started the company with three (3) taxicabs and it grew to fifteen (15) taxicabs. For several years, Millennium Car Hire continuously employed at least ten (10) drivers. In addition to managing the business, Mohamed acted as one of the dispatchers as well as one of the drivers. Mohamed profitably sold Millennium Car Hire in order to facilitate moving to the United States.

Upon moving to the United States, after selling Millennium Car Hire, for six (6) months Mohamed served as the First Secretary for Somalia to the United Nations in New York.

After his service as First Secretary for Somalia to the United Nations in New York ended, Mohamed moved to Minneapolis, Minnesota, where he drove a taxicab for Riverside Transportation for approximately six (6) months.

Mohamed moved to the Des Moines Metropolitan area in 2010 to become an owner/officer/employee of the Company.

Mohamed has not received any notice of any customer complaints.

Mohamed is a fifty percent (50%) owner of the Company; the Vice President of the Company; and a Manager of the Company.

B. Shani Amin ("Shani")

Shani was born in Brava, Somalia.

In 1996 Shani worked as a dispatcher of taxicabs for tourists in Mombasa, Kenya. He moved to the Des Moines Metropolitan area in 1997. From 1997 until 2004 Shani worked at the Wittern Group in Des Moines, and at Prairie Meadows in Altoona.

In 2004 Shani attended DMACC to learn to drive (large) trucks. From 2004 to 2008 Shani drove trucks for DMTC, Inc., Pine Ridge Farm Corporation, and A&A Transport, LLC.

From 2008 to 2009 Shani transported disabled people as a driver for Link-up Transport, Inc.

From 2009 to 2010 Shani drove a taxicab for Freedom Cab. Upon leaving Freedom Cab, Shani has acted as a dispatcher and driver for the Company.

Shani has not received any notice of any customer complaints.

Shani is a fifty percent (50%) owner of the Company; the President/Secretary of the Company; and a Manager of the Company.

C. Daud Mohamed ("Daud")

Daud was born in Mogadishu, Somalia.

Daud moved to the Des Moines Metropolitan Area and attended Roosevelt High School in Des Moines from 2003 to 2004.

From 2005 to 2007 Daud lived in Arcadia, Wisconsin where he worked for Ashley Furniture as a furniture mover, and later for Gold'n Plump Chicken as a meat packer.

In 2007 Daud returned to Des Moines. From 2007 to 2009 Daud transported/delivered rental cars for Hertz at the Des Moines airport, and drove a truck for N & S Trucking, Inc.

From 2009 to 2010 Daud drove a taxicab for Freedom Cab.

Daud operated City Cab as a sole proprietorship from January 2010 until it was formed as a limited liability company in June of 2010. While he was operating as a sole proprietor, Daud was involved in ALL aspects of operations.

Daud has not received any notice of any customer complaints.

Although Daud was one of the original owners and an officer of the Company, he resigned his position by agreement with Mohamed and Shani. Daud is currently a driver and dispatcher with the Company. Although he is not a "principal" of the Company, Daud is a very important employee.

3. **BUSINESS OPERATIONS NOTE: THIS SECTION IS UNCHANGED FROM PRIOR LETTER DATED OCTOBER 15, 2010**

Dispatch service will be provided by dispatchers from the Company offices. Customer calls will come in on the main line (515-279-5555) where a dispatcher will answer the customer call and dispatch a cab. Drivers/cabs will be dispatched based on whichever available driver is closest to the pick up point, or upon a rotation.

Drivers and Dispatchers will be available seven days (7) a week, twenty-four (24) hours per day.

Drivers and dispatchers will be divided into two twelve hour shifts 6:00AM to 6:00PM and 6:00PM to 6:00AM.

When not on duty, drivers may take their cars home, but from the time a shift begins until it ends, drivers shall not return home.

Drivers are "independent contractors". They rent their cars from the Company and pay all costs for the car including gas and maintenance themselves. Any cars which are not taken home by drivers will be stored in the parking lot at the Company's offices. It is intended that maintenance will be provided by Midas Auto Systems Experts, Inc. at its shop located at 2010 Ingersoll in Des Moines.

The original office of the Company (and the location of the office of the Company at the time the application was submitted) was at 2500 Martin Luther King Parkway, Suite 6, Des Moines. The location of the office was changed to 100 E. Euclid Avenue, Suite E, Des Moines (Park Fair Mall-lower level) in July of 2010. To the extent that the Application submitted to the City Council for approval contains the prior address, it should be deemed amended reflect the correct address of the Company's office.

PRIOR to issuing their approval of the Company's application (and forwarding the Company's application for City Council approval), Mike Berry, and other applicable City Staff were aware of the change of the office location. Any reference in the application to the outdated location should be disregarded.

4. DISPATCH RECORDS

THESE WILL BE DELIVERED UPON REQUEST.

We would be happy to answer any further questions you may have and provide any additional information you shall require.

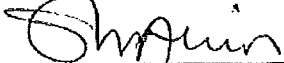
Sincerely,

Samuel I. Kreamer, J.D., C.P.A.

We have read the above letter and affirm its contents:



Mohamed Ahmed



Shani Amin

CC: Rep. Ako Abdul-Samad
Bruce Bergman

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

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

1. IDENTIFICATION:

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

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

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

* Inspections available upon request

3. SEC 126-119. DESIGNATION

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

4. SEC 126-120. TAXIMETERS

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

5. SEC 126-123 POSTING OF RATES

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

6. SEC 126-149 SERVICE

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

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

f. Drivers:

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

g. Applicant will have a minimum of 4 of the vehicles listed above available to respond into operation at all times.

h. Applicant acknowledges that it refuses to accept a call anywhere in the corporate limits of the city at a time when it has available cabs or if it fails or refuses to give overall service, its certificate may be revoked at the discretion of the city council.

7. SEC 126-150 REPORTS AND PUBLIC RECORDS

a. Each driver will maintain a daily trip card in the form attached as Exhibit E. All complete trip cards will be returned to Applicant by the driver at the conclusion of his/her tour of duty.

b. Applicant will submit a report by January 30 of each year summarizing the activity of the previous year. The report will contain general information on number and types of complaints received including information on any discrimination complaints; number of trips per vehicle; age, mileage and general condition of each vehicle; tenure and turn over of drivers; periodic normal response time and other information required by the traffic engineer.

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

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

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

9. SEC 126-182 REQUIREMENTS FOR TAXICAB SERVICE

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

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

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

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

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

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


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

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

Submitted this 17th day of December, 2010.

City Cab, LLC

By:



Shani Amin, President and Manager

41A

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

CITY Corp
279-5555

Q.N. - Wash

9.4 x 24

CITY Corp
279-5555

6.6 x 24

CITY CAB FARE

Flag drop - \$2.00

One-tenth mile - .20

Night surcharge (10pm - 4am) - \$2.00

Additional Passengers - .80

Each minute waiting time - .40

Equivalent of \$24/hr.

Approved by city council

Minimum detention charge - \$10.00

CITY CAB

THIS VEHICLE IS THE PROPERTY OF THE CITY OF

MEMPHIS

OWNERS NAME

Exhibit B
Picture of TaxiMeter

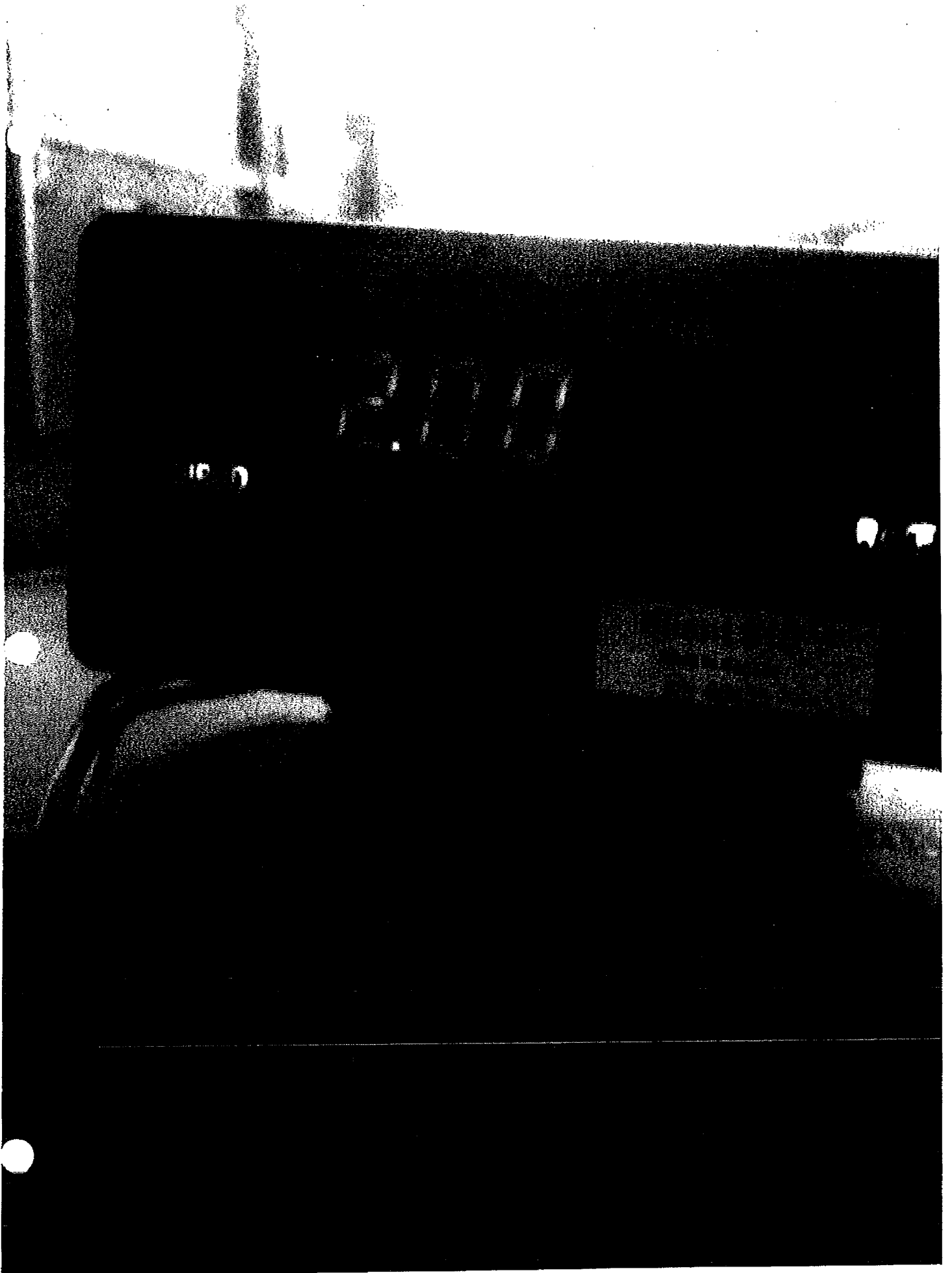



Exhibit C
Picture of Posted Rate Card

CITY CAB FARE

Exhibit D
Photos of licenses

 THE CITY OF
DES MOINES
"A Capital City!"

TAXI DRIVERS LICENSE


101002384


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


101002331


Daud Mohamed

2010

Expires 12/31/2010

LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES



 THE CITY OF
DES MOINES
"A Capital City!"

TAXI DRIVERS LICENSE


101002604

Mohamed Rashid Ahmed

2010

Expires 12/31/2010

LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES





THE CITY OF
DES MOINES
"A Capital City!"

TAXI DRIVERS LICENSE

101002375

Abdi Mohamed

2010

Expires 12/31/2010

LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES





THE CITY OF
DES MOINES
A Capital City

TAXI DRIVERS LICENSE

10/00020

Abdullahi Roble

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

101002654

Hassan A. Aden

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

101002626

Dahir Abdi

2010



Expires 12/31/2010

LICENSE MUST BE IN POSSESSION OF DRIVER AT ALL TIMES

41A

Exhibit E
Form of Trip Card to be maintained by drivers

Exhibit F
Criminal histories and driving records

41A



Iowa Department of Transportation

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

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

Certified Abstract of Driving Record

Inquiry Date:	7/7/2010	DL/ID #:	450	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

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

Name: Amin, Shani Habib **DL/ID:**

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

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

7/7/2010

Office of Driver Services
Iowa Department of Transportation

Name: Amin, Shani Habib **DL/ID:**



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	SHANI AMIN
Address	6000 CRESTON AVE #C9
City/State/Zip	DES MOINES, IA 50321
Phone#	515-770-2148

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

Last Name <i>Apellido</i> (mandatory)	First Name <i>Primer Nombre</i> (mandatory)	Middle Name <i>Segundo Nombre</i> (recommended)
AMIN	SHANI	HABIB
Date of Birth <i>Fecha Nacimiento</i> (mandatory)	Gender <i>Genero</i> (mandatory)	Social Security Number (recommended)
01/01	<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.)		

Results

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

No record found

Record attached, DCI # _____

DCI initials Bde

DCI USE ONLY

STATE OF IOWA
 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 _____

CI initials Bde

Credit Card Number # _____ Exp. Date _____



Iowa Department of Transportation

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

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

Certified Abstract of Driving Record

Inquiry Date:	7/7/2010	DL/ID #:		Customer #:	4193306
Name:	Mohamed, Daud Ali Abdulle	Class:	A	ID Status:	None
Address:	1075 22nd St Apt 1	Audit #:	1960948	DL Status:	VAL
		Issue Date:	03/14/2008	CDL Status:	VAL
City/State:	Des Moines, IA 50311	Expiration Date:	01/01/2013	Restriction Supplement:	None
		Endorsements:	T		
Mailing Address:	PO BOX 1954	Restrictions:	NONE		
		Date of Birth:			
Mailing City/State:	DES MOINES, IA 503051954	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
02/23/2010	559122	IA

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

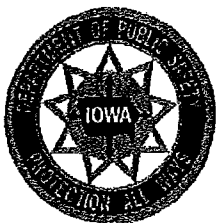
Pursuant to Iowa Code §321.10, I, Kim Snook, Director of Office of Driver Services, Iowa Department of Transportation, do hereby certify that I am custodian of the records held by the Office of Driver Services, that this is a true and accurate copy of an official record currently in the custody of office,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

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

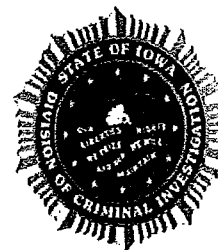
7/7/2010

Office of Driver Services
Iowa Department of Transportation

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



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>David Mohamed</u>
Address	<u>1081 D2nd St</u>
City/State/Zip	<u>Des Moines IA 50311</u>
Phone#	<u>515-779-4344</u>

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)
<u>Mohamed</u>	<u>David</u>	<u>A</u>
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.)		
<u>David Mohamed</u>		

DCI USE ONLY

Results

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

No record found

Record attached, DCI # _____

DCI initials Bde

DIV OF CRIMINAL INVESTIGATION
 2010 JUL - 8 PM 4:28
 515 281 6000

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 _____

CI 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

Certified Abstract of Driving Record

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

History Information

CLEAR DRIVING RECORD

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

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

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

7/7/2010

Office of Driver Services
Iowa Department of Transportation

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



State of Iowa
 Division of Criminal Investigation
 215 E 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 RASHID AHMED
Address	600 SW EVEREST AVE HC 2 DES MOINES
City/State/Zip	50321
Phone#	9526071425

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

Last Name <i>Apellido</i> (mandatory)	First Name <i>Primer Nombre</i> (mandatory)	Middle Name <i>Segundo Nombre</i> (recommended)
AHMED	MOHAMED	RASHID
Date of Birth <i>Fecha Nacimiento</i> (mandatory)	Gender <i>Genero</i> (mandatory)	Social Security Number (recommended)
	<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.)		

Results

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

No record found

Record attached, DCI # _____

DCI initials bdh

DCI USE ONLY

STATE OF IOWA
 D.P.S.
 2010 APR -5 AM 3:09
 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 bdh

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

Certified Abstract of Driving Record

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

History Information

CLEAR DRIVING RECORD

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

Pursuant to Iowa Code 5321.10, I, Kim Snook, Director of Office of Driver Services, Iowa Department of Transportation, do hereby certify that I am the custodian of the records held by the Office of Driver Services, that this is a true and accurate copy of an official record currently in the custody of said office, and that I have been authorized by the Director of the Iowa Department of Transportation to so certify.

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

4/24/2010

Office of Driver Services
Iowa Department of Transportation

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



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



Iowa Criminal History Record Check
 Walk-In Request

Your name	Abdi Ali Abdull-e Mohamed
Address	6081 SW Creston Ave #14
City/State/Zip	Des Moines IA 50321
Phone#	515 779-5866

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)
Mohamed	Abdi	Ali Abdull-e
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.)		
Abdi Mohamed		

DCI USE ONLY

Results

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

No record found

Record attached, DCI # _____

DCI initials Bde

10 APR 22 11:11:33

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 _____

CI initials _____

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

Certified Abstract of Driving Record

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

History Information

Convictions

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

Name: Roble, Abdullahi Mohamed **DL/ID**

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

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

6/22/2010

Office of Driver Services
Iowa Department of Transportation

Name: Roble, Abdullahi Mohamed **DL/ID**



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



Iowa Criminal History Record Check
 Walk-In Request

Your name	Abdullahi Mohamed Roble
Address	7006 5th St APT 309
City/State/Zip	Des Moines IA 50309
Phone#	515 661 0849

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

Last Name <i>Apellido</i> (mandatory)	First Name <i>Primer Nombre</i> (mandatory)	Middle Name <i>Segundo Nombre</i> (recommended)
Roble	Abdullahi	Mohamed
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.)		

As Abdullahi

DCI USE ONLY

2010 JUN 22 PM 2:39
 DEPT OF CRIMINAL INVESTIGATION
 DES MOINES, IA

Results

As of 6-22-10, a name and date of birth check revealed:

No record found

Record attached, DCI # _____

DCI initials CD

Receipt

Number of requests 1 x \$10.00 per last name = Total amount \$ 10⁰⁰

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

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

DCI initials CD

Credit Card Number # _____ Exp. Date _____



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:	12/15/2010	DL/ID #:		Customer #:	5555330
Name:	Aden, Hassan Abdullahi	Class:	D	ID Status:	None
Address:	721 E 5TH ST APT 6	Audit #:	4467387	DL Status:	VAL
		Issue Date:	06/26/2010	CDL Status:	None
City/State:	DES MOINES, IA 503095440	Expiration Date:	01/01/2014	Restriction Supplement:	None
		Endorsements:	3		
Mailing Address:	721 E 5TH ST APT 6	Restrictions:	NONE		
		Date of Birth:			
Mailing City/State:	DES MOINES, IA 503095440	Sex:	M		

History Information

Convictions

Citation Date	Conviction Date	ACD	Explanation	County	JUR
09/11/2010	11/18/2010	S92	Speed (10 mph & under in 35-55 mph zone)	77	IA

Name: Aden, Hassan Abdullahi 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:

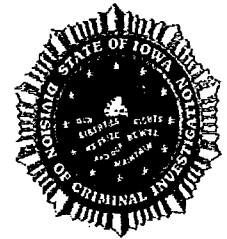
12/15/2010

Office of Driver Services
Iowa Department of Transportation

Name: Aden, Hassan Abdullahi 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	HASSAN Abdulwahid Aden
Address	721 E 5th St #6
City/State/Zip	Des Moines IA 50309
Phone#	515 288 4359

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)
Aden	HASSAN	Abdulwahid
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.)		
HASSAN Aden		

Results

As of 12/15/10, a name and date of birth check revealed:

No record found

Record attached, DCI # _____

DCI initials AC

DCI USE ONLY
 12/15/10 11:06:06

Receipt

Number of requests 1 x \$15.00 per last name = Total amount \$ 15.00

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

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

DCI initials QR

Credit Card Number # _____ Exp. Date _____



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	Dahiv ABDI
Address	6121 SW - CRESTON (0)
City/State/Zip	DSM IA 50221
Phone#	515 623-1621

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)
ABDI	Dahiv	Hadi
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.)		
Dahiv		

Results

As of 12-14-10, a name and date of birth check revealed:

No record found

Record attached, DCI # _____

DCI initials JO

DCI USE ONLY

12-14-10

Receipt

Number of requests 1 x \$15.00 per last name = Total amount \$ 15.00

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 50306-9204

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

Certified Abstract of Driving Record

Inquiry Date:	12/14/2010	DL/ID #:		Customer #:	5423236
Name:	Abdi, Dahir	Class:	D	ID Status:	EXP
Address:	6121 CRESTON AVE APT 10	Audit #:	4764816	DL Status:	VAL
City/State:	DES MOINES, IA 503211260	Issue Date:	10/21/2010	CDL Status:	None
Mailing Address:	6121 CRESTON AVE APT 10	Expiration Date:	01/01/2015	Restriction Supplement:	None
Mailing City/State:	DES MOINES, IA 503211260	Endorsements:	3		
		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
04/22/2010	568293	IA

Name: Abdi, Dahir **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:

12/14/2010

Office of Driver Services
Iowa Department of Transportation

Name: Abdi, Dahir **DL/ID:**

Exhibit G
Certificate of Insurance

DATE (MM/DD/YYYY)
02/08/11



CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Krist Insurance Services 6600 Westown Parkway, Ste 250 West Des Moines, IA 50266 James E. Krist, MBA, CIC	515-270-0909 515-270-9296	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: CITYCAB	FAX (A/C, No):
	INSURED City Cab, LLC 100 E Euclid Ave, Ste E Des Moines, IA 50313	INSURER(S) AFFORDING COVERAGE INSURER A: Markel Underwriting & Brokers INSURER B: R-T Specialty Insurance Serv. INSURER C: INSURER D: INSURER E: INSURER F:	

REVISION NUMBER:

COVERAGES **CERTIFICATE NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			11CAB2046	02/03/11	02/03/12	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$	
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$			00046861-0	02/03/11	02/03/12	EACH OCCURRENCE \$ 750,000 AGGREGATE \$ \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The City of Des Moines will receive 30 days notice in the event of cancellation, non-renewal, or reduction in insurance coverage or limits and 10 days notice for non-payment by mail to the City of Des Moines Traffic Engineer.

CERTIFICATE HOLDER
 City of Des Moines
 Engineering Dep/Mike Berry
 Traffic Transportation Div
 600 E Court Ave Ste 200
 Des Moines, IA 50309

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

IMPORTANT

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

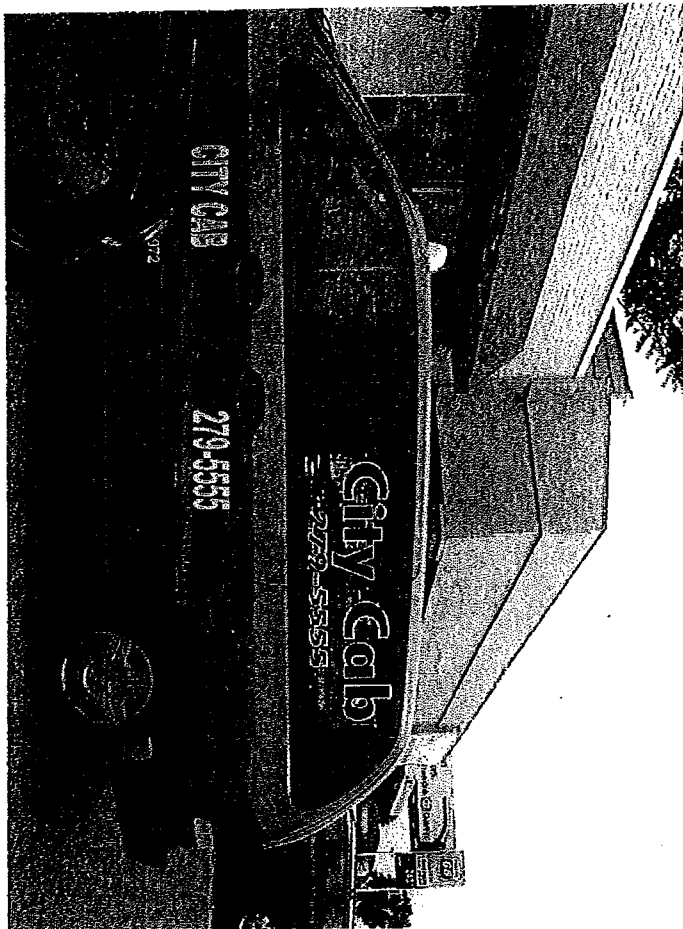
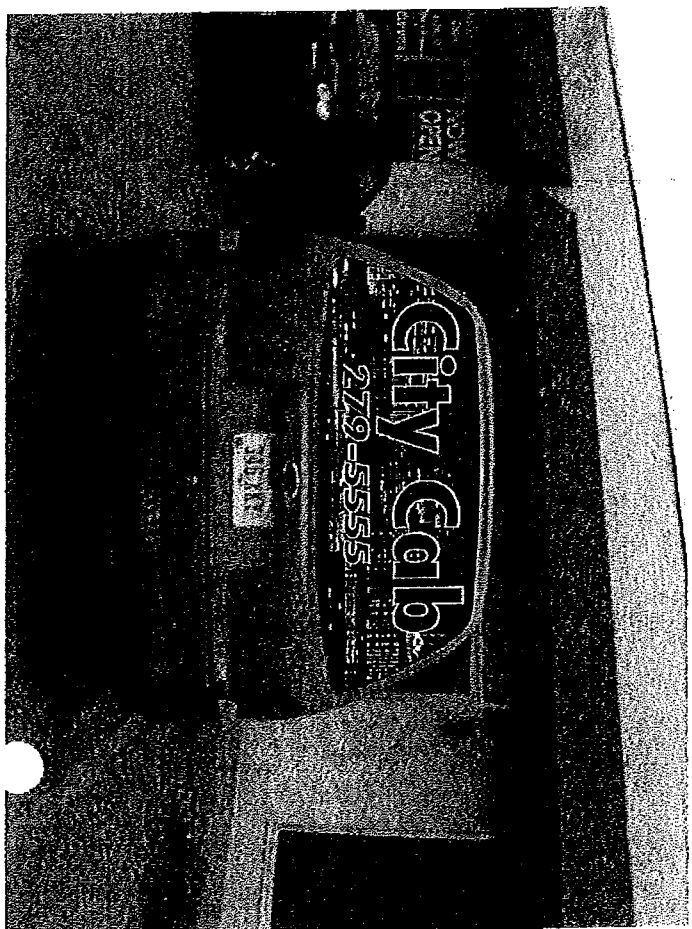
If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

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

Exhibit H
Car with Logo

41A



41A



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

Iowa Business Tax Registration

Apply online for your tax permit

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

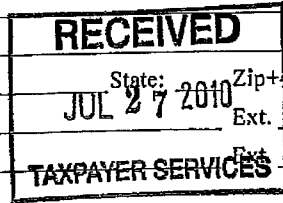
I. PHYSICAL LOCATION NAME/ADDRESS

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

II. MAILING NAME/ADDRESS

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

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



III. PREVIOUS OWNER

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

IV. TYPE OF OWNERSHIP (MUST check one)

- Sole Proprietor Partnership Corporation
- Association Government Limited Liability Co

Date Established: _____

State in which Established: _____

V. RETAILER REGISTRATION

Calendar quarters in which business is operated:

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

Type of products or services to be sold: TAXICAB SERVICES

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

SALES TAX PERMIT (no fee)

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

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

How much sales tax do you expect to collect?

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

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

Number of locations to file consolidated: _____

See "INFORMATION" section on consolidated returns.

CONSUMER'S USE TAX (no fee):

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

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

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

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

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

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

How much tax do you expect to collect?

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

MOTOR VEHICLE RENTAL TAX (no fee)

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

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

HOUSEHOLD HAZARDOUS MATERIAL PERMIT:

See "INFORMATION" section for explanation of HHM permits.

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

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

VI. WITHHOLDING TAX REGISTRATION (no fee)

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

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

Select a filing status:

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

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

See "INFORMATION" section for definition of withholding agent.

Withholding Agent's Name: _____

Social Security Number: _____

Address: _____

City, State, Zip: _____

VII. CORPORATION/PARTNERSHIP REGISTRATION

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

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

If corporation, check type:

- Regular S Corp UBIT
 Coop IC-DISC FSC

If partnership, check here:

If Limited Liability Company (LLC), check here:

Month in which the tax year ends: DECEMBER

Primary business activity: _____

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

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

Name: SHAMI AMIN

SSN: _____

Name: MOHAMMED AHMED

SSN: _____

Name: _____

SSN: _____

Name: _____

SSN: _____

IX. SIGNATURE

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

Signature: Shami Amin

Print Name Here: SHAMI AMIN

Social Security Number: _____

Date: 7/27/10

INCOMPLETE APPLICATIONS WILL DELAY PROCESSING.

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

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

FOR OFFICE USE ONLY

COUNTY: _____

PERMIT NUMBER _____ FILER TYPE _____

BUS CLASS: _____ OWNER TYPE: _____

HOTEL/MOTEL: _____

INFORMATION

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

Section I: Physical Location Name/Address

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

NOTE: Sole proprietors with employees need a FEIN.

Section V: Retailer Registration - Consolidated Filers

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

Electronic Payment:

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

Household Hazardous Material Permit (HHM)

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

Section VI: Withholding Tax Registration

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

Mailing Address/Fax Number

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

Questions? Contact Taxpayer Services

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

List of Iowa Counties and County Numbers

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

Berry, Mike R.

City Cab

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

Mike,

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

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

SuAnn Donovan
Deputy Zoning Enforcement Officer

41A



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

Iowa Business Tax Registration

Apply online for your tax permit

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

I. PHYSICAL LOCATION NAME/ADDRESS

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

III. PREVIOUS OWNER

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

V. RETAILER REGISTRATION

Calendar quarters in which business is operated:

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

Type of products or services to be sold: TAXICABS
SERVICES

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

SALES TAX PERMIT (no fee)

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

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

How much sales tax do you expect to collect?

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

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

Number of locations to file consolidated: _____

See "INFORMATION" section on consolidated returns.

CONSUMER'S USE TAX (no fee):

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

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

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

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

II. MAILING NAME/ADDRESS

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

Name: SAME
Mailing Address: _____
City: _____ State: _____ Zip+4: _____
Phone 1: _____ Ext. _____
Phone 2: _____ Ext. _____
RECEIVED
JUL 27 2010
TAXPAYER SERVICES

IV. TYPE OF OWNERSHIP (MUST check one)

- Sole Proprietor Partnership Corporation
 Association Government Limited Liability Co

Date Established: _____

State in which Established: _____

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

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

How much tax do you expect to collect?

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

MOTOR VEHICLE RENTAL TAX (no fee)

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

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

HOUSEHOLD HAZARDOUS MATERIAL PERMIT:
See "INFORMATION" section for explanation of HHM permits.

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

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

VI. WITHHOLDING TAX REGISTRATION (no fee)

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

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

Select a filing status:

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

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

See "INFORMATION" section for definition of withholding agent.

Withholding Agent's Name: _____

Social Security Number: _____

Address: _____

City, State, Zip: _____

VII. CORPORATION/PARTNERSHIP REGISTRATION

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

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

If corporation, check type:

- Regular S Corp UBIT
Coop IC-DISC FSC

If partnership, check here:

If Limited Liability Company (LLC), check here: [checked]

Month in which the tax year ends: DECEMBER

Primary business activity:

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

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

Name: SHAMI AMIN

SSN:

Name: MOHAMED AHMED

SSN:

Name:

SSN:

Name:

SSN:

IX. SIGNATURE

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

Signature: [Signature]

Print Name Here: SHAMI AMIN

Social Security Number:

Date: 7/10/10

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

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

FOR OFFICE USE ONLY

COUNTY:

PERMIT NUMBER FILER TYPE

BUS CLASS: OWNER TYPE:

HOTEL/MOTEL:

INFORMATION

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

Section I: Physical Location Name/Address

If a partnership, corporation, or government entity, provide a Federal Employer Identification Number (FEIN).

If you are in the process of applying for a FEIN, write "applied for" on that line.

NOTE: Sole proprietors with employees need a FEIN.

Section V: Retailer Registration - Consolidated Filers

Consolidated Returns: Filed by a retailer with more than one sales tax permit.

NOTE: Auto rental and hotel/motel permits can't be consolidated.

To become consolidated, attach a list of businesses, their locations, and sales tax permit numbers.

To add a new location to a current consolidated account, include your consolidated permit number.

Electronic Payment:

Options: ePay (direct debit), ACH Credit, or credit card.

Semi-monthly filers are required to pay electronically.

Household Hazardous Material Permit (HHM)

Permit must be obtained for each location selling HHM on a retail basis.

Manufacturers/distributors selling door-to-door may purchase one \$25 permit for the first \$3 million in sales.

An additional \$100 fee is charged for each subsequent increment of \$3 million in sales.

Fees are not prorated or refunded. Permits must be renewed annually on July 1.

Common HHM: Motor oil, filters, fuel additives, degreasers, waxes, polishes, solvents, fertilizers, and pesticides.

Not HHM: Detergents, soaps, and medications.

Questions? Contact Iowa Department of Natural Resources at 515-281-8941.

Section VI: Withholding Tax Registration

Withholding agent: Person who has authority to make wage payments or to delegate that authority. Not necessarily the person who does the actual bookkeeping, return preparation, or check writing.

Withholding agents are personally, individually, and corporately liable to the State of Iowa for withholding and paying money withheld. If a withholding agent fails to withhold and pay the required amount, that amount may be assessed against the withholding agent.

NOTE: A payroll service is not a withholding agent.

Mailing Address/Fax Number

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

Fax to: 515-281-3906, ATTN: Registration Services.

Questions? Contact Taxpayer Services

Web site: www.state.ia.us/tax

Phone: 515-281-3114/800-367-3388

E-Mail: idr@iowa.gov

List of Iowa Counties and County Numbers

Table with 4 columns listing Iowa counties and their numbers: 01-ADAIR, 02-ADAMS, 03-ALLAMAKEE, 04-APPANOOSE, 05-AUDUBON, 06-BENTON, 07-BLACK HAWK, 08-BOONE, 09-BREMER, 10-BUCHANAN, 11-BUENA VISTA, 12-BUTLER, 13-CALHOUN, 14-CARROLL, 15-CASS, 16-CEDAR, 17-CERRO GORDO, 18-CHEROKEE, 19-CHICKASAW, 20-CLARKE, 21-CLAY, 22-CLAYTON, 23-CLINTON, 24-CRAWFORD, 25-DALLAS, 26-DAVIS, 27-DECATUR, 28-DELAWARE, 29-DES MOINES, 30-DICKINSON, 31-DUBUQUE, 32-EMMET, 33-FAYETTE, 34-FLOYD, 35-FRANKLIN, 36-FREMONT, 37-GREENE, 38-GRUNDY, 39-GUTHRIE, 40-HAMILTON, 41-HANCOCK, 42-HARDIN, 43-HARRISON, 44-HENRY, 45-HOWARD, 46-HUMBOLDT, 47-IDA, 48-IOWA, 49-JACKSON, 50-JASPER, 51-JEFFERSON, 52-JOHNSON, 53-JONES, 54-KEOKUK, 55-KOSSUTH, 56-LEE, 57-LINN, 58-LOUISA, 59-LUCAS, 60-LYON, 61-MADISON, 62-MAHASKA, 63-MARION, 64-MARSHALL, 65-MILLS, 66-MITCHELL, 67-MONROE, 68-MONROE, 69-MONTGOMERY, 70-MUSCATINE, 71-O'BRIEN, 72-OSCEOLA, 73-PAGE, 74-PALO ALTO, 75-PLYMOUTH, 76-POCAHONTAS, 77-POLK, 78-POTTAWATTAMIE, 79-POWESHIEK, 80-RINGGOLD, 81-SAC, 82-SCOTT, 83-SHELBY, 84-SIOUX, 85-STORY, 86-TAMA, 87-TAYLOR, 88-UNION, 89-VAN BUREN, 90-WAPELLO, 91-WARREN, 92-WASHINGTON, 93-WAYNE, 94-WEBSTER, 95-WINNEBAGO, 96-WINNEBIEK, 97-WOODBURY, 98-WORTH, 99-WRIGHT, 78-005b (04/01/09)