<b>★</b> R	Roll Call Number	Agenda Item Number
Date	May 23, 2011	
	PUBLIC HEARING ON TAXICAB LICENSE APPLICATION OF QUI DANG	
	WHEREAS, Qui Dang, 4313 – 46 <sup>th</sup> Street, filed an application cab in the City of Des Moines and the Department of Traffic and Tilication; and	
of his	WHEREAS, Mr. Dang requested an opportunity to address the is application; and	City Council on the matter
on th	WHEREAS, Mr. Dang has been provided with the opportunity he matter of his application for a license to drive a taxicab; and	to address the City Council
	WHEREAS, Qui Dang's conviction for Criminal Trespass in 2 Moines Municipal Code § 126-218(a)(2)(iii) and (b)(2) regarding use issuance; NOW, THEREFORE,	•
BE I	T RESOLVED (Choose one of the two alternatives):	
City	Alternative One: That Mr. Qui Dang's application for licer of Des Moines be and is hereby denied.	nse to drive a taxicab in the
	MOVED BY TO E	DENY LICENSE.
City	Alternative Two: That Mr. Qui Dang's application for lice of Des Moines be and is hereby granted.	nse to drive a taxicab in the
	MOVED BYTO 0	GRANT LICENSE.
FOR	RM APPROVED:	
	narine Massier istant City Attorney	

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

## CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

City Clerk
City Cleir

May 2, 2011



Qui Phu Dang. 4313 46<sup>th</sup> Street Des Moines, IA 50310

Re: Taxicab License Appeal

Dear Mr. Dang:

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 April 25, 2011 letter from the City Traffic Engineer.

Accordingly, I have set this matter for hearing on May 23, 2011 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,

Diane Rauh

City Clerk

DR:kh Enc.

cc: Jeb Brewer – Engineering

K. Massier – Legal

M. West – Police

G. Fox -T & T

Diane Rauh

City Clerk

City Hall

400 Robert D. Ray Drive

Des Moines, IA 50309

FILED
2011 APR 28 AM 11: 20
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 QUI PHU DAN

Address 43/3 46th

Phone 975266

Date 4/26/1/

Signature



April 25, 2011

Mr. Qui Dang 4313 46<sup>th</sup> Street Des Moines, IA 50310

RE: Taxi Driver's License

Dear Mr. Dang:

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:

7/08/2007 Arrested for Criminal Trespass

7/17/2007 Pled guilty to Criminal Trespass and paid fine

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, iii) (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

Date:

25April2011

Traffic and Transportation

From:

Michael West

Subject:

Taxicab License

Qui Dang

Senior Police Officer

Traffic Unit

The applicant has a valid Iowa Class "C" driver's license, which <u>does not meet</u> the requirements to operate a taxicab.

A review of Mr. Dang's Iowa/Local criminal history record reflects that with-in five (5) years preceding this application the following activity occurred.

07/08/2007

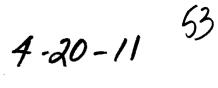
Arrested for Criminal Trespass.

07/17/2007

Plead guilty to Criminal Trespass and paid fine.

This application is being denied under City of Des Moines Ordinance 126-218 (a-2,iii) and 19-135 (a-1).

Michael West 4810





CITY OF DES MOINES

	AP	PLICATION FOR	R LICENSE TO L	KIVE, ACIA	XICAB/BINIO09IN	
Name	,	DANG		Qui T		hu
Address	4/3/	3 465+		(First)	V (Mide	dle) 
Des	mo	ine It	4503/() State & Zip Code)		97520 (Ph	one Number)
Birth Dat	e: <u>02-01</u>		SS#			Date: 02-01-1
Weight:	130	_ Height: <u>53</u>	Color of Hair:	black	Color of Eyes: 🚤	brown.
		licensed as a City of I			<i>10</i> When?	
		driving an automobile	( ) / //	/	Гахі/Limo:	
		your driver's license s		no:	If so, when?	
		uspension/revocation			_	
Oive read	3011(3) 101 3	dspendional of countries	•			
List all co	onvictions	for traffic violations fo	or which your license		l/revoked during the last	five (5) years.
List all co	onvictions	for criminal offenses o	other than traffic offe	`	last ten (10) years.	
EMPLOY	MENT REC	ORD:	on the first of the section of the s		Salah da Sa	ak jaa <u>ka 1361 s</u>
From	То	Emp	oloyer's Name and Ad		EDUCATION	RECORD:
1993	2010	Kyko 1	1FG		School	Highest Grade Completed
					Elementary	1234
					High School	9 10 11 12
					College	1 2 3 4 5 6
					Trade School Other	1234
μελι τυ	RECORD:	en e		Section 1		
	. As Phys. A Sugaria i	<u> </u>			<u>auto sidante o veras con contratados.</u>	<u> </u>
List any p	ohysical im	pairments or disability	that would affect yo	ur abinty to driv	<u> </u>	
List any o	current med	lications or medical co	onditions for the pas	t five (5) years w	hich might affect your ab	oility to drive:

## City of Des Moines Traffic and Transportation

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

Page 2

REFERENCES (p	ersons known by you for at leas	t one year):	
1. Name	n Nguyen	P	Phone No. 7798/23
Address	1969 FRan	ce Aue 'Do	Lucines ID 503/
2. Name	Tinh vyegen		Phone No.
Address	3941 30 St D	SM JA 5	0310
3. Name		Р	hone No.
Address			
rules and regulat	ions governing Taxicab/Limousi	ines and their drivers of the e foregoing application fo	e that I will conform with all ordinances, ne City of Des Moines. r a Taxicab/Limousine License and that the n are true to the best of my knowledge and
belief.	regoing questions and other sta	4/20/11	Clary
		(Date)	(Applicant's Signature)
have examined th	designated by the Chief of Poli- ne applicant's arrest and traffic r est for a license to drive a Taxica	ecords. After careful exa	les for the purpose, I hereby certify that I mination, I hereby recommend that the
APPROVED REJECTED		4/20/11	(Authorized Representative, Chief of Police)
■ APPROVED	REJECTED	(Date)	(Authorized Representative, Chief of Police)
			garangi da sagaran sa makabang banggan dibibilan. Tanggan
Receipt Number:		- <del>(1)                                   </del>	
Date		<del></del> *	П
Amount:			REJECTED
Badge Number:	ing the state of t	Applie	cation for License
Company:		<u></u>	
Owner:		(Data)	(City Traffic Engineer)



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

#### **Certified Abstract of Driving Record**

**Inquiry Date:** 

4/19/2011

DL/ID #:

(IA)

2508265

Name:

Dang, Qui Phu

Customer #:

Address:

4313 46TH ST

Class: Audit #:

5046337

**ID Status: DL Status:** 

Supplement:

None VAL

**Issue Date:** 

03/01/2011 Restriction 02/01/2013

**CDL Status:** 

**CDL Instruction Permit** Expires 9/1/2011

City/State:

**Mailing Address:** 

DES MOINES, IA 503103732

4313 46TH ST

**Expiration** Date:

**Endorsements: NONE** 

**Restrictions:** 

Commercial Instruction

Permit, Corrective

Lenses

Date of Birth: 2/1/1971

Sex:

М

Mailing City/State: DES MOINES, IA

503103732

### **History Information**

CLEAR DRIVING RECORD

Name: Dang, Qui Phu DL/ID: 215ZZ4085

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

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

4/19/2011

Office of Driver Services Iowa Department of Transportation

Name: Dang, Qui Phu DL/ID:



Your name

# 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

DANG

Address 4313 46						
City/State/Zip Des Mol's	Fill in all shaded areas.					
Phone# (5/5)						
Requesting an Iowa criminal history re	cord check on:					
Last Name Apellido (mandatory)		ner Nombre (mandatory)	Middle Name Segundo Nombre (recommended)			
DANG	Kui		Phu			
Date of Birth Fecha Nacimiento (mandatory)	Gender Genero (mandatory)		Social Security Number (recommended)			
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2/1/71	Male DFemale		and the same property of the same of the same of			
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Waiver Signature Firma (If the request is or	yourself, please sign.	If the request is on someone	else, write N/A.)			
(Does						
Results			DCI USE ONLY			
Itesuits						
As of <u>4-18-11</u> , a	name and date at	f birth check reveale	2d·			
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Record attached, DCI #						
M.M.						
DCI initials 1 100	DCI initials 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Receipt		_				
Number of requests x \$15.00 pc	er last name = Tota	al amount \$ 15.	<u> </u>			
F5/4	_	<b></b> 1	<b>—</b>			
Method of payment: Acash	Imoney order	check #	MasterCard or Visa			
Cardhalder's name Last A digits of MC or Visa						
Cardholder's name Last 4 digits of MC or Visa						
DCI initials (A)						
Credit Card Number #			Exp. Date			

