

Date August 27, 2012

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

WHEREAS, Section 126-62 of the Municipal Code of the City of Des Moines, Iowa, forbids the operation of a limousine as defined under the limousine subchapter of the municipal code (Article IV of Chapter 126) as a vehicle for hire upon the streets of Des Moines without obtaining a certificate of public convenience and necessity; and

WHEREAS, City Limousine LLC, 100 East Euclid Avenue, Suite E, Des Moines, Iowa, has filed an application requesting permission of the City Council to operate a limousine service in the City of Des Moines, with a total of 3 vehicles; and

WHEREAS, pursuant to Section 126-64 on August 13, 2012, by Roll Call No. 12-1247, the City Council has fixed this date as the time and place for a public hearing on the matter of the application; and

WHEREAS, Section 126-65(a) provides if this Council finds at the conclusion of such public hearing that limousine, or further limousine, service in the City of Des Moines, or between any point or points in the City and elsewhere, is required by the public convenience and necessity and the applicant is fit, willing, and able to perform such public transportation and to conform to the provisions of the subchapter, then the Council shall direct the City Traffic Engineer to issue a certificate stating the name and address of the applicant, the number of vehicles authorized under said certificate and the date of issuance; otherwise the section provides the application shall be denied; and

WHEREAS, Section 126-65(b) provides that in making the findings of subsection (a) of said section, this Council shall take into consideration the number of limousines already in operation, whether existing transportation is adequate to meet the public need, the probable effect of increased service on local traffic conditions, and the character, experience, and responsibility of the applicant;

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

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

Alternative One: That the application for a certificate of public convenience and necessity to operate a limousine service be approved and hereby granted and the City Traffic

★ Roll Call Number

Agenda Item Number

36

Date August 27, 2012

Engineer is directed to issue a certificate stating the name and address of the applicant, the number of vehicles authorized under the certificate, and the date of issuance, it being the finding of this City Council of the City of Des Moines that such service is required by the public convenience and necessity and that the applicant, City Limousine LLC, is fit, willing, and able to perform such public transportation and to conform to the provisions of the subchapter, all as shown by the evidence brought forth at the public hearing;

or

Alternative Two: That the application for a certificate of public convenience and necessity to operate a limousine service be hereby denied it being the finding of this City Council of the City of Des Moines that such service is not required by the public convenience and necessity, and/or that the applicant is unfit to perform such public transportation and unable to conform to the provisions of the subchapter, all as shown by the evidence brought forth at the public hearing.

★ Roll Call Number

Agenda Item Number

36

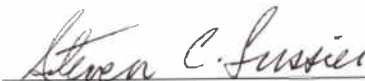
Date August 27, 2012

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

(Council Communication Number 12-451 Attached)

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

APPROVED AS TO FORM:

  
Steve Lussier  
Assistant 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.

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk

Date \_\_\_\_\_  
Agenda Item 2036  
Roll Call # \_\_\_\_\_

# Limousine Company Application -

July 27,  
2012

STATEMENT: I Michael R. Berry, Traffic Facilities Administrator with the City of Des Moines Engineering Department, Traffic & Transportation Division, certify that I have prepared the preceding "Limousine Company Application Checklist." The attached documents that have had information blocked out, if any, have had that information removed for identity theft protection of the applicant and others referenced by the applicant and to protect confidential records under Iowa Code Chapter 22. The original documents are on file in the City Traffic Engineers Office and the entire document(s) may be reviewed by anyone with the right to know, under provisions of Iowa Code Chapter 22.

City Limousine,  
LLC

*Michael R. Berry*

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

dated: July 27, 2012

## Limousine Company Application Checklist

Applicant: City Limousine, LLC

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

☒ Indicates that these requirements have been met.

☐ Indicates item is for information only.

### Sec. 126-62.5. Requirements for limousine service.

Each company filing an application for a limousine certificate shall meet the following minimum requirements:

☒ (1) Maintain a central place of business in a location properly zoned for that business and have a telephone so that any individual may request the services of the limousine company. The business shall have a listed telephone number. If vehicle maintenance and storage is provided separately from the central office, then the vehicle maintenance/storage area must also be in a location properly zoned for such activity. 100 East Euclid Ave, Suite E, Des Moines, IA, (515) 505-5550. Maintained @ Midas, 2010 Ingersoll Ave, Des Moines, IA 50325. Both properly zoned.

☐ (2) Provide transportation of passengers in a motor vehicle from or to any point in the city only on a prearranged basis, for a minimum of one hour at an hourly rate as provided in this article. For contracted limousine service the minimum trip rate and prearranged time restriction do not apply. For limousine service which is booked at least 24 hours in advance, the minimum trip rate does not apply.

☒ (3) Meet all applicable zoning ordinance regulations. Business & storage locations are both properly zoned, (statement for business location attached. Midas is known to be properly zoned).

### Sec. 126-63. 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 or by an officer of the applicant 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



## 2 | Limousine Company Application Checklist – City of Des Moines

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 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, except that any person lawfully operating a limousine service at the time of adoption of this article shall not be required to provide such a statement. City Limousine LLC, 100 E Euclid Avenue, Suite E, Des Moines, IA. Shani Amin, 6000 Creston, #C9, Des Moines, IA 50321. Zoning statements from DM Permit & Development (business location) is attached.

- ☒ (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 the judgments. If the applicant is a firm, partnership, corporation or any other type of business entity 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. The federal tax identification number (or social security number for an individual) and state sales tax permit number shall also be provided. Financial Status; no known judgments against corporation or its owners. Federal Tax ID 45 4697278. State Sales Tax number applied for 7/19/12.
- ☒ (3) The experience of the applicant in the transportation of passengers including a statement of any state or municipality where the applicant has ever been licensed to operate a taxicab or limousine service, whether such license was ever suspended or revoked and the reasons for suspension or revocation, and whether an application for a license or a renewal of a license was denied and the reasons for denial. Provided. Although no prior experience operating limousine company.
- ☒ (4) Any facts which the applicant believes tend to prove that public convenience and necessity requires the granting of a certificate. Provided.
- ☒ (5) The number of vehicles to be operated or controlled by the applicant. (Max of 3)
- ☒ (6) The location of proposed vehicle storage. Vehicles will be taken home by individual drivers.
- ☒ (7) A statement of the condition of the vehicles to be operated including the age and type of each vehicle, and the date on which the vehicle passed its most recent safety inspection, if any. Provided
- ☒ (8) A statement as to whether the applicant has, within the ten years immediately preceding the date of application, been convicted of, pled guilty to or

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

stipulated to the facts of violating any criminal statute or ordinance, including traffic laws and municipal ordinances. If the applicant has been convicted, a statement as to the date and place of conviction, the nature of the offense and the punishment imposed. **Provided -- None**

- ☒ (9) The number of vehicles proposed for operation during periods of maximum demand and during periods of least demand. **(3 max / 1 min)**

- ☒ (10) Where the applicant will operate its central place of business. **100 East Euclid Ave, Suite E, Des Moines, IA, (515) 505-5550.**

- ☒ (11) The color scheme or insignia, if used, to designate the vehicles of the applicant. **Design attached – will comply with §126-63(11)**

- ☒ (12) Such further information as the traffic engineer may require of each applicant. **None at this time**

#### ☒ **Sec. 126-63.5. Investigation of applicant.**

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. **Investigation report attached**

#### ☒ **Sec. 126-66. Liability insurance required.** Coverage will meet these requirements before a operating license is issued.

- ☐ (a) A certificate shall not be issued or continued in effect unless and until the owner of the limousine business furnishes to the traffic engineer for filing with the city clerk an insurance policy or certificate of insurance issued by an insurance company licensed to do business in the state, providing commercial general liability and automobile liability insurance coverage, or the equivalent thereof, for the limousine business with minimum limits of liability equal to any applicable limits required by the Code of Iowa, the United States Code, and/or interstate commerce commission regulation, whichever is greater. The above coverages and limits shall extend to the following on a per occurrence basis: The injury or death of any one person; the injury or death of any number of persons in one accident; damage to property in the care, custody and control of the insured but excluding property of the insured; the bodily injury or death of others resulting from negligent acts of the insured while involved in the furtherance of the limousine business.

- ☐ (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



#### 4 | Limousine Company Application Checklist – City of Des Moines

written notice of cancellation, non-renewal, reduction in insurance coverage or limits and ten days written notice for nonpayment by registered mail to the traffic engineer.

- ☐ (c) The cancellation or other termination of any required insurance policy shall automatically revoke and terminate the certificate and all licenses issued for the limousine business 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 limousine business and the vehicles covered by such insurance which is cancelled or terminated and shall file a copy of such notice with the city council.

#### ☐ Sec. 126-82. Booking sheets.

- ☐ (a) Each holder shall maintain a daily booking sheet upon which are recorded all charters booked by the company each day, showing the date and time the charter was booked, the date and time of the service, place of origin and destination, number of passengers, and the amount of fare. Upon request by any law enforcement officer or any city police cadet, any driver shall present the booking sheet, or a copy thereof, showing the name(s) of the passenger(s) being picked up, and if at the airport, the flight number of the arriving passenger(s).
- ☐ (b) Each holder shall retain and preserve all booking sheets in a safe place for at least one month following the date of the making of the record. Booking sheets shall be available to the chief of police or the traffic engineer.
- ☐ (c) 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 information on number and types of complaints received including specific information on any discrimination complaints; number of passengers carried; number of trips per vehicle; age, mileage and general condition of each vehicle; tenure and turnover of drivers' and other information as required by the traffic engineer.

#### ☐ Sec. 126-62. Certificate of public convenience and necessity required.

Any person owning, operating or controlling a limousine 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 a certificate and the required annual limousine license from the traffic engineer. The following motor vehicles are excluded from the requirements of this article:



## 5 | Limousine Company Application Checklist – City of Des Moines

- (1) 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.
- (2) Ambulances and other emergency vehicles.
- (3) Funeral hearses.
- (4) Metropolitan Transit Authority buses or other commercial vehicles designed to transport 16 or more persons, including the driver, duly licensed by the state.



### Sec. 126-70. Limousine driver's license required.

Every person who operates a limousine for hire upon the streets of the city shall first obtain and shall properly display a limousine driver's license.



### Sec. 126-72. Designation.

Each limousine may bear on the outside of the door or on the side glass on each side the name of the company and, in addition, may bear an identifying design. If an identifying name or design is used, the markings shall be painted or affixed by decal in letters or figures at least 1 1/2 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 limousine or any official or emergency vehicle color scheme, identifying design, monogram or insignia in a manner that will mislead or deceive or defraud the public. Design & Logo meet these requirements.

### Sec. 126-81. Limousine service.

Limousine service may be undertaken by the holder of a certificate subject to the following conditions:



- (1) No limousine service shall be booked less than one hour prior to the service, except for contracted limousine service under a written contract or agreement on file with the traffic engineer.



- (2) The holder shall maintain a central place of business in a location properly zoned for that business. 100 East Euclid Ave, Suite E, Des Moines, IA, (515) 505-5550. - Properly zoned.




- (3) If vehicle maintenance and storage is provided separately from the central office, then the vehicle maintenance/storage area must also be in a location properly zoned for such activity. No Storage facility required.



## 6 | Limousine Company Application Checklist – City of Des Moines

(4) The holder shall have a listed telephone number. (515) 505-5550

 (5) The service must be booked at a scheduled rate on file with the traffic engineer for a minimum of one hour, even if the trip requires less than one hour, except for contracted limousine service under a written contract or agreement on file with the traffic engineer.

### Definitions

**Airport** means the Des Moines International Airport located in southwest Des Moines on Fleur Drive between McKinley Avenue and Army Post Road.

**Aviation director** means the director of the airport or an authorized representative.

**Booking** means an agreement between a limousine company and a passenger, or group of passengers, for limousine service at a specified time not less than one hour after the acceptance of such agreement.

**Booking sheet** means a record prepared by a limousine company of all charters booked by the company showing the date and time the charter was booked, the date and time of the service, place of origin and destination, number of passengers, and the amount of fare. If service is provided at the airport, the booking sheet shall also include the name(s) of the passenger(s) being picked up and the flight number of the arriving passenger(s).

**Certificate** means a certificate of public convenience and necessity issued by the city council authorizing the holder to conduct a limousine service in the city.

**City clerk** means the city clerk or an authorized representative.

**Contracted limousine service** means a written agreement or contract with a business, for a period of not less than 180 days duration, for limousine service.

**Finance director** means the finance director of the city or an authorized representative.

**Holder** means a person to whom a certificate of public convenience and necessity has been issued.

**Limousine** means a motor vehicle engaged in the transportation of passengers for hire in limousine service.

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

**Limousine service** means transportation of passengers in a motor vehicle from or to any point in the city on a prearranged basis, for a minimum of one hour at an hourly rate.

**Rate card** means a card issued by the holder which contains the rates of fare then in force.

**Solicit** means to invite another, either by word or deed, to be a passenger in a vehicle for hire. Such deeds may include, but are not limited to, parking in any area where prospective passengers might be found without a booking sheet listing a specific passenger to be picked up.

**Traffic Engineer** means the city traffic engineer of the city or an authorized representative.

## APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

COMES NOW, City Limousine, LLC, an Iowa limited liability company ("City Limousine" and "Applicant"), and for its Application for Certificate of Public Convenience and Necessity (as required by Des Moines City Ordinance Sec. 126-63) states:

### 1. SEC. 126-63 (1) IDENTIFICATION:

- a. Applicant is an Iowa limited liability company formed on March 6 2012.
- 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 515-505-5550
- 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: Shani Amin 6000 Creston Avenue Apt C9, Des Moines, Iowa 50321.

### 2. SEC. 126-63 (2) FINANCIAL STATUS

- a. The Applicant is financially solvent.
- b. There are no known judgments against the Applicant or its owners
- c. The Federal Identification Number of the Applicant is 45-4697278. Social security numbers of the owners of the Applicant will be provided upon request.

### 3. SEC. 126-63 (3) EXPERIENCE

- a. This is the first application Applicant has made to operate a limousine service. Owners of Applicant are also owners and operators of City Cab, LLC. Neither the Applicant, nor City Cab, LLC (nor any of the owners of



either entity) has ever had a license to operate a taxicab or limousine service suspended or revoked.

b. Experience of Applicant's Drivers

NAME	Gender	EXPERIENCE IN TRANSPORTATION OF PASSENGERS	STATE OF LICENSURE  (photocopies of licenses are attached As Exhibit D)	ANY LICENSURE REVOCATION, SUSPENSION, OR DENIAL (AND REASON FOR SAME)
Amin	Male	3 years (also licensed as a taxicab driver)	IOWA	NONE
Ahmed	Male	15 years in Africa; 2 yrs in Iowa (also licensed as a taxicab driver)	IOWA	NONE

4. SEC. 126-63(4) FACTS REGARDING PUBLIC CONVENIENCE AND NECESSITY. Applicant believes that public convenience and necessity require the granting of a certificate to Applicant because:
- The physical size and population of the metropolitan area of Des Moines indicates that presently there is a need for additional limousine service.
  - Members/Owners of Applicant have received reports from the public that there are presently long waits for limousine service.
  - 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.
  - 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.
5. SEC. 126-63(5) NUMBER OF VEHICLES. The number of vehicles which the Applicant will initially use for its limousine service is three (3).
6. SEC. 126-63 (6). LOCATION OF PROPOSED VEHICLE STORAGE. 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. Drivers will take limousines to their personal residences when they are not needed for service.

7. SEC. 126-63(7). CONDITION OF VEHICLES. The vehicles to be operated by Applicant are as follows:

MAKE	MODEL	YEAR	CONDITION	DATE OF INSPECTION*	INSPECTOR
Chevy	Suburban	2011	Good Working Condition		Midas, 2010 Ingersoll, Des Moines, IA 50312

\* Inspections available upon request

8. SEC. 126-63(8) BACKGROUND CHECK.

a. 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. 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.

b. Criminal histories and driving records of the members/owners are provided as Exhibit B.

9. SEC. 126-63(9) AVAILABLE VEHICLES. The number of vehicles proposed for operation during periods of maximum demand are as follows:

a. Maximum demand: 1

b. Minimum demand: 1

10. SEC. 126-63(10) CENTRAL PLACE OF BUSINESS. The central place of business of the Applicant is: 100 East Euclid Avenue, Suite E, Des Moines, Iowa.

11. SEC. 126-63 (11). COLORS/INSIGNIA. The color scheme and insignia used to designate vehicles of Applicant are as shown on Exhibit A.

12. SEC. 126-63.5 INVESTIGATION. Attached hereto as Exhibit B is a police background check of the owners of the Applicant.

13. SEC. 126-66 LIABILITY INSURANCE. Attached hereto as Exhibit C is a certificate of insurance conforming to the requirements of 126-66.

14. SEC. 126-82 BOOKING SHEETS.

- a. Applicant will maintain a daily booking sheet upon which are recorded all charters booked by the company each day, showing the date and time the charter was booked, the date and time of the service, place of origin and destination, number of passengers, and the amount of fare. Upon request by any law enforcement officer or any city police cadet, any driver shall present the booking sheet, or a copy thereof, showing the name(s) of the passenger(s) being picked up, and if at the airport, the flight number of the arriving passenger(s).
- b. Applicant will retain and preserve all booking sheets in a safe place for at least one month following the date of the making of the record. Booking sheets shall be available to the chief of police or the traffic engineer.
- c. Applicant will submit to the traffic engineer a report by January 30 of each year summarizing the activity of the previous year. The report shall contain information on number and types of complaints received including specific information on any discrimination complaints; number of passengers carried; number of trips per vehicle; age, mileage and general condition of each vehicle; tenure and turnover of drivers' and other information as required by the traffic engineer.

15. SEC. 126-72 DESIGNATION

- a. Attached as Exhibit A are copies of the "logo" which will be affixed to the side of each Limousine. When affixed the lettering and numbers will be at least 1.5" in height.
- b. When placed in service the color of the limousines will not conflict or imitate any existing taxicab, limousine or any official or emergency vehicle.
- c. Inside each limousine affixed to the window of the back seat passenger door will be a sign visible to passengers denoting the number of the limousine and its "holder". As a non-exhaustive example the sign might read: City Limousine, LLC #1. See Exhibit A-1.

16. SEC 126-81 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. No limousine service will be booked less than one hour prior to the service, except for contracted limousine service under a written contract or agreement on file with the traffic engineer.
- c. The central place of business of the Applicant is: 100 East Euclid Avenue, Suite E, Des Moines, Iowa, and it is properly zoned for operation of a limousine service.
- d. Vehicle maintenance will be done at Midas, 2010 Ingersoll, Des Moines, IA 50312 and drivers will take limousines to their personal residences when they are not needed for service.
- e. The listed telephone number for receiving calls is 515-505-5555
- f. Limousine service will be booked at a scheduled rate on file with the traffic engineer for a minimum of one hour, even if the trip requires less than one hour, except for contracted limousine service under a written contract or agreement on file with the traffic engineer.

17. SEC 126- 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.

Submitted this 21st day of June, 2012.

City Limousine, LLC

By:

  
Mohamed Amin, Manager

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



**(515) 505-5550**



**Exhibit B**  
**Criminal histories and driving records**

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

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

**DATE:** July 5, 2012

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

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

Mike,

Attached, you will find the information that I have been provided by City Limousine LLC's registered agent, Mr. Shani Amin, dba City Limousine LLC., this corporation is applying for a Certificate of Public Necessity to operate a Limousine Company. This registered agent is also one of the two owners of City Cab, LLC and already operates a five vehicle taxi cab company, licensed in the City of Des Moines.

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

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

The applicants are asking that this go before Council as soon as possible. The application itself is substantially complete; there are several significant documents regarding their incorporation and State Sales Tax numbers that are outstanding at this time, before the application can be considered complete. Then it can be submitted to Council.

Please note, as stated above, the owners already operate a licensed Taxi-cab company (City Cab) in Des Moines.

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

*Michael R. Berry*  
Michael R. Berry  
Traffic Facilities Administrator

Encl.

MIR SHANI AMIN AND MIR MOHAMED AHMED BOTH PASSED TO  
BACKGROUND CHECKS AND DRIVING HISTORY.

*Mike West* DMPD 4810



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



Iowa Criminal History Record Check  
Walk-In Request

Your name	Mohamed Ahmed
Address	6009 CRESTON AVE C21
City/State/Zip	DES MOINES IA 50321
Phone#	515 7241383

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 5-28-12, a name and date of birth check revealed:

☒ No record found

☐ Record attached, DCI # \_\_\_\_\_

DCI initials

DCI USE ONLY

STATE OF IOWA  
D.C.I.  
DIV. OF CRIMINAL  
INVESTIGATION  
2012 MAY 28 AM 9:19

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

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

<b>Inquiry Date:</b>	5/29/2012	<b>DL/ID #:</b>		<b>Customer #:</b>	5543730
<b>Name:</b>	Ahmed, Mohamed Rashid	<b>Class:</b>	D	<b>ID Status:</b>	None
<b>Address:</b>	6009 CRESTON AVE APT C21	<b>Audit #:</b>	5331109	<b>DL Status:</b>	VAL
<b>City/State:</b>	DES MOINES, IA 503211283	<b>Issue Date:</b>	06/28/2011	<b>CDL Status:</b>	None
		<b>Expiration Date:</b>	10/21/2016	<b>CDL Cert Status:</b>	None
		<b>Endorsements:</b>	3	<b>CDL Med Status:</b>	None
<b>Mailing Address:</b>	6009 CRESTON AVE APT C21	<b>Restrictions:</b>	Corrective Lenses	<b>Restriction Supplement:</b>	None
<b>Mailing City/State:</b>	DES MOINES, IA 503211283	<b>Date of Birth:</b>			
		<b>Sex:</b>	M		

## History Information

### CLEAR DRIVING RECORD

**Name:** Ahmed, Mohamed Rashid **DL/ID:** 366AE6665

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:



5/29/2012

Office of Driver Services  
Iowa Department of Transportation

**Name:** Ahmed, Mohamed Rashid **DL/ID:** 366AE6665



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



Iowa Criminal History Record Check  
Walk-In Request

Your name	SHANI HABIB AMIN
Address	6000 Creston Ave # C9
City/State/Zip	DSM, 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)
01/01/1976	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	[REDACTED]
Waiver Signature <i>Firma</i> (If the request is on yourself, please sign. If the request is on someone else, write N/A.)		
[Signature]		

Results

As of 12-27-11, a name and date of birth check revealed:

☒ No record found

☐ Record attached, DCI # \_\_\_\_\_

DCI initials Bde

DCI USE ONLY

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 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

<b>Inquiry Date:</b>	12/27/2011	<b>DL/ID #:</b>	[REDACTED]	<b>Customer #:</b>	1111474
<b>Name:</b>	Amin, Shani Habib	<b>Class:</b>	A	<b>ID Status:</b>	None
<b>Address:</b>	6000 CRESTON AVE UNIT C9	<b>Audit #:</b>	5058890	<b>DL Status:</b>	VAL
<b>City/State:</b>	DES MOINES, IA 503211310	<b>Issue Date:</b>	03/04/2011	<b>CDL Status:</b>	VAL
		<b>Expiration Date:</b>	01/01/2015	<b>CDL Cert Status:</b>	None
		<b>Endorsements:</b>	TX	<b>CDL Med Status:</b>	None
<b>Mailing Address:</b>	6000 CRESTON AVE UNIT C9	<b>Restrictions:</b>	NONE	<b>Restriction Supplement:</b>	None
<b>Mailing City/State:</b>	DES MOINES, IA 503211310	<b>Date of Birth:</b>	1/1/1976		
		<b>Sex:</b>	M		

## History Information

### Convictions

Citation Date	Conviction Date	ACD	Explanation	County	JUR
09/11/2009	10/09/2009		Logbook/Hours of Service	67	IA
03/04/2010	04/01/2010	592	Speed	77	IA

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

Accident Date	Case Number	JUR
07/22/2010	582897	IA

Name: Amin, Shani Habib DL/ID: 469WW3552

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:



12/27/2011

*Kim Snook*

Office of Driver Services  
Iowa Department of Transportation

**Exhibit C**  
**Certificate of Insurance**





# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
7/11/2012

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

<b>PRODUCER</b> Krist Insurance Services 6600 Westown Parkway, Ste 250 West Des Moines, IA 50266 James E. Krist, MBA, CIC	<b>CONTACT NAME:</b> Jami Johnson <b>PHONE (A/C, No, Ext):</b> 515-270-0909 <b>FAX (A/C, No):</b> 515-270-9296 <b>E-MAIL ADDRESS:</b> kristinsurance@kristinsurance.com <b>PRODUCER CUSTOMER ID #:</b>																		
<b>INSURED</b>  City Limousine 100 E Euclid Ste E Des Moines, IA 50313	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>National Indemnity Company</td><td></td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	National Indemnity Company		INSURER B:			INSURER C:			INSURER D:			INSURER E:		
INSURER(S) AFFORDING COVERAGE		NAIC #																	
INSURER A:	National Indemnity Company																		
INSURER B:																			
INSURER C:																			
INSURER D:																			
INSURER E:																			

## DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2011	Chevrolet	Suburban	Limousine	1GNSKJE36BR213813
DESCRIPTION				SERIAL NUMBER

## COVERAGES

### CERTIFICATE NUMBER:

### REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	75APS035459	05/04/2012	05/04/2013	COMBINED SINGLE LIMIT	\$ 1,500,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE	\$
						EACH OCCURRENCE	\$
		GENERAL LIABILITY				GENERAL AGGREGATE	\$
		OCCURRENCE					\$
		CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		VEH COLLISION LOSS				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		VEH COMP <input type="checkbox"/> VEH OTC				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ DED
		PROPERTY				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		SPECIAL <input type="checkbox"/>					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## ADDITIONAL INTEREST

Select one of the following:

- ☐ The additional interest described below has been added to the policy(ies) listed herein by policy number(s).  
☐ A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

VEHICLE / EQUIPMENT INTEREST: ☐ LEASED ☐ FINANCED

NAME AND ADDRESS OF ADDITIONAL INTEREST

## 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.

DESCRIPTION OF THE ADDITIONAL INTEREST

☐ ADDITIONAL INSURED ☐ LOSS PAYEE  
☐ LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE

James E. Krist, MBA, CIC

© 1997-2010 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

CITYL-1

OP ID: JJ

DATE (MM/DD/YYYY)

05/07/12

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).

<b>PRODUCER</b> Krist Insurance Services 6600 Westown Parkway, Ste 250 West Des Moines, IA 50266 James E. Krist, MBA, CIC	515-270-0909	<b>CONTACT NAME:</b>		<b>FAX</b>	
	515-270-9296	<b>PHONE (A/C, No, Ext):</b>		<b>(A/C, No):</b>	
		<b>E-MAIL ADDRESS:</b>			
		<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
		<b>INSURER A: R-T Specialty Insurance Serv.</b>			
		<b>INSURER B:</b>			
		<b>INSURER C:</b>			
		<b>INSURER D:</b>			
		<b>INSURER E:</b>			
		<b>INSURER F:</b>			

**INSURED** City Limousine  
100 E Euclid Ste E  
Des Moines, IA 50313

**COVERAGES****CERTIFICATE NUMBER:****REVISION 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMPROP AGG	\$
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>			75APS035459	05/04/12	05/04/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,500,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
								\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	<b>EXCESS LIAB</b>							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	<b>DED</b>						WC STATU-TORY LIMITS	OTH-ER
	<b>RETENTION \$</b>							
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						E.L. EACH ACCIDENT	\$
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
2010 Chevrolet LIMO 1GNLVFED8A5148570

**CERTIFICATE HOLDER**

City Limousine, LLC  
100 E Euclid Ste E  
Des Moines, IA 50313

**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

© 1988-2010 ACORD CORPORATION. All rights reserved.

## Limousine, Taxicab & Para-Transit Insurance Information

In §126-66 (Limousine) and §126-87 (Taxi & Para-Transit), Chapter 126 (Vehicles for Hire) of the Municipal Code for the City of Des Moines there is a requirement that an applicant for a new or renewal of a Certificate of Public Convenience & Necessity for;

- a Taxicab Company,
- a Limousine Company or,
- a License for a Para-Transit Company,

that states that the applicants insurance certificate must provide a statement indicating that the applicants insurance company will provide;

- 30 days advance notification to the City of Des Moines in the event of cancellation for non-renewal, cancellation for cause, reduction of insurance coverage and in the event of a change in the covered limits, to be sent by registered mail to the City of Des Moines Office of Traffic and Transportation to the attention of the City Traffic Engineer.

The insurance policy certificate must also provide a statement indication that the City of Des Moines will receive;

- 10 days advance notice of cancellation for non-payment, also by registered mail to the City of Des Moines Office of Traffic and Transportation to the attention of the City Traffic Engineer.

This notification information must be clearly stated on the Certificate of Insurance or placed as an endorsement to the policy if a standard ACORD form is used, since modification of the wording on the ACORD form is not allowed by State law.

The standard wording where the insurance company will "endeavor" to provide these notifications is not considered adequate and the Certificate of Insurance will not be acceptable to the City of Des Moines.

When an insurance policy is renewed and a renewal document is provided to the City of Des Moines, prior to the expiration date, the renewal document must also have this same wording.



ENGINEERING DEPARTMENT  
TRAFFIC & TRANSPORTATION  
DIVISION—  
City Hall - Lower Level  
400 Robert D. Ray Drive  
DES MOINES, IOWA 50309  
(515) 283-4973  
FAX (515) 237-1840

ALL-AMERICA CITY  
1949, 1976, 1981 2003  
2010

## Exhibit D



432-786

**CERTIFICATE OF ORGANIZATION**  
**OF**  
**CITY LIMOUSINE, LLC**

Pursuant to Section 489.201 of the Iowa Limited Liability Company Act, the undersigned, adopts the following Certificate of Organization for this Limited Liability Company ("Company").

**ARTICLE I**  
**NAME**

The name of this Company is:

City Limousine, LLC

**ARTICLE II**  
**REGISTERED AGENT AND OFFICE**

The Registered Agent of this Company is Shani Amin, and the initial Registered Office is 6000 Creston Avenue, Apartment C9, Des Moines, Iowa 50321.

**ARTICLE III**  
**PRINCIPAL OFFICE**

The address of the principal office of the Company is:

100 East Euclid, Suite E  
Des Moines, Iowa 50313

**ARTICLE IV**  
**PURPOSES AND POWERS**

The purpose of this Company is to provide limousine services to the general public.

Without limiting the generality of the foregoing, the Company shall have unlimited power to engage in and to do any lawful act granted to limited liability companies under Iowa Code Section 489 as presently existing or hereafter amended.

STATE OF IOWA  
DEPARTMENT OF REVENUE  
TAX DIVISION  
2012 MAR 06 09:02 AM  
655008

2012 MAR -6 AM 10:02  
SECRETARY OF STATE  
IOWA

3

## **ARTICLE V MANAGEMENT**

Management of the Company is vested in Managers who shall be elected as provided in the Operating Agreement. The names and addresses of the people who are to serve as Managers until the first annual meeting of members or until their successor is elected and qualifies are:

Shani Amin  
600 Creston Ave, Apt C9  
Des Moines, Iowa 50321

Mohamed Ahmed  
6009 Creston Ave, Apt C21  
Des Moines, IA 50321

The actions of a member, or any other person, acting in any capacity other than as a manager of the limited liability company shall not bind the limited liability company.

All conveyances, mortgages or other instruments arising out of or related to real property made by the limited liability company shall be executed as provided in the Operating Agreement, and/or as authorized by action of the Managers. All releases of mortgages, liens, judgments, or other claims that are required by law to be made of record may be executed by any manager of the limited liability company.

## **ARTICLE VI OPERATING AGREEMENT**

A written Operating Agreement of the Company shall be executed by each member of the Company and shall set forth provisions regarding the affairs of the Company and the conduct of its business to the extent that such provisions are not inconsistent with the law or this Certificate of Organization.

## **ARTICLE VII PUBLIC LIABILITY**

No manager or member of the Company is personally liable to third parties for the acts or debts of the Company.

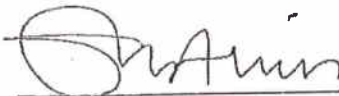
**ARTICLE VIII  
LIMITATION OF LIABILITY OF MANAGERS AND  
MEMBERS**


No manager or member of the Company shall be liable to the Company or to its members for damages for breach of fiduciary duty as a manager or member, except that such elimination from or limitation of liability as provided in this Article does not eliminate or limit the liability of a manager or member for any of the following:

1. Breach of the manager's or member's duty of loyalty to the Company or its members;
2. Acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law;
3. A transaction from which the manager or member derives an improper personal benefit; or
4. A wrongful distribution in violation of Iowa Code §489.405.

No amendment, modification or repeal of this Article shall adversely affect any right or protection of a manager or member that exists at the time of such amendment, modification or repeal.

Dated at West Des Moines, Iowa, this 5<sup>th</sup> day of March, 2012.

  
\_\_\_\_\_  
Shani Amin

  
\_\_\_\_\_  
Mohamed Ahmed

FILED  
IOWA  
SECRETARY OF STATE

3/6/12  
10:02AM  
W777425



# IOWA

No: W00777425  
Date: 03/08/2012

## SECRETARY OF STATE

489DLC-432786  
CITY LIMOUSINE, LLC

### ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Certificate of Organization

The document was filed on Mar 6 2012 10:02AM, to be effective as of Mar 6 2012 10:02AM.

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



  
MATT SCHULTZ SECRETARY OF STATE





Apply online!  
Go to  
[www.iowa.gov/tax](http://www.iowa.gov/tax)



Iowa Department of Revenue  
[www.iowa.gov/tax](http://www.iowa.gov/tax)

## Iowa Business Tax Registration

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.

Please Type or Print Legibly

### I. PHYSICAL LOCATION NAME / ADDRESS

Federal Employer ID Number: 45-4697278  
Social Security Number: \_\_\_\_\_  
Legal Name: (sole proprietors: fill in last name, first name)  
City Limousine, LLC  
Trade Name: (doing business as), if you have one  
\_\_\_\_\_  
Street Address (Not PO Box): 100 E. Euclid Ave, Ste E  
City: Des Moines State: Iowa Zip+4: 50313-4511  
County Name: Polk County Number: 77  
Daytime Phone: (515) 770-2148 Ext. \_\_\_\_\_  
Phone 2: \_\_\_\_\_ Ext. \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Telephone Number Required

### III. PREVIOUS OWNER

If purchasing an existing business, provide former owner's name:  
None

### II. MAILING ADDRESS

Complete if different from physical location.

Name: Mohamed Ahmed  
Mailing Address: 6009 Creston Ave, Apt C21  
City: Des Moines State: Iowa Zip+4: 50321-1283  
Phone 1: (515) 770-2148 Ext. \_\_\_\_\_  
Phone 2: \_\_\_\_\_ Ext. \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

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

- ☐ Sole Proprietor ☐ Partnership ☐ Corporation  
☐ Association ☐ Government  
☒ Limited Liability Company (also check one box below)  
☐ Single member filing on owner's income tax return  
☒ Filing as partnership  
☐ Filing as corporation

Date Established: 03/06/12

State in which Established: Iowa

### 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: Limousine Services

- ☐ Check this box if your business is a hotel, motel, inn, bed and breakfast, or cabin with sleeping quarters.

#### ☒ SALES TAX PERMIT (no fee):

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

Starting date for selling at retail: 08/01/12  
(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? N/A

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 consumed in Iowa on which sales tax is not paid when the purchases are made. File through eFile & Pay. See our Web site for more information.

Starting date for making purchases: \_\_\_\_\_  
(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 our Web site for more information.

Starting date for selling at retail in Iowa: \_\_\_\_\_  
How much tax do you expect to collect? (MM/DD/YY)

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

#### ☐ AUTOMOBILE RENTAL TAX (no fee):

If you rent automobiles to customers, you must collect this tax. Automobile rental tax is always filed quarterly.

Starting date for renting automobiles in Iowa: \_\_\_\_\_  
(MM/DD/YY)

#### ☐ HOUSEHOLD HAZARDOUS MATERIAL PERMIT:

See "INFORMATION" section for explanation of HHM permits.

Starting date for selling hazardous material: \_\_\_\_\_  
(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 our Web site for more information.

Starting date for withholding Iowa income tax: \_\_\_\_\_  
(MM/DD/YY)

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 / LLC REGISTRATION

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

Starting date for doing business in Iowa: 08/01/12  
(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: \_\_\_\_\_

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: Mohamed Ahmed

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

Name: Shani Amin

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: \_\_\_\_\_

Print Name Here: Mohamed Ahmed

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

Date: 07/19/12

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 posting 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.iowa.gov/tax](http://www.iowa.gov/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. See contact information below.

### 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:** Automobile rental and hotel/motel permits cannot 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 (free 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 (DNR) at 515-281-8941.

### Section VI: Withholding Tax Registration

- Withholding agent: Person who has authority to make wage payments or 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.

### Questions?

- Phone: 515-281-3114 or 800-367-3388
- E-Mail: [idr@iowa.gov](mailto:idr@iowa.gov)

### To Register

- Online at [www.iowa.gov/tax](http://www.iowa.gov/tax)
- Fax to: 515-281-3906, ATTN: Registration Services.
- Mail to: Registration Services, Iowa Department of Revenue, PO Box 10465, Des Moines, IA 50306-0465.

### List of Iowa Counties and County Numbers

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

78-005b (08/29/11)

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







---

**Fwd: City Limousine - 100 E. Euclid**

23.3

**Poorman, Phil** <prpoorman@dmgov.org>  
**To: Mike Berry** <mrberry@dmgov.org>

Tue, Jul 3, 2012 at 8:56 AM

This is Su's approval for the limousine service at 100 E Euclid Av

Philip R. Poorman, AICP  
Develop Zoning Inspector  
Permit and Development Center  
602 Robert D. Ray Drive  
Des Moines, IA 50309

Office Phone: 515-283-4751  
Cell Phone: 515-418-4488  
Fax: 515-283-4270  
Email: prpoorman@dmgov.org



----- Forwarded message -----

**From: Donovan, SuAnn** <smdonovan@dmgov.org>  
**Date:** Thu, Jun 28, 2012 at 11:47 AM  
**Subject:** City Limousine - 100 E. Euclid  
**To:** Mike Ring <mpring@dmgov.org>  
**Cc:** Phil Poorman <PRPoorman@dmgov.org>

Mike,

100 E. Euclid meets all zoning requirements for City Limousine to locate in the building.

SuAnn Donovan  
Neighborhood Inspection Zoning Administrator  
602 Robert D. Ray Drive  
Des Moines, IA 50309  
515-283-4516

- 9 Npi Security  
3329 109th St, Urbandale, IA 50322 » Map  
(515) 274-3978  
» Website » More Info » Add Photos  
What Limousine Service, Airport Transportation, Shuttle Service  
5 Ratings, Write a Review
- 10 Majestic Limousine Service  
6094 NW 111th Dr Ste C, Grimes, IA 50311 » Map  
(515) 986-0305  
» Website » More Info » Add Photos  
What Limousine Service, Shuttle Service, Transportation Services  
Be the first to review
- 11 Royalty Party Buses (Buses Charter & Rental Ser  
5327 E University Ave, Pleasant Hill, IA 50327 » Map  
(515) 202-0955  
» More Info » Add Photos  
What Limousine Service, Transportation Services, Buses-Charter & Rental  
Be the first to review
- 12 Getondabus.Com  
6050 1/2 NW 2nd St, Des Moines, IA 50313 » Map  
(515) 473-8808  
» Website » More Info » Add Photos  
What Limousine Service, Buses-Charter & Rental  
1 Rating, Write a Review
- 13 City Limousine  
100 E Euclid Ave, SUITE E, Des Moines, IA 50313 » Map  
(515) 505-5550  
» Website » More Info » Add Photos  
What Limousine Service
- 14 Lino Connection  
Des Moines, IA 50320  
(515) 661-4052  
» More Info » Add Photos  
What Limousine Service, Taxi's, Bus Lines  
3 Ratings, Write a Review
- 15 Des Moines Party Buses  
703 E University, Des Moines, IA 50316 » Map  
(515) 447-7011  
» Website » More Info » Add Photos  
Where Capitol Park  
What Limousine Service, Sightseeing Tours, Party Supply Rental  
5 Ratings, 4 Reviews
- 16 Marks Limousine  
2433 SE 14th St, Des Moines, IA 50320 » Map  
(515) 244-1869  
» More Info » Add Photos  
What Limousine Service  
Be the first to review
- 17 Mark's Limousine  
2433 SE 14th St, Des Moines, IA 50320 » Map  
(515) 244-1869  
» More Info » Add Photos  
What Limousine Service  
Be the first to review
- 18 A J's Best Stretch Limousine  
PO Box 65122, West Des Moines, IA 50265 » Map  
(515) 222-1826  
» More Info » Add Photos  
What Limousine Service  
Be the first to review
- 19 American Party Buses  
1002 Grand Ave, West Des Moines, IA 50265 » Map  
(515) 783-0223  
» Website » More Info » Add Photos  
What Limousine Service, Buses-Charter & Rental  
Be the first to review

# CERTIFIED PRE-OWNED

CHEVROLET BUICK GMC

## 172-POINT VEHICLE INSPECTION AND RECONDITIONING

Inspection Date 4, 23, 12 VIN # 1GAKSKJE36BR213813  
 Stock # 101899A RO # 590933 Vehicle Original In-Service Date 11, 22, 10  
 Year 2011 Make CHEV Model SUBARU  
 Ext Color WHITE Int Color CHARCOAL Mileage 22943  
 Dealer BAC 111996 Dealership Name BOB BROWN AUTO  
 City DES MOINES State IOWA Zipcode 50226

### INVESTIGATE VEHICLE HISTORY

THIS CERTIFIED INSPECTION PROCESS IS REQUIRED FOR ALL CERTIFIED PRE-OWNED VEHICLES. ALL 172 INSPECTION POINTS MUST BE COMPLETED.

- Is this vehicle still covered by its original factory warranty? YES ☒ NO ☐
- Owner's Manual/Warranty Booklet Present ☒ ☐
- REVIEW THE VEHICLE'S HISTORY  
 GWM - Investigate Vehicle History Report ☒ ☐  
 Open Recalls ☒ ☐  
 Branded Title ☒ ☐  
 Warranty Block ☒ ☐
- Vehicle History Report (Check One)  
☐ **AutoCheck**  
☐ **CARFAX**  
☐ Other \_\_\_\_\_

#### Check for Vehicle Trouble Codes

- Is this vehicle free of any aftermarket modifications like Body/Chassis lift kits, engine performance chips? YES ☒ NO ☐  
 Certain modifications may cause the vehicle to be ineligible for Certification. Refer to the Certified Pre-Owned Operations Manual.  
 Acceptable Aftermarket Items: \_\_\_\_\_

#### Is this vehicle a good candidate to be Certified?

Pass / Yes checked boxes, continue with Inspection process  
 Fail / No checked boxes, notify Certified Pre-Owned Manager and discontinue the Inspection process

### MAINTENANCE

ALL REQUIRED MAINTENANCE NECESSARY WITHIN THE NEXT SCHEDULED INTERVAL HAS BEEN COMPLETED

- | CHANGE / REPLACE                        | INSP COMPLETED                      | SVC. REQUIRED                       | SVC. COMPLETED                      |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 8 Engine Oil and Filter                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 INSPECT / CHECK                       | INSP COMPLETED                      | SVC. REQUIRED                       | SVC. COMPLETED                      |
| Air / Cabin Filter (if equipped)        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Hoses / Clamps                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Drive / Serpentine Belt                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Wiper Blades (Front / Back)             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| LOAD TEST                               | INSP COMPLETED                      | SVC. REQUIRED                       | SVC. COMPLETED                      |
| 10 Battery Status <u>13.1</u> Volts     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 11 Clean and Secure Battery Connections | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 12 Battery Tray, Retainer & Vent Tubes  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

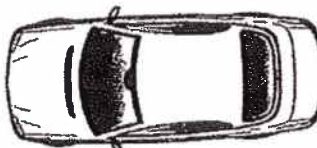
### MAINTENANCE, CONT.

- | CHECK, TOP OFF OR CHANGE | INSP COMPLETED                      | SVC. REQUIRED            | SVC. COMPLETED           |
|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 13 Power Steering Fluid  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Transmission Fluid    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Windshield Fluid      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Engine Coolant        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Brake Fluid           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### CHECK TIRES AND BRAKE PADS

MINIMUM TIRE TREAD DEPTH REQUIRED ON ALL TIRES IS 5/32nds ACROSS THE TREAD PLANE. ALL FOUR TIRES MUST BE MATCHING BRANDS AND SIZE.

- | 18 RIGHT FRONT                   | 19 RIGHT REAR                    |
|----------------------------------|----------------------------------|
| Tire Tread Depth <u>6</u> /32nds | Tire Tread Depth <u>6</u> /32nds |
| 7 mm remaining                   | 6 mm remaining                   |
| Brake Pad Thickness              | Brake Pad Thickness              |



- | 20 LEFT FRONT  | 21 LEFT REAR                     |
|--|----------------------------------|
| Tire Tread Depth <u>6</u> /32nds                           | Tire Tread Depth <u>6</u> /32nds |
| 7 mm remaining   | 6 mm remaining                   |
| Brake Pad Thickness  | Brake Pad Thickness              |
| 22 Tire Manufacturer & Brand <u>GOODRICH</u>               |                                  |
| 23 Tire Size / Specifications <u>LURAILER HP 265/70R17</u> |                                  |

MINIMUM OF 3mm REMAINING WEAR OF FRICTION MATERIAL ON PADS/SHOES IS REQUIRED

### DETAILING

INSPECT AND CLEAN THOROUGHLY TO ENSURE THE CUSTOMER IS SATISFIED WITH OVERALL VEHICLE APPEARANCE

- | INTERIOR                                    | COMPLETED                |
|---|--------------------------|
| 24 Carpet / Floor Mats / Seat Covers        | <input type="checkbox"/> |
| 25 Headliner / Dash Pad                     | <input type="checkbox"/> |
| 26 Interior Trim Panels                     | <input type="checkbox"/> |
| 27 All Glass Surfaces                       | <input type="checkbox"/> |
| 28 Trunk Compartment / Spare Cover          | <input type="checkbox"/> |
| 29 Instrument Panel / Cover / Pad           | <input type="checkbox"/> |
| 30 Storage Compartments / Ashtray           | <input type="checkbox"/> |
| 31 Remove Foreign Odors                     | <input type="checkbox"/> |
| EXTERIOR                                    | COMPLETED                |
| 32 Wash or Wax                              | <input type="checkbox"/> |
| 33 Reasonably Free of Dents                 | <input type="checkbox"/> |
| 34 Remove Road Tar / Oil / Stains           | <input type="checkbox"/> |
| 35 Tires / Wheels Free of Dirt & Brake Dust | <input type="checkbox"/> |
| 36 Recondition Surface Chips / Scratches    | <input type="checkbox"/> |

### ROAD TEST

INSPECTION CHECK POINTS TO BE COMPLETED AFTER DRIVING VEHICLE

- |                                 | INSP COMPLETED                      | SVC. REQUIRED                       | SVC. COMPLETED                      |
|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ENGINE                          |                                     |                                     |                                     |
| 37 Start Up                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 38 Idle Quality                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 39 Sound Quality                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 40 Service / Warning Lights     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 41 Acceleration                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| TRANSMISSION                    |                                     |                                     |                                     |
| 42 Shift Interlock              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 43 Shifting 1st-2nd-3rd OD      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 44 Manual                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 45 AWD/2WD/4WD                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| VEHICLE STABILITY               |                                     |                                     |                                     |
| 46 Alignment / Drift            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Vibration                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Squeaks / Rattles            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 49 Wind Noise                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 50 Anti-Lock Brakes             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 51 Smooth Stop                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| STEERING                        |                                     |                                     |                                     |
| 52 Steering Wheel Centered      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 53 Ease of Turning              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 54 Steering Wheel Alignment     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| HVAC                            |                                     |                                     |                                     |
| 55 Air Conditioning             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 56 Heat                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 57 Fan / Speeds                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 58 Defrost                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 59 Rear Defrost                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 60 Air Inlet Grilles / Louvers  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 61 Recirculation                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 62 Climate Control              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| OTHER                           |                                     |                                     |                                     |
| 63 Wipers (Front / Rear)        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 64 Speedometer / Odometer       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 65 Headlights / Fog Lamp Aiming | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 66 Turn Signals / Hazards       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 67 Mirrors / Defrost            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 68 Cruise / Resume              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 69 Traction Control             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 70 Dash Panel Gauges / Compass  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

### FUNCTIONAL

INSPECT AND/OR VERIFY OPERATION OF ALL COMPONENTS, REPAIR OR REPLACE AS NECESSARY

- |                    | INSP COMPLETED                      | SVC. REQUIRED            | SVC. COMPLETED           |
|--------------------|-------------------------------------|--------------------------|--------------------------|
| 71 On Equipped     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 72 Air Bags (All)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 73 Parking Brake   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74 Convertible Top | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Reference Number

0651769

Cross-reference this number on RO

GM FrontLine Ready GM CPO Compliant

WHITE COPY Purchaser

GOLD COPY Dealer Service

YELLOW COPY Dealer Sales

GM reserves the right to disqualify a vehicle from the GM Certified Pre-Owned Vehicles program for failure to meet program standards based on service history files, an independent vehicle history report, and/or information obtained by GM Global warranty management systems

I certify that this vehicle has undergone repair and/or reconditioning in accordance with the GM Certified Pre-Owned Vehicles process. Upon final inspection, I have determined that the vehicle **MEETS STANDARDS**—Certified Required Signatures

CERTIFIED TECHNICIAN (PRINT) William Cox Signature William Cox Date 4/23/12

SERVICE MANAGER (PRINT) Brett Lindgren Signature Brett Lindgren Date 4/23/12

USED VEHICLE MANAGER (PRINT) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

The authorized Service Manager and Used Vehicle Manager signatures certify that this vehicle has been carefully inspected and currently meets all requirements of the GM Certified Pre-Owned Vehicles program. No claim is made that this vehicle is in new condition.

CUSTOMER NAME (PRINT) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## FUNCTIONAL, CONT.

	INSP COMPLETED	SVC REQUIRED	SVC COMPLETED	N/A
75 Weather Stripping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76 Door Reflectors / Child Safety Locks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77 Fuel Door and Cap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78 Spare Tire / Jack / Tools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79 Spare Tire Cover or Retractor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80 Alarm / Theft Deterrent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81 Seat Belts / Retractors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82 Auxiliary / Cigarette Outlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83 Key FOB / Keys / Remote Start	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ENGINE COMPARTMENT

INSPECT OPERATION OF ALL COMPONENTS, REPLACE OR REPAIR AS NECESSARY

	INSP COMPLETED	SVC REQUIRED	SVC COMPLETED	N/A
84 Brake System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85 Cooling System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86 Ignition System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 AC Compressor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88 Vacuum System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89 Engine Insulator / Blanket	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90 Fuel System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Power Steering System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92 Check for Proper Labels / Decals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## UNDER VEHICLE

INSPECT OPERATION AND INTEGRITY OF ALL COMPONENTS, REPLACE OR REPAIR AS NECESSARY

	INSP COMPLETED	SVC REQUIRED	SVC COMPLETED	N/A
93 Visual Inspection Clean, No Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BRAXES</b>				
94 Calipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95 Rotors / Drums	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96 Hydraulic Lines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97 Parking Brake Cable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SUSPENSION</b>				
98 Control Arms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99 Springs / Sway Bars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 Shock Absorbers / Struts / Air Suspension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101 Gear / Rack & Pinion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DRIVETRAIN</b>				
102 Engine / Transmission Mounts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103 CV Joints / Boots	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104 Axles / Differentials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105 Driveshaft / Universal Joints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>				
106 Frame	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107 Tow Hooks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108 Exhaust System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109 Wheel Lugs (All)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110 Air Deflector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## INTERIOR

INSPECT THE OPERATION/CONDITION OF ALL COMPONENTS, REPLACE OR REPAIR AS NECESSARY

	INSP COMPLETED	SVC REQUIRED	SVC COMPLETED	N/A
<b>LIGHTING</b>				
111 Interior / Ambient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112 Visor / Map / Glove Box	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113 Instrument Cluster / Dash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114 Rear Compartment / Cargo / Storage Net	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All lamp assemblies and bulbs must be working				
<b>SEATING</b>				
115 Driver Seat / Functioning Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116 Passenger Seat / Functioning Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117 Rear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118 Third Row	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119 Lumbar (All)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120 Head Rests (All)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121 Heated / Cooling Seats	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122 Seat Adjustment / Power / Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TRIM/CONTROLS</b>				
123 Door / Trim / Armrest / Speaker Grilles (All)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124 Floor Mats & Retainers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125 Headliner / Pillar Trim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126 Sill Plate / Kick Panel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127 Pull / Assist Handles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STEERING WHEEL</b>				
128 Overall Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129 Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
130 Touch Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131 Tilt / Telescoping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132 Audio Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AUDIO/VIDEO</b>				
133 Radio	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buttons / Knobs Clean & Clear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Features Function Properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134 CD / Cassette	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
135 Speakers (All)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
136 Sync System (Reset)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
137 Navigation System / Disc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138 DVD Player / Headsets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139 Antenna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>				
140 Trunk & Gas Cover Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141 Inside Rear View Mirror	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142 Power Sunroof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
143 Dash Controls / Driver Information Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
144 Clock (Check / Reset)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145 Sun Visors / Coat Hooks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146 Cargo Area / Trunk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
147 Accessory Power Outlets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148 Cup Holders / Map Pockets / Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## EXTERIOR

REVIEW EXTERIOR ITEMS TO ENSURE THEY ARE CLEAN AND DAMAGE FREE

	INSP COMPLETED	SVC REQUIRED	SVC COMPLETED	N/A
<b>GLASS</b>				
149 Windshield	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Side Glass Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panoramic Sunroof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replace glass if damage exists or crack larger than 3/16" exists. Must be aligned and sealed properly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LIGHTS</b>				
150 Head Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151 High Beams	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152 Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
153 Fog	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154 Turn Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155 Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156 Side Marker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
157 License Plate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158 Back-up / Reverse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159 Brake & High Mount Stop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160 Daytime Running Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All lamp assemblies and bulbs must be working				
<b>BODY PANELS</b>				
161 Bumper & Fascias Front / Rear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
162 Grille / Hood / Trunk / Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
163 Emblems / Name Plates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
164 Bedliner (Trucks Only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
165 Moldings / Applique	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166 Fender / Panels Front / Back (All)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
167 Doors (All)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
168 Running Boards / Side Steps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
169 Lift Gate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
170 Door or Pull Handles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>				
171 Wheels (All)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
172 Covers / Center Caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HYBRID VEHICLES

	MEETS STD	SVC REQ'D
<b>TRANSMISSION</b>		
H1 Hybrid Battery (Inspect Air Intake)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H2 Battery Energy Control Module (Check Using Scan Tool)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H3 Starter / Generator Control Module (Check for Codes and Software Updates)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H4 Confirm Auto Stop	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H5 Confirm AUTO Restart	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## NOTES



**CERTIFIED  
PRE-OWNED**  
CHEVROLET BUICK GMC

**CUSTOMER SATISFACTION GUARANTEE**  
**3-Day/150-Mile Certified Pre-Owned vehicle Exchange Policy**

Within the first 3-business days or 150 miles from date of purchase/lease (whichever comes first) the purchaser/lessee may return an eligible CERTIFIED PRE-OWNED vehicle (not including Cadillac or HUMMER) to the selling dealer for an exchange of another eligible CERTIFIED PRE-OWNED vehicle (not including Cadillac or HUMMER) or a "new" GM vehicle if not completely satisfied with the vehicle

If, during the Customer Satisfaction Guarantee (3-Day/150-Mile Vehicle Exchange Policy) period, the purchaser/lessee chooses to trade in the vehicle listed below to the selling dealer for another eligible CERTIFIED PRE-OWNED vehicle (not including Cadillac or HUMMER) or a "new" GM vehicle, the purchaser/lessee will receive credit for the following amounts paid toward the vehicle returned: the "down payment", the "Agreed-Up Trade-In Value," and any amounts paid toward the principal balance/capitalized cost of the finance agreement

If the purchase price of the vehicle being traded for is less than the purchase price of the vehicle being returned, the purchaser will receive credit for the difference. If the purchase price of the vehicle being traded for is more, the purchaser will pay the difference

Check one of the following

☐ Vehicle (refer to VIN below) is eligible for return under the Customer Satisfaction Guarantee (3-Day/150-Mile Vehicle Exchange Policy)

- OR -

☐ Vehicle is not eligible for return under the Customer Satisfaction Guarantee (3-Day/150-Mile Vehicle Exchange Policy). The reason(s) for the vehicle's ineligibility is (are) (please check the appropriate box below - see Exclusions on reverse for additional details)

- ☐ Vehicle is a fleet purchase or fleet lease  
☐ Vehicle used for livery, taxi or delivery  
☐ The customer listed below has previously returned a vehicle under the Customer Satisfaction Guarantee (3-Day/150-Mile Vehicle Exchange Policy)

Trade-in Vehicle - (Original)

Model Year 2005 Make Chevrolet Model Trailblazer

"Agreed-Up Trade-in Value" (\$)

- 1 Actual Purchase/Trade-in Value 19650  
2 Less Trade-in Lien 21044.76  
3 "Agreed-Up Trade-in Value" -1444.76

I have read the provisions described on the back of this form and understand the provisions of the Customer Satisfaction Guarantee (3-Day/150-Mile Vehicle Exchange Policy). If applicable, I understand and acknowledge that the CERTIFIED PRE-OWNED vehicle I am purchasing/leasing is not eligible for return under the Customer Satisfaction Guarantee (3-Day/150-Mile Vehicle Exchange Policy). Furthermore, I understand and acknowledge that if I have previously returned a vehicle under the Customer Satisfaction Guarantee (3-Day/150-Mile Vehicle Exchange Policy) in the 12 calendar months immediately preceding the date of execution of this agreement, I am not eligible to participate in the Customer Satisfaction Guarantee (3-Day/150-Mile Vehicle Exchange Policy), notwithstanding my purchase of a CERTIFIED PRE-OWNED vehicle or the Customer Satisfaction Guarantee (3-Day/150-Mile Vehicle Exchange Policy)

Customer Name Mohamed Ahmed Delivery Date 5-1-2007  
Customer Signature [Signature] Odometer Reading (at delivery) \_\_\_\_\_  
Make/Model Type Chevrolet Suburban IGN5K3E36BR213813  
Retail Facility Bob Brown BAC Code 111956  
Sales Consultant Signature [Signature]

White Copy - Customer Yellow Copy - Dealer

July 5, 2012

City Limousine, LLC  
Mr. Shani Amin  
6000 Creston Avenue, Apt #C9  
Des Moines, IA 50321

RE: Limousine Company Application Packet; Items needed.

Dear Mr. Amin,

I have reviewed your application packet for a Limousine Company, in the corporate limits of the City of Des Moines.

There are a few items that are required that were not provided. I have listed those items below so that you may provide them to me at your soonest convenience;

Sec. 126-62.5

- Specifically address where your vehicle maintenance will be provided. If this maintenance are is not at your central place of business, please provide a letter indicating that the place where your vehicles will be maintained is properly zoned for that activity.

Sec. 126-63

- Need a copy of the papers of Incorporation provided by the Secretary of State of the State of Iowa, dated 3/6/2012.
- Need a copy of the State of Iowa Sales Tax Certificate (or application) to obtain the State Sales Tax number.
- Need a copy of the vehicle safety inspection document(s) for your 2011 Chevrolet Suburban or a statement from you or Midas at 2010 Ingersoll that the vehicle passed the latest safety inspection – and the date of that inspection.

Sec. 126-66

- Please see the attached document. Your Certificate of Insurance MUST state the following information, in some format, either as a statement on the ACORD form or as an amendment/attachment to your insurance policy.

I believe that once all of the above information is provided we will have a viable application document and should be able to move forward.

Thank you,

  
Michael R. Berry  
Traffic Facilities Administrator

Cc: Mr. Sam Kreamer  
Kreamer Law Firm  
sikjdcpa@kreamerlaw.com

Encl.



ENGINEERING DEPARTMENT  
TRAFFIC & TRANSPORTATION  
DIVISION—  
City Hall - Lower Level  
400 Robert D. Ray Drive  
DES MOINES, IOWA 50309  
(515) 283-4973  
FAX (515) 237-1640

ALL-AMERICA CITY  
1949, 1976, 1981 2003  
2010

# KREAMER LAW FIRM, P.C.

---

**Samuel I. Creamer, J.D., C.P.A.**

[sikidcpa@kreamerlaw.com](mailto:sikidcpa@kreamerlaw.com)

Admitted to practice in State of Iowa, State of Nebraska,  
Federal Courts (8<sup>th</sup> Circuit), and Federal Tax Court

**Bradley C. Neal, J.D.**

[brad@kreamerlaw.com](mailto:brad@kreamerlaw.com)

Admitted to practice in State of Iowa, State of  
Missouri, and Federal Courts (8<sup>th</sup> Circuit)

July 19, 2012

Mr. Michael R. Berry  
Traffic Facilities administrator  
City Hall- Lower Level  
400 Robert D. Ray Drive  
Des Moines, Iowa 50309

In Re: City Limousine LLC  
Our File No. 43191

Dear Mike:

The purpose of this letter is to respond to your letter dated July 5, 2012 to Shani Amin.  
Please be advised as follows:

1. Vehicle Maintenance. It is anticipated that the vehicles operated by City Limousine will be serviced and maintained at Bob Brown Chevrolet 3600 111th Street Urbandale, IA 50322.
2. Organizational Documents. Please see documents enclosed.
3. Sales Tax Application. A copy of the application which will be filed is enclosed.
4. Vehicle Inspection. Please see document enclosed.
5. Insurance Certificate. Please see document enclosed.

Thank you for your continued assistance on this matter.

Sincerely,



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

Enc.

20  
30

**VERIFICATION**  
[for use by a limited liability company]

Signature of LLC Manager: [Signature]

STATE OF IOWA )  
COUNTY OF DALLAS ) ss.

On this 6<sup>th</sup> day of AUGUST, 2012, before me, a notary public, personally  
appeared MOHAMMED <sup>SR</sup> AHMED, who first being by me duly sworn, states that  
[Printed typed name of LLC manager]

he/she is a manager of CITY LIMOUSINE, LLC, and that the foregoing  
[Printed typed name of company]

Application for Certificate of Public Convenience and Necessity was signed on behalf of said  
limited liability company with authority, and he/she affirms that the information in the  
Application for Certificate of Public Convenience and Necessity is true and correct.

[Signature]  
Notary Public in the State of Iowa

