

.....  
**Date** .....  
 August 27, 2012

**PUBLIC HEARING ON TAXICAB  
 LICENSE APPLICATION OF THOMAS NEFF**

WHEREAS, Thomas Neff, 6800 NW 6<sup>th</sup> Drive, filed an application for a license to drive a taxicab in the City of Des Moines and the Department of Traffic and Transportation rejected said application; and

WHEREAS, Mr. Neff requested an opportunity to address the City Council on the matter of his application; and

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

WHEREAS, Thomas Neff's conviction for Domestic Assault Causing Bodily Injury was the basis for his denial under Des Moines Municipal Code § 126-218 regarding qualifications for taxicab license issuance; NOW, THEREFORE,

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

\_\_\_\_\_ Alternative One: That Mr. Thomas Neff's application for license to drive a taxicab in the City of Des Moines be and is hereby denied.

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

\_\_\_\_\_ Alternative Two: That Mr. Thomas Neff's application for license to drive a taxicab in the City of Des Moines be and is hereby granted.

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

FORM APPROVED: \_\_\_\_\_ MOVED BY \_\_\_\_\_ TO ADOPT

K. Massier  
 Katharine J. Massier  
 Assistant City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
GRIESS				
HENSLEY				
MAHAFFEY				
MEYER				
MOORE				
<b>TOTAL</b>				
MOTION CARRIED APPROVED				
_____ Mayor				

**CERTIFICATE**

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

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

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



August 10, 2012

Thomas Neff  
6800 NW 6<sup>th</sup> Drive  
Des Moines, IA 50313

Re: Taxicab License Appeal

Dear Mr. Neff:

The purpose of this letter is to acknowledge receipt of timely appeal of the decision to deny issuance of a taxicab license, as presented to you in an August 9, 2012 letter from the City Traffic Engineer.

Accordingly, I have set this matter for hearing on **August 27, 2012 at 5:00 p.m.** in the City Council Chambers, City Hall, 400 Robert D. Ray Drive. A copy of the portion of the City Code pertaining to the appeal process is enclosed for your information. **Failure to appear at the scheduled hearing will be deemed as a waiver of your rights to a hearing.**

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

Sincerely,

A handwritten signature in black ink that reads "Diane Rauh". The signature is fluid and cursive, with a horizontal line at the end.

Diane Rauh  
City Clerk

DR:kh  
Enc.

cc: Jeb Brewer – Engineering  
K. Massier – Legal  
M. West – Police  
J. Bohac – T & T

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

FILED  
2012 AUG 10 AM 8:22  
CITY CLERK  
DES MOINES IA

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

Name Tom Heff  
Address 6800 NW 6th Dr, DSM IA 50313  
Phone 515-441-1629  
Date 8-1-12

Tom Heff  
Signature



August 9, 2012

Thomas P. Neff  
6800 NW 6<sup>th</sup> Drive  
Des Moines, IA 50313

RE: Taxi Driver's License

Dear Mr. Neff:

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

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

Criminal Record:

04/17/2010 Domestic Assault Causing Bodily Injury – Misdemeanor Conviction

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

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

Sincerely,

Jennifer L. Bohac  
City Traffic Engineer

JLB/jag

Enclosure

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

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

**To:** Jennifer Bohac  
Traffic and Transportation

**Date:** 08August2012

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

**Subject:** Taxicab License  
Thomas Neff

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

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

04/17/2010    Domestic Assault Cause Bodily Injury            Misdemeanor Conviction

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

  
\_\_\_\_\_  
Michael West 4810

8-1-12



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

Name Neft Thomas Patrick  
(Last) (First) (Middle)

Address 6800 NW 6th Dr, Des Moines, Iowa 50312  
(City, State & Zip Code) X515-441-1629  
(Phone Number)

Birth Date: 4-15-66 DL # [REDACTED] SS# [REDACTED] Class: A Exp. Date: 4-15-11

Weight: 280 Height: 6,4 Color of Hair: Brown Color of Eyes: Blue

Have you ever been licensed as a City of Des Moines Taxi/Limo Driver? No When? \_\_\_\_\_

Years of experience driving an automobile. 30 Taxi/Limo: \_\_\_\_\_

Have you ever had your driver's license suspended/revoked? Yes If so, when? DWI

Give reason(s) for suspension/revocation. 12-24-1992 and 12 of 2005 in Phoenix Arizona

List all convictions for traffic violations for which your license was suspended/revoked during the last five (5) years.  
None

List all convictions for criminal offenses other than traffic offenses during the last ten (10) years. simple  
Assault 4-17-2010

EMPLOYMENT RECORD:

From	To	Employer's Name and Address	EDUCATION RECORD:	
			School	Circle Highest Grade Completed
1970	1980	Cornel & Woodside DSM, IA	Elementary	1 2 3 4 5 6 7 <u>8</u>
1980	1984	Saydel High School DSM, IA	High School	9 10 11 <u>12</u>
			College	1 2 3 4 5 6
9-87	3-89	National Education Center Associate degree, Elect W DSM IA	Trade School Other	1 <u>2</u> 3 4

HEALTH RECORD:  
List any physical impairments or disability that would affect your ability to drive. None

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

City of Des Moines  
Traffic and Transportation

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

Page 2

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

1. Name Jim Bills Phone No. 515-822-9470  
Address 6870 NW 5th St DSM IA 50313
2. Name Al Anderson Phone No. 515-244-5144  
Address 5329 NW 2nd St DSM IA 50313
3. Name Richard Rice Phone No. 602-264-7576  
Address 3935 N 1st Avenue Phoenix AZ

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

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

7-30-12 \_\_\_\_\_  
(Date) (Applicant's Signature)

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

APPROVED  REJECTED \_\_\_\_\_ 8/8/12 MLW-4810  
(Date) (Authorized)

Representative, Chief of Police)

Receipt Number: \_\_\_\_\_  
Date \_\_\_\_\_  
Amount: \_\_\_\_\_  
Badge Number: \_\_\_\_\_  
Company: \_\_\_\_\_  
Owner: \_\_\_\_\_

REJECTED  
Application for License  APPROVED

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



# Iowa Department of Transportation

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

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

## Certified Abstract of Driving Record

<b>Inquiry Date:</b>	9/29/2011	<b>DL/ID #:</b>	[REDACTED] (IA)	<b>Customer #:</b>	4319772
<b>Name:</b>	Neff, Thomas Patrick	<b>Class:</b>	C	<b>ID Status:</b>	VAL
<b>Address:</b>	6800 NW 6TH DR	<b>Audit #:</b>	5049936	<b>DL Status:</b>	VAL
<b>City/State:</b>	DES MOINES, IA 503131021	<b>Issue Date:</b>	03/01/2011	<b>CDL Status:</b>	None
		<b>Expiration Date:</b>	04/15/2016	<b>Restriction Supplement:</b>	None
<b>Mailing Address:</b>	6800 NW 6TH DR	<b>Endorsements:</b>	NONE		
<b>Mailing City/State:</b>	DES MOINES, IA 503131021	<b>Restrictions:</b>	NONE		
		<b>Date of Birth:</b>	4/15/1966		
		<b>Sex:</b>	M		

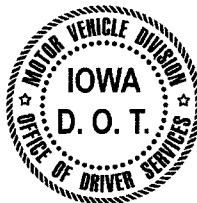
### History Information

### CLEAR DRIVING RECORD

**Name:** Neff, Thomas Patrick **DL/ID:** 208AD5303

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

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



9/29/2011

Office of Driver Services  
Iowa Department of Transportation

**Name:** Neff, Thomas Patrick **DL/ID:** [REDACTED]





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	Tom Neff
Address	6800 NW 6 <sup>th</sup> Dr
City/State/Zip	DSM IA 50313
Phone#	515-289-1711 441-629

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

<b>Last Name</b> <i>Apellido</i> (mandatory)	<b>First Name</b> <i>Primer Nombre</i> (mandatory)	<b>Middle Name</b> <i>Segundo Nombre</i> (recommended)
Neff	Thomas	Patrick
<b>Date of Birth</b> <i>Fecha Nacimiento</i> (mandatory)	<b>Gender</b> <i>Genero</i> (mandatory)	<b>Social Security Number</b> (recommended)
4-15-66	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	[REDACTED]
<b>Waiver Signature</b> <i>Firma</i> (If the request is on yourself, please sign. If the request is on someone else, write N/A.)		
Tom Neff		

**Results**

As of 7/23/12, a name and date of birth check revealed:

No record found

Record attached, DCI # 330963

DCI initials ly

STATE OF IOWA  
 P.P.S.  
 DIV. OF CRIMINAL  
 INVESTIGATION  
 DCI USE ONLY  
 2012 JUL 23 PM 1:50

**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 GR

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

IOWA CRIMINAL HISTORY  
FELONY CONVICTION

DCI 00330963  
PAGE 1 OF 2  
DATE PRINTED-  
2012/07/23

DCI:00330963

NAME: NEFF, THOMAS PATRICK  
NEFF, TOM

DOB SEX RAC HGT WGT EYE HAIR SKN POB  
19660415 M W 604 290 BLU BRO FAR IA

ADDITIONAL IDENTIFIERS PHOTO AVAILABLE: Y  
CCH RECORD \*\*\*

01 ARRESTED 19850228  
AGENCY: IA0770000 POLK CO SO  
CHARGE NO- 01 IA STATUTE IA714-2-3  
THEFT 3RD  
TRK#: L27928301

COURT DISPOSITION

AGENCY: IA077015J POLK CO DIST COURT  
COUNT NO- 01 IA STATUTE IA714-2  
THEFT 3RD  
CHARGE CLASS: MISDEMEANOR CONVICTION  
TRK#: L27928301

SENTENCE DISP EFF DAT  
PROBATION 2Y 19850410  
SUSPENDED 2Y 19850410  
40 HRS COMM SERVICE

02 ARRESTED 19921224  
AGENCY: IA0770000 POLK CO SO  
CHARGE NO- 01 IA STATUTE IA321J-2-1  
OWI 1ST OFFENSE  
TRK#: L27928401

COURT DISPOSITION

AGENCY: IA077015J POLK CO DIST COURT  
COUNT NO- 01 IA STATUTE IA312J-2-1  
OWI 1ST  
CHARGE CLASS: FELONY CONVICTION  
TRK#: L27928401

SENTENCE DISP EFF DAT  
PROBATION 1Y 19930326  
SUSPENDED 90D 19930326  
DRUG TRTMT & EVAL

03 ARRESTED 20100417  
AGENCY: IA0770000 POLK CO SO  
CHARGE NO- 01 IA STATUTE IA708.2A(2)(B)  
DOMESTIC ABUSE ASSAULT CAUSE BODILY INJURY/MENTL ILLNSS  
TRK#: 7B00GI101

COURT DISPOSITION

AGENCY: IA077015J POLK CO DIST COURT  
COUNT NO- 01 IA STATUTE IA708.2(6)

ASSAULT

COURT CASE ID: 05771 SRCR236753

CHARGE CLASS: MISDEMEANOR CONVICTION

TRK#: 7B00GI101

SENTENCE		DISP EFF DAT
TIME SERVED	1D	20100629
JAIL	1D	20100629

AN ARREST WITHOUT DISPOSITION IS NOT AN INDICATION OF GUILT. THIS RECORD MAINTAINED BY THE IOWA DIVISION OF CRIMINAL INVESTIGATION, BUREAU OF IDENTIFICATION IS A PUBLIC RECORD BUT CAN ONLY BE RELEASED TO NON-LAW ENFORCEMENT AGENCIES BY THE DCI.

IN THE ABSENCE OF FINGERPRINTS FOR POSITIVE IDENTIFICATION THIS RECORD IS BASED ON INFORMATION FURNISHED. WE CANNOT CONFIRM OR DENY THAT THE RECORD COVERS THE SUBJECT OF YOUR INQUIRY.

DIVISION OF CRIMINAL INVESTIGATION

*u*