

Date September 24, 2012

APPEAL FROM TAXICAB LICENSE DENIAL

WHEREAS, Michael Garcia, 305 East Livingston, filed an application for a taxicab drivers license from the City of Des Moines; and

WHEREAS, Jennifer Bohac, the City Traffic Engineer, denied this application; and

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

WHEREAS, Mr. Garcia now has the opportunity to address the City Council; and

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

_____ Alternative One: To uphold the decision of the City Traffic Engineer and deny Mr. Garcia's taxicab license application.

MOVED BY _____ TO DENY APPLICATION.

_____ Alternative Two: To reverse the decision of the City Traffic Engineer and grant Mr. Garcia's taxicab license application.

MOVED BY _____ TO GRANT APPLICATION.

FORM APPROVED:

Katharine Massier By GKF
 Katharine Massier
 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



September 17, 2012

Michael Garcia
305 E. Livingston
Des Moines, IA 50315

Re: Taxicab License Appeal of Application Denial

The purpose of this letter is to acknowledge receipt of timely appeal of the decision to deny issuance of a taxicab license, as presented to you in a September 13, 2012 letter from the City Traffic Engineer.

Accordingly, I have set this matter for hearing on September 24, 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 written in a cursive, flowing style.

Diane Rauh
City Clerk

DR:kh
Enc.

cc: J. 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

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.

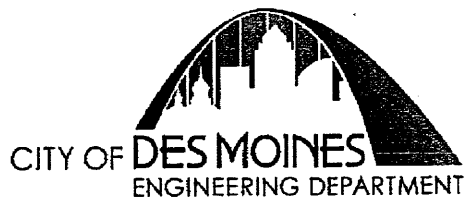
Name Michael Garcia
Address 305 E. Livingston
Phone 515-779-7852
Date 9-13-12


Signature

FILED

2012 SEP 13 11:07

CITY CLERK
DES MOINES, IA



September 13, 2012

Michael B. Garcia
305 East Livingston
Des Moines, IA 50315

RE: Taxi Driver's License

Dear Mr. Garcia:

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:
05/02/2009 Arrested, Consumption of Alcohol in a Public Place
Charge: 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,

JLB
Michael B. Barry
Jennifer L. Bohac
City Traffic Engineer

[Signature]

Rec'd & Acknowledged DATE
9-13-12

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: 08/31/2012

From: Michael West
Senior Police Officer
Traffic Unit

Subject: Taxicab License
Michael Garcia

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

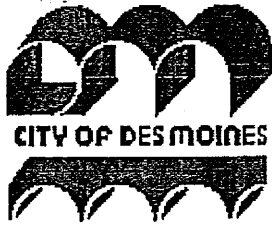
A review of Mr. Garcia's Iowa/Local criminal history record reflects that with-in five years preceding this application the following activity occurred.

05/02/2009 Arrested, Consumption of Alcohol in a Public Place
 Charge: Misdemeanor Conviction

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



Michael West 4810



8-23-12

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

Name Garcia (Last) Michael (First) B (Middle)

Address 305 E Livingston Des Moines IA 50315 779-7852

Birth Date: 12-20-66 DL # [redacted] SS# [redacted] Class: Exp. Date: 12-20-12

Weight: 185 Height: 59 Color of Hair: Black Color of Eyes: Brown

Have you ever been licensed as a City of Des Moines Taxi/Limo Driver? Yes When? 2010

Years of experience driving an automobile. 30 yrs Taxi/Limo: 1 yr

Have you ever had your driver's license suspended/revoked? Yes If so, when? 92

Give reason(s) for suspension/revocation. DUI

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

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

EMPLOYMENT RECORD:

Table with columns: From, To, Employer's Name and Address, School, Circle Highest Grade Completed. Includes entry for Local 234 and High School (Grade 12 circled).

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

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

1. Name James Garcia Phone No. ⁵¹⁵ 240-6954
Address Des Moines
2. Name Angie Allen Phone No. ⁵¹⁵ 707-2996
Address Des Moines
3. Name David Jones Phone No. ⁵¹⁵ 201-5063
Address _____

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

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

8-23-12 _____
(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

Representative, Chief of Police)

8/31/12 ALW 4810
(Date) (Authorized)

Receipt Number: # 02263
Date: 8-23-12
Amount: \$ 40.00
Badge Number: _____
Company: ?
Owner: _____

REJECTED
Application for License APPROVED

(Date) (City Traffic Engineer)



Iowa Department of Transportation

Office of Driver Services
PO Box 9204, Des Moines, IA 50308-9204

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

Certified Abstract of Driving Record

Inquiry Date:	8/23/2012	DL/ID #:	[REDACTED] (IA)	Customer #:	761366
Name:	Garcia, Michael Brent	Class:	A	ID Status:	None
Address:	305 E LIVINGSTON AVE	Audit #:	4934528	DL Status:	VAL
		Issue Date:	01/07/2011	CDL Status:	VAL
City/State:	DES MOINES, IA 503151330	Expiration Date:	12/20/2015	CDL Cert Status:	None
		Endorsements:	NONE	CDL Med Status:	None
Mailing Address:	305 E LIVINGSTON AVE	Restrictions:	Corrective Lenses	Restriction Supplement:	None
		Date of Birth:	12/20/1966		
Mailing City/State:	DES MOINES, IA 503151330	Sex:	M		

History Information

Convictions

Citation Date	Conviction Date	ACD	Explanation	County	JUR
11/26/2008	02/23/2009	S92	Speed		MO
09/07/2009	10/12/2009	M81	Careless Driving	77	IA
11/25/2010	01/07/2011	S92	Speed	77	IA
10/14/2011	11/29/2011	F04	Seat Belt Violation	77	IA

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

Accident Date	Case Number	JUR
02/05/2008	422977	IA

Name: Garcia, Michael Brent DL/ID: [REDACTED]

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:



8/23/2012

Kim Snook

Office of Driver Services
Iowa Department of Transportation

Name: Garcia, Michael Brent DL/ID: [REDACTED]



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



Iowa Criminal History Record Check
 Walk-In Request

Your name	Michael Garcia
Address	305 E. Livingston
City/State/Zip	DM IA 50315
Phone#	515-779-7852

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)
Garcia	Michael	Brent
Date of Birth <i>Fecha Nacimiento</i> (mandatory)	Gender <i>Genero</i> (mandatory)	Social Security Number (recommended)
12-20-66	<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 8/23/12, a name and date of birth check revealed:

No record found

Record attached, DCI # 337332

DCI initials ly

STATE OF IOWA
 D.P.S.
 DIVISION OF CRIMINAL
 INVESTIGATION
 2012 AUG 23 PM 2:25

Receipt

Number of requests 2 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 ly

Credit Card Number # _____ Exp. Date _____

IOWA CRIMINAL HISTORY
MISDEMEANOR CONVICTIONS ONLY

DCI 00337332
PAGE 1 OF 2
DATE PRINTED-
2012/08/23

DCI:00337332

NAME: GARCIA, MICHAEL BRENT
GARCIA, MIKE

DOB SEX RAC HGT WGT EYE HAIR SKN POB
19661220 M W 509 175 BRO BLK CO

ADDITIONAL IDENTIFIERS

- SC ABDOM
- SC CHIN
- SC FHD
- SC L ARM
- SC L CHK
- SC R ARM
- SC R CHK
- SC R KNEE
- SC R LEG

CCH RECORD ***

01 ARRESTED 19921107
 AGENCY: IA0850000 STORY CO SO
 CHARGE NO- 01 IA STATUTE IA321A-32
 DRIVE U/SUSP
 TRK#: L28849101

COURT DISPOSITION

AGENCY: IA085015J STORY CO DIST COURT
 COUNT NO- 01 IA STATUTE IA321A-32
 DRIVING UNDER SUSP
 CHARGE CLASS: MISDEMEANOR CONVICTION
 TRK#: L28849101

SENTENCE		DISP EFF DAT
JAIL	2D	19921130
COURT COSTS		19921130

02 ARRESTED 19921212
 AGENCY: IA0770300 DES MOINES PD
 CHARGE NO- 01 IA STATUTE IA321J-2
 OWI
 TRK#: L28849201

COURT DISPOSITION

AGENCY: IA077015J POLK CO DIST COURT
 COUNT NO- 01 IA STATUTE IA321J-2-A
 OWI 1ST
 CHARGE CLASS: MISDEMEANOR CONVICTION
 TRK#: L28849201

SENTENCE		DISP EFF DAT
FINE	\$709	19930111
SUSPENDED	2D	19930111

03 ARRESTED 19930223
 AGENCY: IA0770300 DES MOINES PD

CHARGE NO- 01 IA STATUTE IA321J-2
OWI 2ND
TRK#: 006023901

COURT DISPOSITION

AGENCY: IA077015J POLK CO DIST COURT
COUNT NO- 01 IA STATUTE IA321J.2(B)
OWI 2ND
CHARGE CLASS: MISDEMEANOR CONVICTION
TRK#: 006023901

SENTENCE DISP EFF DAT
JAIL 45D 19930506

04 ARRESTED 20090502

AGENCY: IA0770500 WEST DES MOINES PD
CHARGE NO- 01 IA STATUTE IA123.46
CONSUMPTION / INTOXICATION - 1978
TRK#: 083225201

COURT DISPOSITION

AGENCY: IA077015J POLK CO DIST COURT
COUNT NO- 01 IA STATUTE IA123.46(2)-A
CONSUMPTION OF ALCOHOL IN A PUBLIC PLACE
COURT CASE ID: 05771 SMAC305523
CHARGE CLASS: MISDEMEANOR CONVICTION
TRK#: 083225201

SENTENCE DISP EFF DAT
FINE \$65 20090611
PLUS SURCHARGE

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

M