

Date September 24, 2012

**PUBLIC HEARING UPON APPLICATION OF  
CROWN CAB CO.  
FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
TO OPERATE A TAXICAB SERVICE IN THE CITY OF DES MOINES**

WHEREAS, Section 126-181 of the Municipal Code of the City of Des Moines, Iowa, forbids the operation of a taxicab as defined under the taxicab 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, Crown Cab Co., 3816 36<sup>th</sup> Street, Des Moines, Iowa, has filed an application requesting permission of the City Council to operate a taxicab service in the City of Des Moines, with a total of six vehicles; and

WHEREAS, pursuant to Section 126-185 on September 10, 2012, by Roll Call No. 12-1413, 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 126-186 provides if this Council finds at the conclusion of such public hearing that taxicab, or further taxicab, 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 126-186(a) provides that in making the findings of subsection (b) of said section, this Council shall take into consideration the number of taxicabs 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 taxicab service be approved and hereby granted and the City Traffic

 **Roll Call Number**

**Agenda Item Number**

32

**Date** September 24, 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, Crown Cab Co., 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 taxicab 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**

32


**Date** September 24, 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 Crown Cab Co. 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 12-519 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

\_\_\_\_\_  
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

**VERIFICATION**  
*[use for a sole proprietorship]*

Signature of sole proprietor: Magarsa Jana

STATE OF IOWA                     )  
    ) ss:  
 COUNTY OF \_\_\_\_\_)

On this 23<sup>rd</sup> day of August, 2012, before me, a notary public, personally  
 appeared Magarsa Jana, who first being duly sworn, states that the  
*[Printed typed name of sole proprietor]*

information in the attached Application for Certificate of Public Convenience and Necessity  
 is true and correct.

Michelle Schomer  
 Notary Public in the State of Iowa



# Taxi Cab Company Application-

August 23,  
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 "Taxicab 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.

CROWN CAB,  
Co.

*Michael R. Berry*

dated: Aug. 23, 2012

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

## Taxicab Company Application Checklistm

Applicant: **Crown Cab Co.**

August 22, 2012

Mr. Magarsa Jana 712-267-3737

MGRS73@yahoo.com

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

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

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

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

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

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

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

**Marked blocks indicate that the applicant has provided documentation meeting or exceeding the requirements of the Municipal Code of the City of Des Moines. Information without a check block would be a "City requirement" that is FYI only.**

### Sec. 126-118. Vehicle condition.

- ☒ (a) Prior to its use and operation, each vehicle shall be made to comply with all applicable requirements of the state motor vehicle code and other state and city laws. Has a quote on six (6) vehicles from Coleman Motors in Denison, IA – only five (5) of these vehicles will be acceptable after 1/1/13 (due to 10 year age)
- ☒ (g) Each vehicle shall be not greater than ten (10) years old, based on the model year of production, and shall include all standard safety features in proper working order. Yes, at this time. One of these vehicles will "age out" on 1/1/13.

### Sec. 126-119. Designation.

- ☒ (b) Each taxicab shall bear on the outside of a door on each side the name of the holder; and, in addition, may bear an identifying design. The markings shall be painted or affixed by decal in letters or figures at least two inches in height. Any licensed vehicle shall not have a color scheme, identifying design, monogram, or insignia that will conflict with or imitate any existing taxicab or any official or



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

emergency vehicle color scheme, in a manner that will mislead or deceive or defraud the public. Crown Cab has submitted a design specifically of a "Crown" and also a design showing a "lion wearing a Crown." The vehicle color will be a green called "cilantro." These vehicle design(s)/colors are unique in nature and will not cause confusion over ownership.

- ☒ (c) Each taxicab shall bear on the inside of the passenger compartment clearly visible to passengers a sign which denotes the name of the holder and the number used by the holder to designate the vehicle. Information for this "inside the cab" placard has been provided by Crown Cab acknowledging that this information will be installed in the passenger's compartment as required.

☒ **Sec. 126-120. Taximeters.**

Each taxicab operated under the authority of this article shall be equipped with a taximeter fastened in front of the passengers, visible to them at all times of the day and night, and, after sundown, the face of the taximeter shall be illuminated. The taximeter shall be operated mechanically, electrically or electronically, and shall be sealed at all points and connections which, if manipulated, would affect their correct reading and recording. Each taximeter shall have a flag to denote when the vehicle is employed and when it is not employed. The driver shall throw the taximeter flag into a recording position at the beginning of each trip and into a non-recording position at the end of each trip. Taximeters shall be subject to inspection from time to time by the police department. Any inspector or other department officer is hereby authorized, either upon complaint of any person or without such complaint, to inspect any meter, and upon discovery of an inaccuracy therein of over five percent to the prejudice of any passenger, to notify the person operating said taxicab to cease operation. The taxicab shall then be kept out of service until the taximeter is repaired, or replaced with another properly functioning meter. Applicant has a quote for an adequate number of 2030R Taximeters – picture enclosed, with the operating instructions. These are standard industry taximeters.

☒ **Sec. 126-123. Posting of rates.**

Every taximeter shall be connected to the taxicab so that the amount of fare shall be plainly visible to all passengers or occupants. Every vehicle shall carry a rate card, posted in a conspicuous place on the inside of the vehicle. The 2030R has a large bright display and are standard industry taximeters. Applicant has also provided this office with a copy of the rate card mentioned in 126-119(c), above.

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**Sec. 126-149. Service.**

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

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

- ☒ (b) The holder of a certificate shall maintain a place of business in a location properly zoned for that business. Confirmed by PDC that location meets zoning requirements.
- ☒ (c) The holder shall have a listed telephone number for receiving calls for service. Yes, 3816 – 36<sup>th</sup> Street, Des Moines, IA 50314 & (515)782-0518
- (d) The dispatching of taxicabs shall be accomplished by the holder of the certificate using any method which accurately records and retains detailed information about each call for service and each trip, including but not limited to: time of call for service; time the trip was dispatched; address of the origin and destination of the trip; and time the trip was started (taximeter activated) and ended.
- (e) The holder shall answer all calls received for services inside the corporate limits of the city as soon as they can do so. If their services cannot be rendered within a reasonable time, they shall notify the prospective passengers how long it will be before the call can be answered and give the reason therefor.
- ☒ (f) The holder shall provide a minimum of six qualified drivers. The applicant has provided the names, DCI reports, DOT driving record & copies of driver's licenses for six qualified (but not licensed by the City as taxi drivers) drivers.
- ☒ (g) The holder shall provide a minimum of five qualified vehicles, with a minimum of four vehicles available to respond into operation at all times. The applicant has provided the information on six qualified (but not purchased) vehicles that will be acquired through Coleman Motors if Crown has License approved by the City Council.
- (g) Any holder who shall refuse to accept a call anywhere in the corporate limits of the city at any time when the holder has available cabs or who shall fail or refuse to give overall service, shall be deemed a violator of this article and the certificate granted to such holder may be revoked at the discretion of the city council

#### Sec. 126-150. Reports and records.

- ☒ (a) Each driver shall maintain a daily trip card. All complete trip cards shall be returned to the holder by the driver at the conclusion of his or her tour of duty. The forms for each trip card shall be furnished to the driver by the holder and shall be approved by the chief of police. Format of Trip Card approved by the Chief of Police.
- (b) Each holder shall submit to the traffic engineer a report by January 30 of each year summarizing the activity of the previous year. The report shall contain



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

general information on number and types of complaints received including information on any discrimination complaints; number of trips per vehicle; age, mileage and general condition of each vehicle; tenure and turnover of drivers; periodic normal response time and other information as required by the traffic engineer. **Annual (year-end) Requirement. Does not apply for a new application process.**

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

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

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

- (1) Contract drivers. A certificate may also be granted to an applicant or renewed to an existing holder of a certificate, who proposes to furnish taxicab service at least in part through drivers who are duly licensed by the city, who are bound by written agreement with the certificate holder to furnish taxicab services of the quality provided for in this article, and who either own or are lessees of licensed taxicabs. Such agreement shall incorporate the provisions of this article applicable to such driver. Certificate holders bound by said written agreements shall have available a report, on or before the fifth day of each month, stating the names and addresses of all drivers who operated taxicabs during the preceding month.
- (2) Unincorporated association. A certificate may also be granted to an applicant, or renewed to an existing holder of a certificate, consisting of an association of taxicab owners who propose to furnish taxicab service as an operating group to meet all obligations of this article for a holder of a certificate.
- (3) Any holder of a certificate operating under the above plans shall be treated as an owner in applying sections 126-119, 126-122, 126-150 and 126-187 of this article.



- (4) Nothing herein shall change the holder's obligation to furnish to the city the insurance coverage's provided for in section 126-187 of this division or change the license fees provided for in section 126-188 of this division. **Applicant provided information from National Indemnity Co – They will provide insurance coverage if application is approved.**

- (5) Exemptions. The following motor vehicles are excluded from the requirements of this article:

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- a. Motor vehicles owned and operated by hotels, motels and other boarding places, used for the purpose of transporting patrons, without fee or charge, between said hotel, motel or boarding place and the local station of a common carrier.
- b. Ambulances and other emergency vehicles.
- c. Funeral hearses.
- d. Des Moines Area Regional Transit (DART) buses or other motor buses duly licensed by the state.

**Sec. 126-182. Requirements for taxicab service.**

Any person, including an association, filing an application for a taxicab certificate shall meet the following minimum requirements:

- ☒ (1) Provide an office in a location properly zoned for that business which must be available for inspection upon request of the city manager. If vehicle maintenance and storage is provided separately from the office, then the vehicle maintenance/storage area must also be in a location properly zoned for such activity. **Applicant has met all of these requirements.**
- (2) Provide taxicab service to the public 24 hours a day, seven days a week and have a telephone that is answered 24 hours a day, seven days a week so that any individual may request the services of the certificate holder. The business shall have a listed telephone number.
- ☒ (3) Provide a minimum of six qualified taxicab drivers. **Applicant indicates that they will meet this requirement.**
- ☒ (4) Provide a minimum of five qualified taxicab vehicles with a minimum of four vehicles available to respond into operation at all times. **Applicant indicates that they will meet this requirement.**
- ☒ (5) Meet all applicable zoning ordinance regulations. **Applicant has shown proof of meeting this requirement.**

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

Any person seeking a certificate shall file an application with the traffic engineer. The application shall be signed by the applicant, by an officer of the applicant or, in the case

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

of an unincorporated association, by all taxicab owners in the association, and verified under oath and shall contain the following information:

- ☒ (1) The name, address and age of the applicant. If the applicant is a corporation, its name, the address of its principal place of business, and the name and address of its registered agent. If the applicant is a partnership, its name, the names of general and limited partners and the address of its principal place of business. If the applicant is an association, its name, the names and addresses of all taxicab owners in the association, the address of its principal place of business, and the name of a member authorized by the association to receive and accept all correspondence and notices from the city pertaining to the association, its members and its drivers. If the place of business is outside the corporate limits of the city, the applicant shall provide a statement from the governing jurisdiction that the business complies with the appropriate zoning regulations. Applicant has shown proof of meeting or being able to meet this requirement.
- ☒ (2) The financial status of the applicant, including the amounts of all unpaid judgments against the applicant and the nature of the transaction or acts giving rise to these judgments. If the applicant is a firm, partnership, corporation or any other type of business entity, including an association, which has been organized for less than five years prior to the date of application, this information shall be provided for each of the shareholders, partners, officers, or other investors of the business entity. Applicant has provided required information or shown proof of meeting this requirement.
- ☒ (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. If the applicant is an association, this information shall be stated as to each member of the association. Applicant has provided required information or shown proof of meeting this requirement.
- ☒ (4) Any facts which the applicant believes tend to prove that public convenience and necessity require the granting of a certificate. Applicant has provided information related to meeting this requirement.
- ☒ (5) The number of vehicles to be operated or controlled by the applicant. A statement of the condition of the vehicles to be operated, including the model year and type of each vehicle and the date on which the vehicle passed its most recent safety inspection, if any. Applicant has provided required information or shown proof of being able to meet this requirement.

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- ☒ (6) The location of proposed depots and terminals. Applicant has provided information related to meeting this requirement
- ☒ (7) A statement as to whether the applicant has ever been convicted of, pled guilty to or stipulated to the facts of a violation of a criminal statute or ordinance, traffic law or municipal ordinance. If the applicant has been convicted, found guilty of or stipulated to a charge a statement as to the date and place of disposition, the nature of the offense and the punishment imposed. In addition, the applicant shall provide a current criminal history report from each state of residence, and a certified copy of their driving record, for the five years preceding the date of application. If the applicant is an association, the above statements shall be made, and criminal history report and certified copy of driving record provided, as to each member of the association. Applicant has provided information related to meeting this requirement
- ☒ (8) The number of vehicles proposed for operation during periods of maximum demand and during periods of least demand. Has indicated that they will meet minimum requirements (Max 5 – Min 4).
- ☒ (9) Where the applicant will operate its dispatch service. 3816 – 36<sup>th</sup> Street, Des Moines, IA 50314 & (515)782-0518
- ☒ (10) The color scheme or insignia to be used to designate the vehicles of the applicant. Crown Cab has submitted a design specifically of a "Crown" and also a design showing a "lion wearing a Crown." The vehicle color will be a green called "cilantro." These vehicle design(s)/colors are unique in nature and will not cause confusion over ownership.
- ☒ (11) Further information as the traffic engineer may require of each applicant. COPY OF: STATE SALES TAX CERTIFICATE (application provided)
- ☒ **Sec. 126-184. Investigation of applicant for certificate of public convenience and necessity.**

The police department shall review each applicant's arrest and traffic records and report the results of the investigation to the city council. Where the applicant is a corporation, the corporate officers' records shall be investigated; where a partnership, each partner's records shall be investigated; where an association, each association member's records shall be investigated. Police Department review, in accordance with Sec. 126-184, attached. No faults or problems found.



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- (1) **Sec. 126-187. Liability insurance.** Applicant provided information from National Indemnity Co – They have indicated that they will provide insurance coverage, as noted below, if application is approved.
- (a) A certificate shall not be issued or continued in effect unless and until the owner of the taxicab business furnishes to the traffic engineer an insurance policy or policies, or certificate of insurance, issued by an insurance company having an A.M. Best rating of no less than B+. The policy(ies) shall include commercial general liability insurance coverage and automobile liability insurance coverage, or the equivalent thereof, for the taxicab business and independent contractors of the taxicab business. The commercial general liability insurance shall include coverage for bodily injury, death and property damage with limits of liability of not less than \$750,000.00 per occurrence and aggregate combined single limit. The automobile liability insurance shall include coverage for bodily injury, death and property damage with limits of liability of not less than \$750,000.00 per occurrence combined single limit.
- (b) The certificate of insurance referred to in this section shall provide that the insurance policy or policies have been endorsed to provide 30 days advance written notice of cancellation, 45 days advance written notice of non-renewal, and ten days advance written notice of cancellation due to nonpayment of premium, and that these written notices shall be provided by registered mail to the traffic engineer.
- (c) The cancellation or other termination of any required insurance policy shall automatically revoke and terminate the certificate and all licenses issued for the taxicab business, independent contractors and the vehicles covered by such insurance policy(ies), unless another policy(ies), complying with this section, shall be provided and in effect at the time of such cancellation or termination. The traffic engineer shall immediately issue written notification of the revocation of said certificate and all licenses for the taxicab business, independent contractors and the vehicles covered by such insurance which is cancelled or terminated and shall file a copy of such notice with the city council.



July 20, 2012

Mr. Michael R. Berry  
Traffic Facilities Administrator  
City of Des Moines  
Engineering Department  
City Hall, Lower Level  
400 Robert D. Ray Drive  
Des Moines, IA 50309

Re: Additional Information Needed to Obtain a Certificate of Convenience and Necessity to Operate a Taxi company in the City of Des Moines.

Dear Mr. Berry,

Please accept this as my cover letter application for Crown Cab for a Certificate of Public Convenience and Necessity. As noted in your recent letter, there are several items that require additional information, namely:

- Specifically state the status of any and all unpaid judgments: There are no judgments against me, as the applicant.
  - If any, list all shareholders, partners, officers or other investors: I am operating the business as a sole proprietorship. There are no other shareholders, partners or investors.
  - Specifically state the experience you have in the transportation of passengers: I have no previous experience in the taxi or any other passenger transportation business.
  - Have you ever been denied a license to operate a transportation service? No
  - Are there any judgments against me or Crown Cab? No
  - What facts support the need for a new taxicab service in Des Moines: Crown Cab proposes to provide service to low and moderate income individuals and families, primarily minorities and those who work overnight and weekends when no other public transportation is available. More than 50,000 people in Des Moines are considered a member of a minority population. Many of the minority populations require transportation that is affordable and economical. It is my goal to serve these populations and especially those who would otherwise not have access to transportation for work, medical reasons, shopping, emergencies, and other necessary travel. In addition to the minority populations in Des Moines, those populations also exist outside the metro area and need transportation to work in the city.
-

- State whether you have ever been convicted, pled guilty to or stipulated to the facts of a violation of a criminal statute, ordinance, traffic law or municipal ordinance: None
- Record of current criminal history: Attached to this letter.
- Certified copy of my driving record: Attached to this letter.
- State of Iowa Sales Tax Certificate: Application for a sales tax certificate is attached to this letter.
- Number of proposed vehicles in service during hours of maximum demand: 5
- Number of proposed vehicles during periods of least demand: 4

Thank you for your kind consideration of this application. Please let me know if there is further information I can provide.

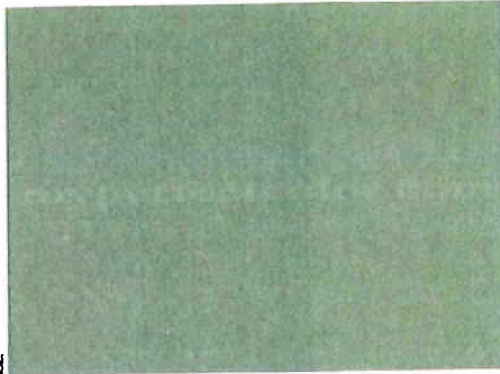
Sincerely,

A handwritten signature in blue ink, appearing to read 'Magarsa Jana', with a stylized flourish at the end.

Magarsa Jana  
916 Oakridge Dr.  
Bldg. 110, #50  
Des Moines, IA 50314  
mgrs73@yahoo.com

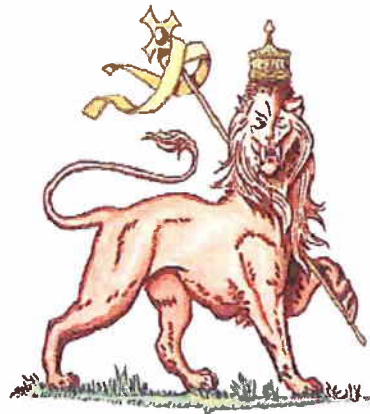
## Crown cab

- ❖ What is a color of scheme for vehicles operated by crown cab? It is simply



cilantro attached

- ❖
- ❖ Clarify the specific identifying design as well as the size of indentifying lettering proposed for outside of your vehicles? The lettering font is 72 verdana



- ❖
- ❖ 10X 24 design is attached

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**Explain how calls and trips will be logged and what information you intend to collect.**

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- ❖ dispatch center that promptly collect the consumer information where they are located correct address , where they need to go, what time they need to be picked and reach destination and we send a taxicab to them.
- ❖ Taxicabs are available by appointment
- ❖ Drivers will assist passengers with disabilities
- ❖ We serve all with integrity, dignity and respect all without refusing and discriminating.

**Listed Phone number for Crown cab is: 515-782-0158**

❖ **Taxicab Rate Card**

*veh. # XXX*

- ❖ \$2.00 to get in the cab (flag drop) plus
  - ❖ \$2.00 per mile.
  - ❖ Waiting time \$22/hour
  - ❖ Extra Passengers \$0.50 (passenger over 12 years old)
  - ❖ Night Surcharge \$2.00/trip (from 10 pm to 4 am)
  - ❖ Vehicle maintenance? It was attached it no problem with zoning.
  - ❖ Mulugeta Yenew? S restriction ( SR 22 required) will be removed in the end of September, as it shows on his drive record he got three traffic violations in one year.
- 
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# Department of IOWA REVENUE

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## APPLICATION REVIEW

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This is a summary of your application at this time. You must sign and submit your application by using the [Sign and Submit](#) button which appears at the bottom of this page when all required information has been provided. To edit your application, click on the title at the top of each section.

**BUSINESS INFORMATION**

Legal Name: Magarsa Jana

Trade Name: Crown Cab Company

Location: 3816 36th St.,  
Des Moines, IA 50314

County: Polk - 77

Phone1: 712 267 3737

Phone2: 712 263 3013

Fax:

Activity: taxi cab

Prev Owner: none

**SALES DEPENDENT TAXES****HOTEL /MOTEL TAX**

Permit? Not Needed

**AUTOMOBILE RENTAL TAX**

Permit? Not Needed

**HOUSEHOLD HAZARDOUS MATERIAL**

Permit? Not Needed

**CONSUMER'S USE TAX**

Permit? Not Needed

**WITHHOLDING TAX**

Permit? Not Needed

**BUSINESS OWNERSHIP**

Ownership: Sole Proprietor

**BUSINESS DETAILS**

SSN: [REDACTED]

Est On: 08/01/ 12

Est In: IA

Address: Crown Cab Company  
Same as Location

Email: mgrs73@yahoo.com

**SALES TAX**

7/20/12

## Business Information

Permit? Needed

Start: 08/01/12

Consolidated? No

Consolidate#:

Estimated \$10-\$500 tax/month

Tax: (File Quarterly)

Payment: Check

Address: Crown Cab Company  
Same as Location

Delete

Quit

Sign and Submit

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**Re: Zoning of Business**

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

Thu, Jul 19, 2012 at 12:39 PM

The property is zoned C-2 and an auto repair business is allowed in this zoning district.

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



On Wed, Jul 18, 2012 at 8:58 AM, Berry, Mike <mrberry@dmgov.org> wrote:

Phil,

Can you confirm to me that O'Brien's Auto Repair. 4414 Douglas, DSM, IA 50319 is properly zoned for auto repair, please?

Thanks,

Mike B

-

Michael R. Berry  
Traffic Facilities Administrator

---

City of Des Moines  
Engineering Department  
Traffic & Transportation Division  
400 Robert D. Ray Drive  
(Lower level - Basement)  
Des Moines, IA 50309  
(515) 283-4973

*"You have to somehow make a  
suburban dweller realize that  
the quality of life in the suburbs  
is directly related to the  
intensity of the core of the city."*  
Oklahoma City Mayor Mick Conell

~~Please consider the environment before printing this email.~~

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## **cab company office located at 3816 36th St**

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

Fri, Jul 13, 2012 at 12:06 PM

The zoning of the property is C-O and will allow for the dispatch office to be located in this zoning district. No storage of cabs is allowed at this location. Storage of cabs will be done at Dino's Self storage at 5327 SE 14th Street. Su Donovan has reviewed and approved the use at these locations for the office and storage of vehicles.

Let me know if you need further information.

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





**Berneil Preul**

---

**From:** Camille Skoug [cskoug@rwscobie.com]  
**Sent:** Tuesday, May 15, 2012 7:36 AM  
**To:** mccordin@frontiernet.net  
**Subject:** Jana Magarsa Dame Qt# au92288  
**Attachments:** AU92288-DAMEJANA-CO\_QUOTES-1.pdf

Reply by: 06/01/2012

Thank you for considering us on the above account, quote is subject to the following:

1. Signed Complete Company Application.
2. Acceptable MVRs for all drivers. \*\*SUBJECT TO DRIVERS\*\*
3. Any unreported drivers will be surcharged.
4. Single state filing only
5. Rated on a 75 mile radius
6. Rated up to 7 passengers
7. Rated Taxis without a fare box — *Does have*
8. Please review limits and coverages as they may not be the same as requested.

If account binds, I will need a request in writing, financing available.

\*\*\*\*\*NOTE\*\*\*\*\*

THIS IS A BALLPARK PRICE SUBJECT TO ACCEPTABLE DRIVERS

## Account Summary For JANA M DAME

Quote #: 1292607

Status: Pending

Originally Quoted: 5/15/2012 7:20 AM CDT  
 Quote Printed: 5/15/2012 8:26 AM EDT  
 Proposed Effective: 5/15/2012 12:00 AM CDT  
 Proposed Expiration: 5/15/2013 12:00 AM CDT

Quoted By: Camille Skoug

One Corporate Place  
 West Des Moines, IA 50266  
 Phone - (515) 225-6066  
 Fax - (515) 225-3872  
 cskoug@mgarws.com  
 Producer:

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	750,000 CSL	58,132
10	UM - BI Only	750,000 CSL	4,216
10	UIM - BI Only	750,000 CSL	4,216
7	Medical Payments	5,000	5,766
7	Physical Damage	See Specific Unit	7,176
	Total Ins Value	48,470	250
	Policy Fee		
Total			\$79,756.00

Revision: 75/A2011R01

## Vehicle Information

NICO-Rate Version: 6.3.18.1

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	All/Lessor	Unit Sub Total
1 2003 CHRYSLER (66233) Comp/Coll: \$5,495 Radius: Up to 75 Miles	9,282 Deductible: 500/500	Incl.	Incl.	961	1,196	N/A	N/A	11,439
2 2004 DODGE CARAVAN (04945) Comp/Coll: \$5,995 Radius: Up to 75 Miles	9,770 Deductible: 500/500	Incl.	Incl.	961	1,196	N/A	N/A	11,927
3 2005 CHEVROLET UPLANDER (30441) Comp/Coll: \$8,395 Radius: Up to 75 Miles	9,770 Deductible: 500/500	Incl.	Incl.	961	1,196	N/A	N/A	11,927

 National  
 Indemnity  
 Company  
 Since 1940

<u>Unit</u>	<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>Med Pay</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>All/Lessor</u>	<u>Unit Sub Total</u>
4 2008 CHRYSLER TOWN & COUNTRY (83030) Comp/Coll: \$8,595 Radius: Up to 75 Miles	9,770	Incl.	Incl.	961	1,196	N/A	N/A	11,927
	Deductible: 500/500							
5 2008 CHRYSLER TOWN & COUNTRY (73162) Comp/Coll: \$8,995 Radius: Up to 75 Miles	9,770	Incl.	Incl.	961	1,196	N/A	N/A	11,927
	Deductible: 500/500							
6 2007 CHRYSLER TOWN & COUNTRY (32820) Comp/Coll: \$10,995 Radius: Up to 75 Miles	9,770	Incl.	Incl.	961	1,196	N/A	N/A	11,927
	Deductible: 500/500							



**Bank Iowa.**  
Your Success. Our Priority.

May 3, 2012

To Whom It May Concern:

Please be advised that Magarsa Jana has had a banking relationship with Bank Iowa, Denison, Iowa since 09/02/2009. His accounts have been in a satisfactory manner with no delinquencies.

Sincerely,



by *SB*

Scott Brus  
Regional President

**COLEMAN MOTORS**  
1724 4<sup>th</sup> Avenue South  
Denison, IA 51442  
Phone 712-263-2172\*Fax 712-263-3813

TO: Jana  
RE: Minivan Prices

04/23/12

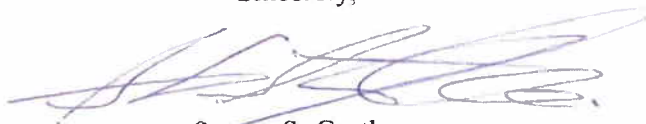
To Whom It May Concern:

We are quoting a prices on 6 different minivans. There are no additional fees on these vehicles with the exclusion of any taxes, title, licensing, lien fees, etc. Coleman Motors does not charge any "Documentation Fee".

<u>YEAR</u>	<u>MODEL</u>	<u>MILEAGE</u>	<u>VIN</u>	<u>PRICE</u>
2003	Chrysler T&C LXi	119700	2C4GP54L53R366235	\$5495
2004	Dodge Grand Car. SXT	140000	2D4GP44L64R504945	\$5995
2005	Chevy Uplander Ext. LT	109000	1GNDV33L35D230441	\$8395
2006	Chrysler T&C Touring	107800	2A4GP54L36R783030	\$8595
2006	Chrysler T&C LX	81000	2A4GP44R16R873162	\$8995
2007	Chrysler T&C Touring	98900	2A4GP54L47R232820	\$10995

Each of the above have different options on them which will affect the individual prices. Please call with any questions regarding them. All the above vehicles have been inspected.

Sincerely,



Steven S. Grothe  
Sales

---

YOUR LOCAL CHRYSLER, DODGE, AND JEEP DEALER!  
**COLEMAN MOTORS**



## Locations & Hours

**O'Brien's Auto Repair**  
4414 Douglas Avenue  
Des Moines, Iowa 50319  
515-276-7327

Open Monday through Friday  
7 AM to 6 PM

**O'Brien's Auto Repair West**  
8305 Hickman Road  
Urbandale, Iowa 50322  
515-276-0137

Open Monday through Friday  
7:30 AM to 5:30 PM  
And Saturday  
8 AM to 1 PM

142

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# O'BRIEN'S AUTO REPAIR



**Danny O'Brien**

4414 Douglas Ave.  
Des Moines, IA 50310  
515-276-7327

www.obriensautorepair.com



CROWN TAXI CAB - INTERIOR  
3816 36TH ST  
DESMOINES, IA 50310  
Home 515-782-0158 --- Office 712-267-3737

## O'BRIENS AUTO REPAIR

4414 DOUGLAS AVE  
Des Moines, IA. 50310  
Phone - 515-276-7327 Fax -

CE BEGINS WHEN YOU DRIVE IN

ESTIMATE #

013445

Estimate Date : 07/24/2012

0

Lic # : -

Unit # :

VIN # :

Odometer In: 0

Part Description / Number	Qty	Sale	Extended	Labor Description	Extended
LUBE OIL AND FILTER CHECK BELTS HOSES TIRE PRESURES AND FILL ALL FLUID LEVELS PARTS AND LABOR INCLUDED..				TEST BATTERY CHECK OVER FOR WINTER...	0.00
LOF1	1.00	24.95	24.95		
Shop Supplies			1.00		

CK Brake: also

Full automotive

Repair + Service

Tire Rotation 1995

NO Zoning Problem

Parts : 25.95

Labor : 0.00

Tax : 1.56

Total : \$ 27.51

Motor vehicle repair practices are regulated by chapter ATCP 132, Wis. Adm. Code, administered the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911

☐ This vehicle received without face to face customer contact

Shop Representative

Having authority to do so I hereby order the above products and services, parts and labor and grant permission to you and/or your employees to operate the vehicle described for the purpose of testing and/or inspection. I agree to pay cash when the work is completed or to pay on other terms satisfactory to you. Until paid in full, the amount owing on this work shall constitute a lien on the motor vehicle. If collection is made by suit or otherwise, I agree to pay storage and collection and reasonable attorney's fees.

Customer Sign: \_\_\_\_\_

Date: \_\_\_\_\_

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAYBE LESS THAT THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

1. I request an estimate in writing before you begin repair

2. Please proceed with repairs, but call me before continuing if the price will exceed \$\_\_\_\_\_

3. I do not want an estimate \_\_\_\_\_

Do you want the replaced parts you are entitled to? ☐ Yes ☐ No

Payment will be made by ☐ Cash ☐ Check ☐ Credit ☐ Card Charge

Call when vehicle is ready ☐ Yes ☐ No

# Dino's Storage

Thursday, July 12, 2012 5:32 PM

From:

"DesMoines Dinos Storage" <DesMoines@landmarkmg.com>

To:

mgrs73@yahoo.com

Message contains attachments

1 File (28KB)

Dear Magarsa Jana,

You had inquired about storage for 5 vehicles. I would have 5 10'X20' storage units available, the price for each unit is \$120//month, so for 5 units the price would be \$600/month. I have included the application form if you were interested in renting the storage units, I would also need you to scan a copy of your Driver's License back to me as well. We do not charge a deposit just a onetime \$10 application fee for each lease you fill out. I would pro-rate your leases for the first month if it is anytime after the first of the month. So that way, for the first month, you are only paying for the actual days that are left in the month. And then the next rent for the next month would be due the 1<sup>st</sup> of the month.

Thank you

Chris McConville

Property Manager

Dino's Storage

5327 SE 14th St.

Des Moines, IA 50320

515-953-3466

You can now pay online at:

or mail your payment to:

---

Dino's Storage

PO Box 31310

---

Omaha, NE 68131

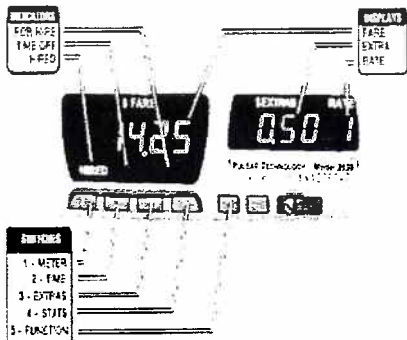
**Pulsar Technology Systems, Inc.**

27-20 42nd RD  
Long Island City, NY 11101

**Quote**

Name / Address
CROWN CAB MR. MAGARSA JANA 916 OAKRIDGE DRIVE, BLG 110, #50 DES MOINES IA 50314

Quote Date	Quote #	Quoted By	Ship Via	FOB	Terms
5/23/2012	0001-92546	JP	UPS GROUND	NYC	Prepaid
Item	Qty	Description	Unit Cost	Total	
2030R TAXI...	6	2030R TAXIMETER Included with each meter: *Wiring harness with 15 amp relay *Wizard II Sendiv Pulse Divider *Angle Mounting Bracket	275.00	1,650.00	
SHIPPING ...	1	SHIPPING AND HANDLING FEE - COMPLIMENTARY WITH FIRST ORDER	0.00	0.00	



### FOREWORD

Your Pulsar 2030 taximeter is a quality product that is built to last. To insure durability, your meter is enclosed in a steel case so that it can endure many years of rough service.

Your meter has a built in time clock. You can view the time when the meter is off by pressing the "TIME" switch.

### METER ON

When the meter is off, the displays will be off and the "VACANT" indicator will be on. To turn the meter on, press the "METER" switch and the following will occur: The initial fare (open) will appear in the fare display window, the "HIRED" indicator will come on, the "VACANT" indicator will turn off, and your meter will be in the "TIME ON" mode.

### TIME OFF

To place the meter in the "TIME OFF" mode, press the "TIME" switch; the "TIMEOFF" indicator will light up and all time charges will stop. To resume waiting time charges, press the "TIME" switch again, the "TIME OFF" indicator will go off and waiting time charges will be resumed.

### METER OFF

Place your meter in the "TIME OFF" mode by pressing the "TIME" switch, then press the "METER" switch, your meter will turn off and go to "VACANT".

### EXTRAS

If your meter is programmed for "EXTRAS", to activate it, make sure the meter is in the "TIME ON" mode; press and release the "EXTRAS" switch and pre-defined extra amount will appear in the "EXTRAS" display window. For each successive press of this switch, the pre-defined extras value will be added to the current value in the "EXTRAS" window.

### SUMMING EXTRAS TO FARE

To add the "EXTRAS" to the "FARE": Place the meter in the "TIME OFF" mode and press the "EXTRAS" switch the following will occur.

1. The meter will sum the "EXTRAS" to the "FARE".
2. The "EXTRAS" display will black out.
3. The "EXTRAS" and "FARE" will revert to separate values after five seconds.
4. The "EXTRAS" and "FARE" will revert to separate values if the meter is returned to the "TIME ON" mode.

### RATE SELECT - METER ON

If your meter is programmed for multi-rate operation, and to enable rate select while the meter is on, press the stats switch to select a new rate. The rate will be displayed by the Rate Display.

### RATE SELECT - METER OFF

To view the last rate used, press the "EXTRAS" switch. The rate will be displayed by the Rate Display. Repeated presses of the "EXTRAS" switch will cause the selection of a new rate.

### REVIEWING THE STATISTICS

There are six statistics, which can be viewed when the meter is in the "VACANT" mode.

When the stats switch is pressed, the 2030 scrolls through all the stats. Each stat is displayed for 5 seconds then the meter shuts off.

When the Gross is displayed, the Dollars will appear in the "FARE" display and the Cents, in the "EXTRAS" display.

The driver can clear the Daily Gross by pressing the stats switch eight times.

No. Of stats SW. presses	DISPLAY FARE	EXTRAS
One	Daily Gross Dollars	Cents 0
Two	Gross Dollars	Cents 1
Three	Trips	2
Four	Units Increments	3
Five	Extras	4
Six	Paid Miles	5
Seven	Total Miles	6

### PRINTING A FARE RECEIPT

To print a fare receipt, place the meter in the "TIME OFF" mode then press the "FUNC" switch.

### PRINTING THE STATISTIC

To print a stats receipt the meter must be in the "Vacant" mode. Press the "STATS" switch then press the "FUNC" switch.

The statistic-receipt shows: Time and date of printout, car number, Gross, trips, units extras, and paid and total miles.

### PAPER FEED

Paper can be loaded into the meter only when the meter is in the "VACANT" mode.

Feed the edge of the paper into the mouth of the printer then press the "FUNC" switch.

### Things You Should Know

1. If you are using the meter with a printer, your meter will not work unless it has paper.
2. Your meter will adjust the time for you automatically in the Spring and in the Fall.
3. If your meter is equipped with "Lease Shutdown", it will not re-hire after the "lease" time and date is reached. If an attempt is made to hire the meter, it will flash a zero to indicate that the "Lease" has expired.

### To Contact Pulsar

In USA Call: (800) 423-6885  
New York City and outside USA  
Call: 718-361-9292  
Email: info@taxi-meters.com

## THE

pulsar technology systems, Inc.

27-20 42nd Road,  
Long Island City,  
New York - 11101  
USA

Toll Free: 800-423-6885  
Tel: 718-361-9292  
Fax: 718-433-4658

Email:

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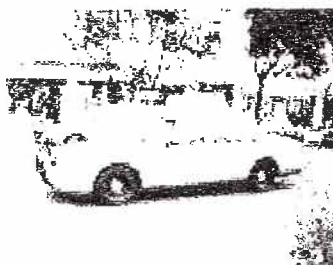
[Model 2030](#)

[Model 2030R](#)

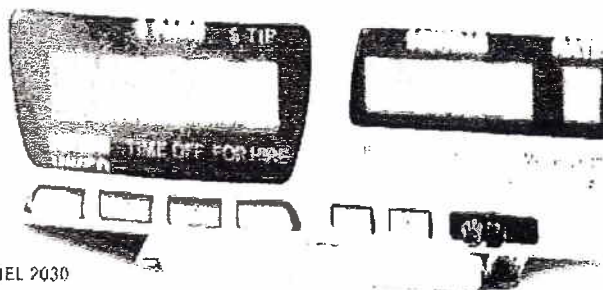
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[Operating Manual](#)



## THAT LAST AND LAST



The are unmatched  
for their reliability and superior  
design, and yet they are priced  
for the smallest budget.

## THE CONNECT

To your Mobile Data Terminal (MDT)  
To GPS  
To the internet  
To a credit card reader  
To an auxilliary printer

## THE ...

Save you the most money  
Are easy to install  
Change rates instantly with the push of a button  
Come complete - ready for installation  
Never have to be opened  
Are the most durable

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pulsar technology systems, inc.

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Long Island City,  
New York - 11101  
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Email:

Home

Model 2030

Model 2030R

About Us

Contact Us

Operating Manual

High speed thermal printer.

Interfaces to a dispatch system via its  
RS232 serial port.

Easy installation, comes with a pulse divider.

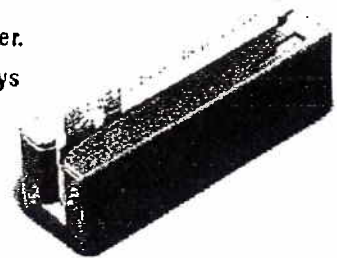
Uses large, bright, easy to read LED displays  
for easy viewing.

Change rates instantly with the push of a  
button.

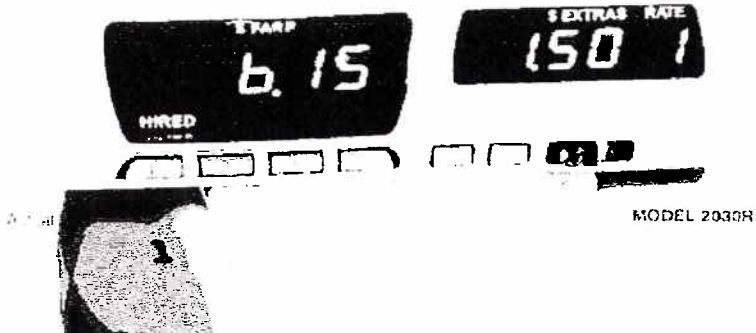
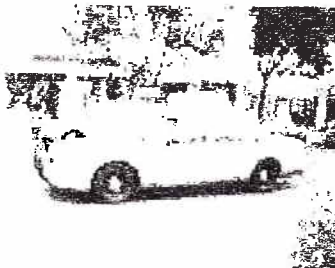
Shipped with mounting bracket and wiring  
harness.

Durable metal case (not plastic).

Each meter can be given its own electronic  
serial number.



Attach a Reader to easily  
print out all taximeter data  
and rates.



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27-20 42nd Road,  
Long Island City,  
New York - 11101  
USA

Toll Free: 800-423-6885  
Tel: 718-361-9292  
Fax: 718-433-4658

Email: [pulsar@taxi-meters.com](mailto:pulsar@taxi-meters.com)

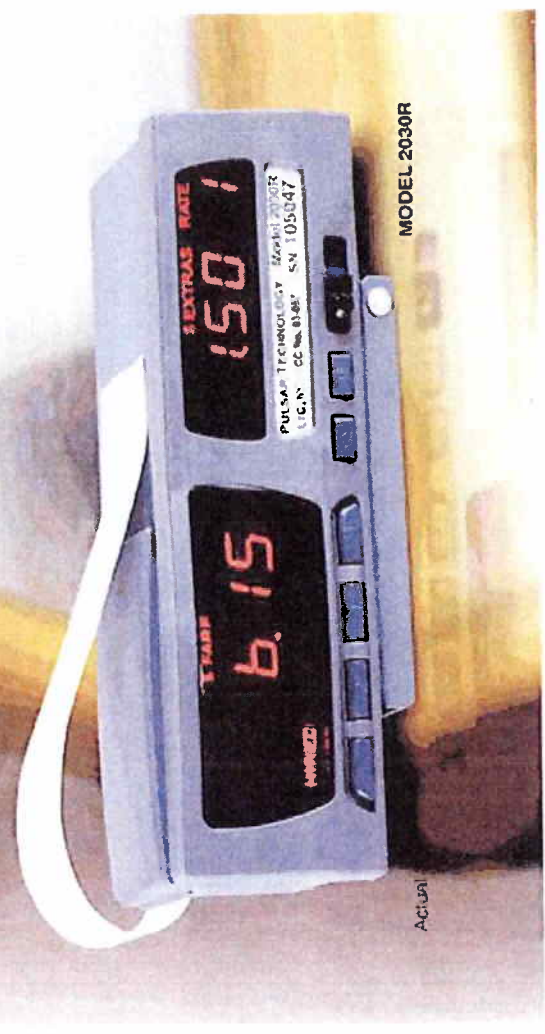
- Home
- Model 2030
- Model 2030R
- About Us
- Contact Us
- Operating Manual



- High speed thermal printer.
- Interfaces to a dispatch system via its RS232 serial port.
- Easy installation, comes with a pulse divider.
- Uses large, bright, easy to read LED displays for easy viewing.
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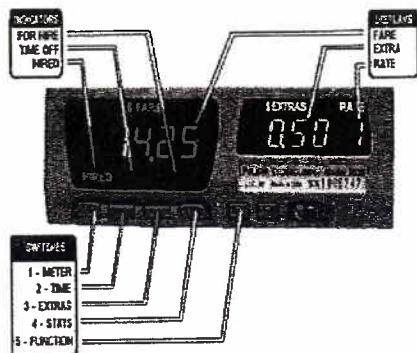


Attach a Reader to easily process all types of Credit Cards and Smart Cards.



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### To Contact Pulsar

In USA Call: (800) 423-6885  
New York City and outside USA  
Call: 718-361-9292  
Email: info@taxi-meters.com



# 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>	5/22/2012	<b>DL/ID #:</b>	[REDACTED] (IA)	<b>Customer #:</b>	5933381
<b>Name:</b>	Lebeta, I	<b>Class:</b>	D	<b>ID Status:</b>	None
<b>Address:</b>	211 AVENUE B APT C3	<b>Audit #:</b>	5996425	<b>DL Status:</b>	VAL
<b>City/State:</b>	DENISON, IA	<b>Issue Date:</b>	05/22/2012	<b>CDL Status:</b>	None
	514421816	<b>Expiration Date:</b>	06/17/2017	<b>CDL Cert Status:</b>	None
		<b>Endorsements:</b>	3	<b>CDL Med Status:</b>	None
<b>Mailing Address:</b>	211 AVENUE B APT C3	<b>Restrictions:</b>	NONE	<b>Restriction Supplement:</b>	None
		<b>Date of Birth:</b>			
<b>Mailing City/State:</b>	DENISON, IA	<b>Sex:</b>	F		
	514421816				

## History Information

### CLEAR DRIVING RECORD

Name: Lebeta, [REDACTED] 25

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:



5/22/2012

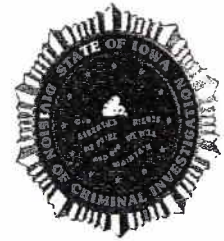
*Kim Snook*

Office of Driver Services  
Iowa Department of Transportation

Name: Lebeta, Desta Negessa DL/ID: 599AH6425



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	Lebela
Address	926 Oakridge Dr Bldg 110 # 50
City/State/Zip	IA 50314
Phone#	712-267-3737

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)
Lebela		
Date of Birth <i>Fecha Nacimiento</i> (mandatory)	Gender <i>Genero</i> (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input checked="" 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 5-7-12, a name and date of birth check revealed:

☒ No record found

☐ Record attached, DCI # \_\_\_\_\_

DCI initials

STATE OF IOWA  
D.P.S.  
2012 MAY - 7 AM 3:18  
DIV. OF CRIMINAL  
INVESTIGATION  
DCI USE ONLY

Receipt

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

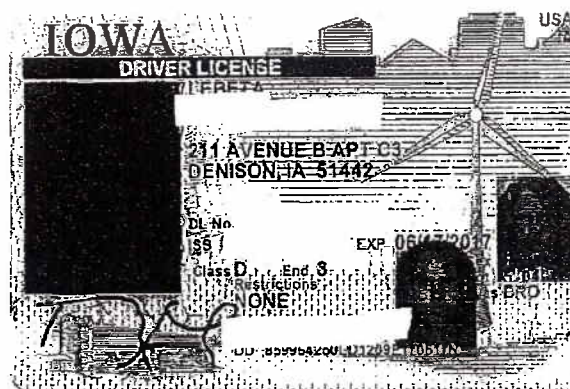
Method of payment: ☒ cash ☐ money order ☐ check # \_\_\_\_\_ ☐ MasterCard or Visa

Cardholder's name \_\_\_\_\_ Last 4 digits of MC or Visa \_\_\_\_\_

DCI initials

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>	5/4/2012	<b>DL/ID #:</b>	<del>593AH9423</del> (IA)	<b>Customer #:</b>	5933378
<b>Name:</b>	Jana	<b>Class:</b>	D	<b>ID Status:</b>	None
<b>Address:</b>	926 OAKRIDGE DR APT 11050	<b>Audit #:</b>	5939423	<b>DL Status:</b>	VAL
<b>City/State:</b>	DES MOINES, IA 503142163	<b>Issue Date:</b>	04/24/2012	<b>CDL Status:</b>	None
		<b>Expiration Date:</b>	12/17/2017	<b>CDL Cert Status:</b>	None
		<b>Endorsements:</b>	2	<b>CDL Med Status:</b>	None
<b>Mailing Address:</b>	926 OAKRIDGE DR APT 11050	<b>Restrictions:</b>	NONE	<b>Restriction Supplement:</b>	None
<b>Mailing City/State:</b>	DES MOINES, IA 503142163	<b>Date of Birth:</b>			
		<b>Sex:</b>	M		

## History Information

## CLEAR DRIVING RECORD

Name: Jana,

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:



5/4/2012

Office of Driver Services  
Iowa Department of Transportation

Name: Jana, Magarsa Dame DL/ID: 593AH9423



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

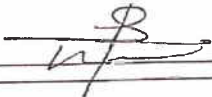


Iowa Criminal History Record Check  
Walk-In Request

Your name	Jana
Address	926 Oakridge Dr Bldg 110 #50
City/State/Zip	Des Moines IA 50314
Phone#	712-267-3737

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)
Jana		
Date of Birth <i>Fecha Nacimiento</i> (mandatory)	Gender <i>Genero</i> (mandatory)	Social Security Number (recommended)
3	<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.)		
 4-25-12		


DCI USE ONLY

Results

As of 4-24-12, a name and date of birth check revealed:

☒ No record found

☐ Record attached, DCI # \_\_\_\_\_


DCI initials 

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  
DRIVER LICENSE  
JANA  
826 OAKRIDGE DR-APT 11050  
DES MOINES, IA 50314  
DL No. 188  
EXP 12/17/2017  
Class D End 2  
Restrictions NONE  
DOB  
DD 799394233JM1126M174217N  
USA  
IA  
SEX M  
DOB 05-05-79  
EYES BRO



# 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>	5/4/2012	<b>DL/ID #:</b>	3-XXXXXX (IA)	<b>Customer #:</b>	5557481
<b>Name:</b>	Gebrzeal,	<b>Class:</b>	D	<b>ID Status:</b>	EXP
<b>Address:</b>	708 E 7TH ST APT 4	<b>Audit #:</b>	5939443	<b>DL Status:</b>	VAL
<b>City/State:</b>	DES MOINES, IA 503095556	<b>Issue Date:</b>	04/24/2012	<b>CDL Status:</b>	None
		<b>Expiration Date:</b>	01/01/2017	<b>CDL Cert Status:</b>	None
		<b>Endorsements:</b>	3	<b>CDL Med Status:</b>	None
<b>Mailing Address:</b>	708 E 7TH ST APT 4	<b>Restrictions:</b>	Corrective Lenses	<b>Restriction Supplement:</b>	None
		<b>Date of Birth:</b>	---		
<b>Mailing City/State:</b>	DES MOINES, IA 503095556	<b>Sex:</b>	M		

## History Information

### Convictions

Citation Date	Conviction Date	ACD	Explanation	County	JUR
10/19/2010	12/01/2010	S92	Speed (10 mph & under in 35-55 mph zone)	83	IA

**Name:** Gebrzegi, -----

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:



5/4/2012

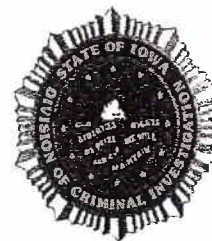
*Kim Snook*

Office of Driver Services  
Iowa Department of Transportation

**Name:** Gebrzegi, Tesfazigi Eyob **DL/ID:** 378AE9790



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 -	Sebrzezi
Address	708 E 7TH ST APT 4
City/State/Zip	DES MOINES IA 50309
Phone#	712-267-3688

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)
Sebrzezi		
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 *Firma* (If the request is on yourself, please sign. If the request is on someone else, write N/A.)

*Inf* 04-24-12

DCI USE ONLY

Results

As of 4-24-12, a name and date of birth check revealed:

☒ No record found

☐ Record attached, DCI # \_\_\_\_\_

DCI initials go

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**  
**DRIVER LICENSE**  
01GEBRZEG

708 E 7TH ST APT 4  
DES MOINES, IA 50309


DL No.  
ISS  
EXP 01/01/2007

Class D End 3  
Restrictions B

DOB  
DD 75994437GT1128MO1117D

USA  
IA

5'06"  
BRO





# 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

<b>Inquiry Date:</b>	5/5/2012	<b>DL/ID #:</b>	[REDACTED] (IA)	<b>Customer #:</b>	5539920
<b>Name:</b>	Mohamed, d	<b>Class:</b>	D	<b>ID Status:</b>	None
<b>Address:</b>	1083 22ND ST	<b>Audit #:</b>	5939873	<b>DL Status:</b>	VAL
<b>City/State:</b>	DES MOINES, IA 503114409	<b>Issue Date:</b>	04/24/2012	<b>CDL Status:</b>	None
		<b>Expiration Date:</b>	01/01/2014	<b>CDL Cert Status:</b>	None
		<b>Endorsements:</b>	3	<b>CDL Med Status:</b>	None
<b>Mailing Address:</b>	1083 22ND ST	<b>Restrictions:</b>	NONE	<b>Restriction Supplement:</b>	None
<b>Mailing City/State:</b>	DES MOINES, IA 503114409	<b>Date of Birth</b>			
		<b>Sex:</b>	M		

## History Information

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

Accident Date	Case Number	JUR
08/29/2009	523379	IA

**Name:** Mohamed,

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:



5/5/2012

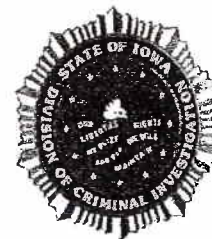
*Kim Snook*

Office of Driver Services  
Iowa Department of Transportation

**Name:** Mohamed, Mahmud Yusuf **DL/ID:** 363AE4823



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	<u>D YUSUF</u>
Address	<u>1083 22nd St B2</u>
City/State/Zip	<u>Des Moines IA 50311</u>
Phone#	<u>609-326-7688</u>

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

Last Name <i>Apellido</i> (mandatory)	First Name <i>Primer Nombre</i> (mandatory)	Middle Name <i>Segundo Nombre</i> (recommended)
<u>Mohamed</u> <u>01/01/1974mm</u>		
Date of Birth <i>Fecha Nacimiento</i> (mandatory)	Gender <i>Genero</i> (mandatory)	Social Security Number (recommended)
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<u>D</u>
Waiver Signature <i>Firma</i> (If the request is on yourself, please sign. If the request is on someone else, write N/A.)		
<u>[Signature]</u> <u>4/24/12</u>		

DCI USE ONLY

Results

As of 4-24-12, a name and date of birth check revealed:

☒ No record found

☐ Record attached, DCI # \_\_\_\_\_

DCI initials JO

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 JP

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

IOWA

DRIVER LICENSE

MOHAMED

1083 22ND ST  
DES MOINES, IA 50311

DL No  
ISS

Class D End 3  
Restrictions  
NONE

DC

DD 125399 / 34MM T445010912D

EXP 04/01/2014

Sex M  
Hgt 5-07  
Eyes BLK





# 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>	5/4/2012	<b>DL/ID #:</b>	██████████ (IA)	<b>Customer #:</b>	5462845
<b>Name:</b>	Yenew	<b>Class:</b>	D	<b>ID Status:</b>	VAL
<b>Address:</b>	2931 CHAMBERS ST APT 2	<b>Audit #:</b>	5942298	<b>DL Status:</b>	VAL
<b>City/State:</b>	SIOUX CITY, IA 511042968	<b>Issue Date:</b>	04/25/2012	<b>CDL Status:</b>	None
		<b>Expiration Date:</b>	11/25/2014	<b>CDL Cert Status:</b>	None
		<b>Endorsements:</b>	3	<b>CDL Med Status:</b>	None
<b>Mailing Address:</b>	2931 CHAMBERS ST APT 2	<b>Restrictions:</b>	SR Required	<b>Restriction Supplement:</b>	None
<b>Mailing City/State:</b>	SIOUX CITY, IA 511042968	<b>Date of Birth:</b>			
		<b>Sex:</b>	M		

## History Information

### Convictions

Citation Date	Conviction Date	ACD	Explanation	County	JUR
05/31/2009	06/23/2009	N63	Driving Wrong Way on One Way Street		NE
09/24/2009	10/19/2009	S06	Speed		NE
05/13/2010	05/26/2010	M57	Fail to Yield Half of Roadway	97	IA
10/16/2010	12/20/2010	S92	Speed	75	IA
10/16/2010	02/08/2011	B51	No Driver's License	75	IA

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

Accident Date	Case Number	JUR
08/29/2009	523059	IA

### Sanctions

Type	Effective	End	ACD	Explanation	Occurrence JUR	JUR
Suspended	10/12/2010	01/08/2011	W01	Habitual Violator	NE	IA

Name: Yenew

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:



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	<u>Yenew</u>
Address	<u>2731 Chambers St. Apt #2</u>
City/State/Zip	<u>Sioux City IA 51104</u>
Phone#	<u>712-444-1035</u>

Fill in all shaded areas.

Requesting an Iowa criminal history record check on:

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

DCI USE ONLY

Results

As of 4-24-12, a name and date of birth check revealed:

☒ No record found

☐ Record attached, DCI # \_\_\_\_\_

DCI initials JO

Receipt

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

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

Cardholder's name \_\_\_\_\_ Last 4 digits of MC or Visa \_\_\_\_\_

DCI initials JR

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

IOWA DRIVER LICENSES  
YENEW

2931 CHAMBERS-ST APT. 2  
SIOUX CITY, IA 51104

DL No. ISS ( EXP 11/25/2014

Class D End 3  
Restrictions S

DOE  
DD 859422588YIM1124M2511145

USA  
IA  
BRO



# 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>	5/4/2012	<b>DL/ID #:</b>	[REDACTED] (IA)	<b>Customer #:</b>	5827068
<b>Name:</b>	Tesfamariam	<b>Class:</b>	D	<b>ID Status:</b>	EXP
<b>Address:</b>	926 OAKRIDGE DR APT 11050	<b>Audit #:</b>	5939745	<b>DL Status:</b>	VAL
<b>City/State:</b>	DES MOINES, IA 503142163	<b>Issue Date:</b>	04/24/2012	<b>CDL Status:</b>	None
		<b>Expiration Date:</b>	01/01/2017	<b>CDL Cert Status:</b>	None
		<b>Endorsements:</b>	3	<b>CDL Med Status:</b>	None
<b>Mailing Address:</b>	926 OAKRIDGE DR APT 11050	<b>Restrictions:</b>	NONE	<b>Restriction Supplement:</b>	None
<b>Mailing City/State:</b>	DES MOINES, IA 503142163	<b>Date of Birth:</b>			
		<b>Sex:</b>	M		

## History Information

### CLEAR DRIVING RECORD

**Name:** Tesfamariam

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:



5/4/2012

Office of Driver Services  
Iowa Department of Transportation

**Name:** Tesfamariam, Tedros Gebrekidan **DL/ID:** 518AG9681

IOWA

DRIVER LICENSE

USA  
IA

0101974



044 TESFAMARIAM

926 OAKRIDGE DR APT 11050  
DES MOINES, IA 50314

DL No  
ISS

EXP 01/01/2017

Class D End 3  
Restrictions  
NONE

DOB

DD 759397454TT1220M010117R

Sex M  
Hgt 5'-10"  
Eyes BRO





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	Tesfamariam
Address	926 OAKRidge DR APT 11050
City/State/Zip	des moines IA 50314
Phone#	712-267-3737

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)
Tesfamariam		
Date of Birth <i>Fecha Nacimiento</i> (mandatory)	Gender <i>Genero</i> (mandatory)	Social Security Number (recommended)
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Waiver Signature <i>Firma</i> (If the request is on yourself, please sign. If the request is on someone else, write N/A.)		

Results

As of 4-24-12, a name and date of birth check revealed:

☒ No record found

☐ Record attached, DCI # \_\_\_\_\_

DCI initials

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

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



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

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

**DATE:** July 25, 2012

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

**SUBJECT:** Transmittal of Request for a Certificate  
of Public Necessity to operate a  
Taxi-Cab Company – Crown Cab, LLC.

Mike,

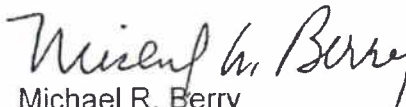
Attached, you will find the information that I have been provided by Crown Cab LLC's registered agent, Mr. Magarsa D. Jana, dba Crown Cab LLC. This corporation is applying for a Certificate of Public Necessity to operate a Taxi-Cab Company.

Under §126-63.5 the Police Department has a requirement to investigate the criminal and drivers records of an applicant, in this case the Corporate Owners of Crown Cab LLC., Magarsa D. Jana, when applying for a license to operate as a Taxi-Cab company, in the City of Des Moines.

Please see the attached documents regarding the owner.

The application itself is substantially complete; once I receive your information, the application can be considered complete. Then I can submit it to Council.

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

  
Michael R. Berry  
Traffic Facilities Administrator

Encl.

*I HAVE REVIEWED MAGARSA JANA'S CRIMINAL / IOWA HISTORY  
AND FOUND NO PROBLEMS*

*Mike West 4810 5/8/12*

## 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) 237-1640

ALL-AMERICA CITY  
1949, 1976, 1981 2003  
2010



Mr. Magarsa Jana  
916 Oakridge Dr., Bldg. 110 #50  
Des Moines, IA 50314

April 18, 2012

Mgers73@yahoo.com

Recent Application for Certificate of Convenience and  
Necessity to Operate a Taxi Company in the City of  
Des Moines

Mr. Jana,

I have reviewed your recently submitted application for a Certificate of Convenience and Necessity to operate a Taxicab company in the City of Des Moines.

There are additional documents or clarifications that need to be made to your application prior to it being considered complete enough for submission to the Des Moines City Council. Please review the following items carefully and provide that specifically required information;

→ Vehicle Designation §126-119

- What is the color scheme for the vehicles operated by Crown Cab? ✓
- Clarify the specific identifying design as well as the size of the identifying lettering proposed for the outside of your vehicles (Vehicle livery and identification). ✓
- I need to see the design for the passenger compartment sign denoting the certificate holder and vehicle identification number. ✓

→ Service §126-149

- What is the listed phone number for Crown Cab? At this time it appears that there is no listed phone number available. *515-782-0513 Magarsa Jana (will go to Crown)*
- Explain how calls and trips will be logged and what information you intend to collect. ✓  
*Carefully read this section of the City Code to see what information, at a minimum, you must collect.*

→ Rates §126-123

- Provide a copy of the proposed rate card that will be posted in each taxicab, in an area where it can be easily read by all passengers. ✓

→ Reports and Records §126-150

- Provide a copy of the proposed drivers daily trip card. A copy of this card must be submitted by me to the Chief of Police for consideration and approval or disapproval. *- will use approved form*

→ Requirements for Taxicab Service §126-182

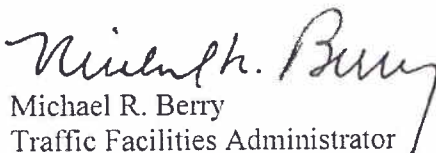
- Provide to me a statement indicating that the place for your vehicle maintenance meets the appropriate zoning requirements for that activity, at their current location. *4414 Douglas*
- Drivers – Mr. Mulugeta Yenew has an "S" restriction (SR22 required) on his drivers license. Please explain the circumstances that required this restriction. *will go away in a 4-6 mo*

→ Application for Certificate of Public Convenience and Necessity §126-183

- Please provide a cover letter application, signed by you as the applicant with the required fee of \$250 that is due at time of application. ✓
- Specifically state the status of any all unpaid judgments against you, (as the applicant). ✓
- If any, list all shareholders, partners, officers or other investors or if none, say so. ✓
- Specifically state the experience you have in the transportation if passengers. If none – say so. If experienced and in a different state/municipality provide a statement from that jurisdiction addressing the experience of the applicant (you) as a taxicab company operator.
- If you have ever been denied a license to operate a transportation service state where and explain the circumstances. ✓
- If you have or do not have any judgments against you personally or against Crown Cab – you must clearly state so. If you do have any judgments against you or Crown Cab you must fully explain the circumstances. ✓
- Any and all facts that you feel support the need for a new taxicab service in Des Moines. ✓
- You MUST, in your narrative statement, state whether you have ever been convicted, pled guilty to or stipulated to the facts of a violation of a criminal statute or ordinance, traffic law or municipal ordinance. If not – say so. If you have been convicted, pled guilty to or stipulated to a charge you must provide a statement as to the date and place of disposition, the nature of the offense and the punishment imposed. You must also provide a current criminal history report and certified copy of your driving record for the previous five years from the date of this application.
- Provide a copy of your State of Iowa Sales Tax Certificate (or proof of application for one). ✓
- List the number of proposed vehicles in service during hours of maximum demand and during periods of least demand. ✓

Once I have the above information I will put your packet together and determine if I have enough finalized information to submit your packet for consideration by the City Council. If I do not have all of the required information I will be back in touch letting you know what additional documentation is required before I am able to consider your packet complete enough to submit.

Thank you,

  
 Michael R. Berry  
 Traffic Facilities Administrator