

.....
Date February 25, 2013.....

**PUBLIC HEARING FOR RECLASSIFICATION OF AMBASSADOR MEDICAL
TRANSPORT SERVICES' LICENSE TO OPERATE A PARATRANSIT SERVICE TO A
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY TO OPERATE A
LIMOUSINE COMPANY**

WHEREAS, Ambassador Medical Transport Services currently holds a valid License to Operate a Paratransit Service; and

WHEREAS, Ambassador Medical Transport Services desires to operate as a limousine company; and

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

WHEREAS, Ambassador Medical Transport Services, 5059 Cherrywood Drive, West Des Moines, Iowa, has filed an application requesting permission of the City Council to operate a limousine service in the City of Des Moines, with a total of 2 vehicles; and

WHEREAS, pursuant to Section 126-64 on February 11, 2013, by Roll Call No. 13-0217, the City Council has fixed this date as the time and place for a public hearing on the matter of the application; and

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

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

★ **Roll Call Number**

Agenda Item Number

40

.....
Date February 25, 2013.....

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

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

_____ Alternative One: That the application for a certificate of public convenience and necessity to operate a limousine service be approved and hereby granted and the City Traffic 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, Ambassador Medical Transport Services, is fit, willing, and able to perform such public transportation and to conform to the provisions of the subchapter, all as shown by the evidence brought forth at the public hearing;

or

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

★ Roll Call Number

Agenda Item Number

40

Date February 25, 2013

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 Ambassador Medical Transport Services 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 13-085 Attached)

MOVED BY _____ to adopt.

APPROVED AS TO FORM:

Mark Godwin
Deputy City Attorney

Table with 5 columns: COUNCIL ACTION, YEAS, NAYS, PASS, ABSENT. Rows include COWNIE, COLEMAN, GRIESS, HENSLEY, MAHAFFEY, MEYER, MOORE, and TOTAL.

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.

MOTION CARRIED APPROVED
Mayor

City Clerk

Limousine Company Application -

January 22, 2012

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

Ambassador
Medical
Transport
Services,

_____ dated: _____, 20____
Michael R. Berry, Traffic Facilities Administrator, City of Des Moines

150 PARKS & REC.
515-281-1000
HAVE A GREAT DAY!

1:04PM AUG 3/11
00-0003 001 TRACY
#12617 CLERK

ENTER NAME
AMBASSADOR MED TRANS
TRAX/IM COMP \$50.00
ENTER MAKE
TRAX/IM COMP \$150.00

STU \$400.00
CHECK \$400.00



City of Des Moines

Office of Traffic & Transportation

License to Operate a Para-Transit Service

PARA-TRANSIT SERVICE

2011

This document certifies that

**Ronald L Moore, dba "Ambassador Medical Transport Services." - 5059
Cherrywood Dr., West Des Moines IA 50265 (515) 729-9985**

is a Licensed Para-Transit Service in the City of Des Moines. This License is issued contingent upon meeting the rules and standards, as set by the City of Des Moines Municipal Code, at all times, and according to Chapter 126 of said Municipal Code of the City of Des Moines.

Approved by Gary Fox, City Traffic Engineer
For the City of Des Moines, Iowa

City of Des Moines - Office of Traffic & Transportation

Fee Paid: \$7,400.00 - Certification

-2- Vehicle Licenses @ \$75 each - Receipt Not a Date

Aug 3, 2011 11-12617

Gary L. Fox



THIS LICENSE EXPIRES ON THE 31ST DAY OF DECEMBER 2011

CITY OF DES MOINES
Office of
TRAFFIC AND TRANSPORTATION

TO: SPO Mike West, Traffic Unit
DM Police Department

DATE: December 17, 2012

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

SUBJECT: Transmittal of Request for a Certificate
of Public Necessity to operate a
Para-Transit Co. – Mr. Ronald L. Moore, Sr.

Mike,

Attached, you will find the information that I have been provided by the applicant, Ronald L. Moore, Sr, applying for a Certificate of Public Necessity to operate a Limousine Company. Please note, on or about June 9, 2011 you previously reviewed this individuals information, as part of an application process to operate a Para-Transit Company, and no problems were found.

Under §126-63.5 the Police Department has a requirement to investigation the criminal and drivers records of an applicant, when applying for a license to operate as a Limousine company, in the City of Des Moines.

Please see the attached documents. The company to be licensed as a Limousine Company is called Ambassadors Medical Transport Services, LLC.

The applicant has operated a Para-Transit company, in the Des Moines area since mid-2011 with no complaints or problems.

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.

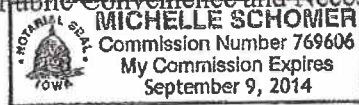
VERIFICATION
[use for a sole proprietorship]

Signature of sole proprietor: Ronald L. Moore

STATE OF IOWA)
) ss:
COUNTY OF _____)

On this 13 day of NOV, 2012, before me, a notary public, personally appeared RONALD L. MOORE, 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.



Notary Public in the State of Iowa



Search...

Revenue Home

Your Iowa Business Tax Registration has been successfully submitted. Please print this page for your records.

Within 4-8 weeks, you will receive in the mail:

- Sales Tax & Retailer's Use Tax : A letter containing your Business eFile Number (BEN), your permit number, and a printed permit.
- Consumer's Use Tax & Withholding: A letter containing your Business eFile Number (BEN) and your permit number. The letter will not include a printed permit.

A tax return must be filed even if you had no activity or no tax due.

Press **Ctrl + P** to print

IOWA BUSINESS TAX REGISTRATION FORM

BUSINESS INFORMATION

Legal Name: Ronald L. Moore

Trade Name: Ambassadors Medical Transport

Location: 5059 Cherrywood dr,
West Des Moines, IA 50265

County: Polk - 77

Phone1: 515 729 9985

Phone2: 515 249 8295

Fax: 515 339 7641

Activity: Non Emergency Transportation
Prev Owner:

BUSINESS OWNERSHIP

Ownership: Limited Liability Company

BUSINESS DETAILS

Fed ID 32 0324342
Established On: 11/10/ 10

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

CORPORATION/PARTNERSHIP INCOME TAX

Permit? Not Needed

SIGNATURE

Full Name: Ronald L. Moore

SSN:

Date: 1/7/2013

Limousine Company Application for Ambassador Medical Transportation Serv LLC

Sec 126-62.5.

1. Ambassadors Medical Transport Services is properly zoned for a limousine company at 630 S.E.15th St, Des Moines, IA, Our listed telephone number is (515) 729-9985; the vehicle maintenance/storage area is also properly zoned at the same location.

2. Most transport trips are contracted accounts. We require a 24hr in advance notice for private pay.

Sec.126-63.

1. Ronald L. Moore, 5059 Cherrywood Dr. West Des Moines, IA. 45 years old.
2. There are no unpaid judgments against Ambassador Transportation Services. The EIN number is 32-0324342.
3. Ambassador Transportation Services has been operating in Des Moines Iowa for 3 years with a Paratransit license, the company has never had our license suspended or revoked for any reason. We are now requesting to receive a limousine certificate, because we are finding, as our business grows, that most of our transports are ambulatory and fewer are wheelchair.
4. Ambassador Transport works as a provider for the State of Iowa with TMS Management Group, Inc. transporting clients from their homes to doctor appointments.
5. I am requesting the 6 vehicles listed below to operate in the City of Des Moines, as limousines.
6. Our location for vehicle storage is at 630 S.E. 15th St in Des Moines, Iowa.
7.
 1. 2006 Ford Econoline Van, 6 years old. In good condition, inspection was July 2012.
 2. 2004 Mercury Mountaineer that is 8 years old. In good condition, inspection was July 2012.
 3. 2005 Ford Explorer, 7 years old, in good condition, inspection was July 2012.

4. 2009 Chrysler Town and Country, 2 years old, and in good condition
5. 2007 Chevrolet Equinox, 5 years old, in good condition.
6. Purchase in the near future.
8. There was a recent DCI report submitted to the Traffic Engineer Division with no violations.
9. The number of vehicles operating during maximum demand would be 5. The number of vehicles during period of least demand would be 3.
10. 630 S.E. 15th St Des Moines, Iowa.
11. Black and White lettering on all vehicles.

Sec. 126-66.

- a. Our certificate of insurance is on file with the City of Des Moines Traffic Engineer Division.

Sec. 126-82.

- a. All of our booking sheets are recorded with the date and time of pickups the place of origin, the destinations along with number of passengers and the amount of fare.
- b. All booking sheets are kept in a safe place for at least 30 days and are available for review.
- c. Each year we submit to the City of Des Moines Traffic Engineer Division a summary of activities for the year.

Sec. 126-62

1. Ambassador Transportation is requesting a limousine license from the City Council.

Sec. 126-70

All drivers will be required to obtain a limousine license.

Sec. 126.72

All vehicles have the company name either on the sides of the vehicles, or on the windows.

Sec. 126-81

1. We are under a written contract with TMS Management Group, as for a private pay service, we require 24 hours in advance notice.
2. Our schedule rates for wheelchair pickup fee are \$15.00, plus \$1.60 per mile.
3. Our schedule rates for ambulatory it is \$8.00 pickup fee plus \$1.60 per mile.

Ambassador Medical Transportation LLC

630 S. E. 15th St, Des Moines, Iowa, 50317

Operation Manager

Ron Moore

Phone 515-729-9985

Fax 515-339-7641

Email ambassmedtrans@aol.com



CERTIFICATE OF LIABILITY INSURANCE

AMBAS-4

OP ID: MR

DATE (MM/DD/YYYY)
12/13/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Ansay & Associates LLC/Mosinee 306 Water Street Mosinee, WI 54455 John T. Southworth	715-693-2100 715-693-2538	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Ambassadors Medical Transport Ron Moore 630 S East 15th St Des Moines, IA 56317	INSURER A: Integrity Mutual Insurance		14303
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		CPP2638005	08/01/12	08/01/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA2638007	08/01/12	08/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM/UIM \$ 300,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

CITY/DES City of Des Moines 400 Robert D Ray Drive Des Moines, IA 50311	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Mark L. Miller</i>
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ACORD™ VEHICLE SCHEDULE		DATE 12/13/2012
PRODUCER PHONE (A/C, No, Ext): 715-693-2100 Ansay & Associates LLC/Mosinee 306 Water Street Mosinee, WI 54455 John T. Southworth		APPLICANT (First Named Insured) Ambassadors Medical Transport
CODE: 48266 SUB CODE:		EFFECTIVE DATE EXPIRATION DATE <input checked="" type="checkbox"/> DIRECT BILL PAYMENT PLAN AUDIT 08/01/12 08/01/13 AGENCY BILL
AGENCY CUSTOMER ID AMBAS-4		FOR COMPANY USE ONLY

VEHICLE DESCRIPTION													
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	SYM/WAGE	COST NEW						
1	2001	Ford	Econoline	VAN	1FBSS31LX1HB2424		\$ 22,000						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$1000	TOTAL PREM	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$1000	COLL	\$	
2	2006	Ford	Econoline	VAN	1FTNE24W26HA328333		\$ 26,000						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$1000	TOTAL PREM	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$1000	COLL	\$	
3	2004	Mercurey	Mountaineer	SUV	4M2ZU86K04UJ14530		\$ 25,000						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$1000	TOTAL PREM	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$1000	COLL	\$	
4	2005	Ford	Explorer	SUV	1FMZU73K25ZA56439		\$ 25,000						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$1000	TOTAL PREM	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$1000	COLL	\$	
5	2009	Chrysler	Town & Cou	VAN	2A8HR44E99R665912		\$ 12,000						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$1000	TOTAL PREM	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$1000	COLL	\$	
6	2007	Chev	Equinox	VAN	2CNDL73F876005641		\$ 13,000						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$1000	TOTAL PREM	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$1000	COLL	\$	
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	SYM/WAGE	COST NEW						
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM			
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L	MISC DR/CR:
< 15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	AA	ST AMT	\$	TOTAL PREM	
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$	\$	COLL	\$	

Limousine Company Application Checklist

Applicant: Ambassador Medical Transport Services

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

Sec. 126-62.5. Requirements for limousine service.

Each company filing an application for a limousine certificate shall meet the following minimum requirements: 630 S.E. 15th St Des Moines, IA 50317

- (1) Maintain a central place of business in a location properly zoned for that business and have a telephone so that any individual may request the services of the limousine company. The business shall have a listed telephone number. If vehicle maintenance and storage is provided separately from the central office, then the vehicle maintenance storage area must also be in a location properly zoned for such activity. **Yes**
- (2) Provide transportation of passengers in a motor vehicle from or to any point in the city only on a prearranged basis, for a minimum of one hour at an hourly rate as provided in this article. For contracted limousine service the minimum trip rate and prearranged time restriction do not apply. For limousine service which is booked at least 24 hours in advance, the minimum trip rate does not apply.
- Requirement*
- (3) Meet all applicable zoning ordinance regulations. **Yes**

Sec. 126-63. Application for certificate of public convenience and necessity.

Any person seeking a certificate shall file an application with the traffic engineer. The application shall be signed by the applicant or by an officer of the applicant and verified under oath and shall contain the following information:

- (1) The name, address and age of the applicant. If the applicant is a corporation, its name, the address of its principal place of business, and the name and address of its registered agent. If the applicant is a partnership, its name, the names of general and limited partners and the address of its principal place of business. If the place of business is outside the corporate limits of the city, the applicant shall provide a statement from the governing jurisdiction that the business complies with the appropriate zoning regulations, except that any person lawfully operating a limousine service at the time of adoption of this article shall not be required to provide such

3 | Limousine Company Application Checklist – City of Des Moines

- (9) The number of vehicles proposed for operation during periods of maximum demand and during periods of least demand. **6 max.- 3 min.**
- (10) Where the applicant will operate its central place of business. **630 S.E. 15th St Des Moines, IA 50317**
- (11) The color scheme or insignia, if used, to designate the vehicles of the applicant. **All vehicles will have the company name on the sides of the vehicles or on the windows.**
- (12) Such further information as the traffic engineer may require of each applicant. **See attached narrative.**

Sec. 126-63.5. Investigation of applicant.

The police department shall review each applicant's arrest and traffic records and report the results of the investigation to the city council. Where the applicant is a corporation, the corporate officers' records shall be investigated; where a partnership, each partner's records shall be investigated.

Sec. 126-66. Liability insurance required. On-file.

- (a) A certificate shall not be issued or continued in effect unless and until the owner of the limousine business furnishes to the traffic engineer for filing with the city clerk an insurance policy or certificate of insurance issued by an insurance company licensed to do business in the state, providing commercial general liability and automobile liability insurance coverage, or the equivalent thereof, for the limousine business with minimum limits of liability equal to any applicable limits required by the Code of Iowa, the United States Code, and/or Interstate commerce commission regulation, whichever is greater. The above coverages and limits shall extend to the following on a per occurrence basis: The injury or death of any one person; the injury or death of any number of persons in one accident; damage to property in the care, custody and control of the insured but excluding property of the insured; the bodily injury or death of others resulting from negligent acts of the insured while involved in the furtherance of the limousine business.
- (b) The certificate of insurance referred to in this section shall provide that the insurance policy or policies have been endorsed to provide 30 days advance written notice of cancellation, non-renewal, reduction in insurance coverage or limits and ten days written notice for nonpayment by registered mail to the traffic engineer.

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

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

Requirement

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

Sec. 126-72. Designation.

Each limousine may bear on the outside of the door or on the side glass on each side the name of the company and, in addition, may bear an identifying design. If an identifying name or design is used, the markings shall be painted or affixed by decal in letters or figures at least 1 1/2 inches in height. Any licensed vehicle shall not have a color scheme, identifying design, monogram, or insignia that will conflict with or imitate any existing limousine or any official or emergency vehicle color scheme, identifying design, monogram or insignia in a manner that will mislead or deceive or defraud the public.

All vehicles will have the company name on the sides of the vehicles or on the windows meeting this requirement.

Sec. 126-81. Limousine service.

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

Requirement

- (1) No limousine service shall be booked less than one hour prior to the service, except for contracted limousine service under a written contract or agreement on file with the traffic engineer.
- (2) The holder shall maintain a central place of business in a location properly zoned for that business.
- (3) If vehicle maintenance and storage is provided separately from the central office, then the vehicle maintenance/storage area must also be in a location properly zoned for such activity.
- (4) The holder shall have a listed telephone number.
- (5) The service must be booked at a scheduled rate on file with the traffic engineer for a minimum of one hour, even if the trip requires less than one hour,

7 | **Limousine Company Application Checklist – City of Des Moines**

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

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

CITY OF DES MOINES
Office of
TRAFFIC AND TRANSPORTATION

TO: SPO Mike West, Traffic Unit
DM Police Department

DATE: December 17, 2012

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

SUBJECT: Transmittal of Request for a Certificate
of Public Necessity to operate a
Limousine Co. – Mr. Ronald L. Moore, Sr.

Mike,

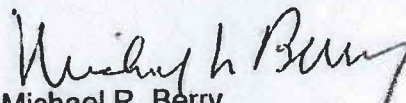
Attached, you will find the information that I have been provided by the applicant, Ronald L. Moore, Sr, applying for a Certificate of Public Necessity to operate a Limousine Company. Please note, on or about June 9, 2011 you previously reviewed this individuals information, as part of an application process to operate a Para-Transit Company, and no problems were found.

Under §126-63.5 the Police Department has a requirement to investigation the criminal and drivers records of an applicant, when applying for a license to operate as a Limousine company, in the City of Des Moines.

Please see the attached documents. The company to be licensed as a Limousine Company is called Ambassadors Medical Transport Services, LLC.

The applicant has operated a Para-Transit company, in the Des Moines area since mid-2011 with no complaints or problems.

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.

WHEN REVIEWING MR. MOORE I FOUND NO PROBLEMS.

MIKE WEST 4810
1/18/2013



12/13/12

CITY OF DES MOINES

CITY OF DES MOINES

APPLICATION FOR RENEWAL OF TAXICAB/LIMOUSINE LICENSE

Name MOORE (Last) RONALD (First) HAMAR (Middle)

Address 5058 CHERRYWOOD DR WEST DES MOINES, IA 50265 (City, State & Zip Code) (Phone Number)

Birth Date: DL# SS# Class: D Exp. Date: 05-16-2015

Weight: 195 Height: 5'11 Color of Hair: BRN Color of Eyes: BROWN

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

List all convictions (or guilty plea) for criminal offenses other than traffic offenses during the last ten (10) years. NONE

EMPLOYMENT RECORD:

Table with 3 columns: From, To, Employer's Name and Address. Entries include FEDEX and AMBASSADORS MEDICAL TRANSPORT SERVICES.

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 year which might affect your ability to drive: NONE

I hereby agree 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 and that the answers to the foregoing questions and other statements contained herein are true to the best of my knowledge and belief.

12-12-2012 Ronald L. Moore (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 renewal of a license to drive a Taxicab/Limousine be:

[X] APPROVED [] REJECTED

12/14/12 (Date) (Authorized Representative, Chief of Police)

Receipt Number: 02914

Date: 12/13/12

Amount: \$30.00

[] REJECTED

Badge Number:

Application for Renewal of License [] APPROVED

Company: Ambassador

Owner:

(Date) (City Traffic Engineer)



Iowa Department of Transportation

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

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

Certified Abstract of Driving Record

Inquiry Date:	12/11/2012	DL/ID #:	1)	Customer #:	705890
Name:	Moore, Ronald Lamar Sr	Class:	D	ID Status:	None
Address:	5059 CHERRYWOOD DR	Audit #:	4862996	DL Status:	VAL
		Issue Date:	12/04/2010	CDL Status:	None
City/State:	WEST DES MOINES, IA 502655457	Expiration Date:		CDL Cert Status:	None
		Endorsements:	2	CDL Med Status:	None
Mailing Address:	5059 CHERRYWOOD DR	Restrictions:	NONE	Restriction Supplement:	None
		Date of Birth:			
Mailing City/State:	WEST DES MOINES, IA 502655457	Sex:	M		

History Information

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

Accident Date	Case Number	JUR
04/21/2010	568516	IA

Name: Moore, Ronald Lamar Sr **DL/ID:**

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

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



12/11/2012

Office of Driver Services
Iowa Department of Transportation

Name: Moore, Ronald Lamar Sr **DL/ID:** 931PP1833



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	RONALD LAMAR MOORE
Address	5059 CHERRYWOOD DR
City/State/Zip	W D M, IA
Phone#	515-249-8295

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)
MOORE	RONALD	LAMAR
Date of Birth <i>Fecha Nacimiento</i> (mandatory)	Gender <i>Genero</i> (mandatory)	Social Security Number (recommended)
1967	<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.)

R Moore

Results

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

No record found

Record attached, DCI # _____

DCI initials Bde

DCI USE ONLY
 20 DEC 11 PM 1:31
 DIVISION OF CRIMINAL INVESTIGATION

Receipt

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

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

Cardholder's name _____ Last 4 digits of MC or Visa _____

DCI initials Bde

Credit Card Number # _____ Exp. Date _____

701—26.80(422,423) Limousine service. On and after April 1, 1992, the gross receipts from the rendering, furnishing, or performing of a limousine service are subject to Iowa sales tax. A limousine service is one which provides a large or luxurious automobile with a driver by prearrangement. A limousine driver does not cruise the streets soliciting or accepting business, so a taxi service is not a limousine service. Charges for a limousine driver, whether billed as a part of or separate from the charges for a limousine, are taxable.

This rule is intended to implement Iowa Code subsection 422.43(11).

CITY OF DES MOINES
Office of
TRAFFIC AND TRANSPORTATION

TO: SPO Mike West, Traffic Unit
DM Police Department

DATE: June 9, 2011

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

SUBJECT: Transmittal of Request for a Certificate
of Public Necessity to operate a
Para-Transit Co. – Mr. Ronald L. Moore, Sr.

Mike,

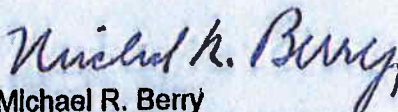
Attached, you will find the information that I have been provided by the applicant, Ronald L. Moore, Sr, applying for a Certificate of Public Necessity to operate a Para-Transit Company.

Under §126-63.5 the Police Department has a requirement to investigate the criminal and drivers records of an applicant, when applying for a license to operate as a Para-Transit company, in the City of Des Moines.

Please see the attached documents. The company to be licensed as a Para-Transit operation is called Ambassadors Medical Transport Services, LLC.

The applicant has not provided all of the required documents and some clarifications regarding the ordinance requirements will have to be provided by Mr. Moore, but they are minor and should not slow down the application process very much.

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.

CITY OF DES MOINES
Office of
TRAFFIC AND TRANSPORTATION

TO: SPO Mike West, Traffic Unit
DM Police Department

DATE: June 9, 2011

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

SUBJECT: Transmittal of Request for a Certificate
of Public Necessity to operate a
Para-Transit Co. – Mr. Ronald L. Moore, Sr.

Mike,

Attached, you will find the information that I have been provided by the applicant, Ronald L. Moore, Sr, applying for a Certificate of Public Necessity to operate a Para-Transit Company.

Under §126-63.5 the Police Department has a requirement to investigation the criminal and drivers records of an applicant, when applying for a license to operate as a Para-Transit company, in the City of Des Moines.

Please see the attached documents. The company to be licensed as a Para-Transit operation is called Ambassadors Medical Transport Services LLC.

The applicant has no regarding the ordinar are minor and should

If you have any quest contact me. Thanks.

MIKE,

I SIGNED THE INSIDE SHEET TO APPROVE MR. MOORE.

THANKS MIKE.

and some clarifications by Mr. Moore, but they ery much.

natter, please feel free to



istrator

Encl.

e-mail copy sent 6-9-11 MB



CITY OF DES MOINES

APPLICATION FOR LICENSE TO DRIVE A TAXICAB/LIMOUSINE

Name Moore Ronald Lamar
(Last) (First) (Middle)

Address 5059 Cherrywood Dr
West Des Moines, IA, 50265 515 729-9985
(City, State & Zip Code) (Phone Number)

Birth Date: 1/27/67 DL # SS# Class: D Exp. Date: 5/16/2014

Weight: 195 Height: 5' - 11" Color of Hair: Black Color of Eyes: Brown

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

Years of experience driving an automobile. 25 years Taxi/Limo:

Have you ever had your driver's license suspended/revoked? No If so, when?

Give reason(s) for suspension/revocation.

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. N/A

EMPLOYMENT RECORD:			EDUCATION RECORD:	
From	To	Employer's Name and Address	School	Circle Highest Grade Completed
1994	2010	Federal Express 700 SW 9th St Des Moines, IA	Elementary	1 2 3 4 6 7 8
			High School	9 10 11 12
			College	1 2 3 4 5 6
			Trade School	1 2 3 4
			Other	

HEALTH RECORD:
List any physical impairments or disability that would affect your ability to drive. N/A

List any current medications or medical conditions for the past five (5) years which might affect your ability to drive:
N/A

City of Des Moines
Traffic and Transportation

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

Page 2

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

1. Name Mark Burrell Phone No. 515-268-2934
Address 265 Grand Ct West Des Moines, IA, 50266
2. Name Torey Thomas Phone No. 515-490-5406
Address 6165 Beechtree Dr West Des Moines, IA, 50266
3. Name Patricia Greer Phone No. 319-329-1781
Address 131 Janice Dr Cedar Rapids, IA 52405

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.

05-16-11
(Date)

Ronald J. Moore
(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

6/14/11
(Date)

[Signature] 4810
(Authorized Representative, Chief of Police)

Receipt Number: _____

Date: _____

Amount: _____

Badge Number: _____

Company: _____

Owner: _____

REJECTED

Application for License APPROVED

(Date)

(City Traffic Engineer)



Iowa Department of Transportation

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

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

Certified Abstract of Driving Record

Inquiry Date:	5/17/2011	DL/ID #:		Customer #:	705890
Name:	Moore, Ronald Lamar Sr	Class:	D	ID Status:	None
Address:	5059 CHERRYWOOD DR	Audit #:	4862996	DL Status:	VAL
		Issue Date:	12/04/2010	CDL Status:	None
City/State:	WEST DES MOINES, IA	Expiration Date:		Restriction Supplement:	None
	502655457	Endorsements:	2		
Mailing Address:	5059 CHERRYWOOD DR	Restrictions:	NONE		
		Date of Birth:			
Mailing City/State:	WEST DES MOINES, IA	Sex:	M		
	502655457				

History Information

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

Accident Date	Case Number	JUR
04/21/2010	568516	IA

Name: Moore, Ronald Lamar Sr DL/ID:

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:

5/17/2011

Office of Driver Services
Iowa Department of Transportation

Name: Moore, Ronald Lamar Sr DL/ID: 931PP1833



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	RONALD LAMAR MOORE
Address	5059 CHERRYWOOD DR
City/State/Zip	WEST DES MOINES, IA 50365
Phone#	515.249.8295

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)
MOORE	RONALD	LAMAR
Date of Birth <i>Fecha Nacimiento</i> (mandatory)	Gender <i>Genero</i> (mandatory)	Social Security Number (recommended)
1967	<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.)		
Ronald L. Moore		

Results

As of 5/16/11, a name and date of birth check revealed:

No record found

Record attached, DCI # _____

DCI initials AC

DCI USE ONLY

Receipt

Number of requests 2 x \$15.00 per last name = Total amount \$ 30

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

Cardholder's name Ronald Moore Last 4 digits of MC or Visa 7795

DCI initials AC

Credit Card Number # _____ Exp. Date _____

