er

Agenda Item Number	(*
50	

Date February 9, 2015

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

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

WHEREAS, Cab Trans, LLC, 335 Pennsylvania, Carlisle, 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 10 vehicles; and

WHEREAS, pursuant to Section 126-64 on January 26, 2015, by Roll Call No. 15-0109, the City Council has fixed this date as the time and place for a public hearing on the matter of the application; and

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

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

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

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

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Date February 9, 2015

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, Cab Trans, LLC, is fit, willing, and able to perform such public transportation and to conform to the provisions of the subchapter, all as shown by the evidence brought forth at the public hearing;

or

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

Ro	Il Call Number	Agenda Item Nu
Dat	te February 9, 2015	
	BE IT FURTHER RESOLVED that upon adoption of Alternative One (to the City Traffic Engineer is hereby directed to issue a certificate to Cab Traname and address of the applicant, the number of vehicles authorized unde set out in the application, and the date of issuance.	ans, LLC, stating the
	(Council Communication Number 15044 Attached	d)

Agenda	Item	Number
	50)

MOVED BY	to adopt.
MOAFDDI	

APPROVED AS TO FORM:

Katharine Massier Assistant City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
GATTO				
GRAY				
HENSLEY				
MAHAFFEY				
MOORE				
TOTAL		4		
			,	DDDOWED

APPROVED MOTION CARRIED

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.

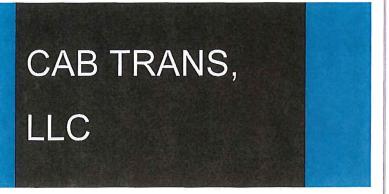
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

City Clerk Mayor

Limousine Company Application-

January 08, 2015

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 lowa Code Chapter 22.



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



Limousine Company Application Checklist

Applicant:	CAB	TRANS	LLC		2
A A	-				

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:

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

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:

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

2 | Limousine Company Application Checklist - City of Des Moines at the time of adoption of this article shall not be required to provide such a statement. The financial status of the applicant, including the amounts of all unpaid judgments against the applicant and the nature of the transaction or acts giving rise to the judgments. If the applicant is a firm, partnership, corporation or any other type of business entity which has been organized for less than five years, prior to the date of application, this information shall be provided for each of the shareholders, partners, officers, or other investors of the business entity. The federal tax identification number (or social security number for an individual) and state sales tax permit number shall also be provided. App. for EIN & IA STATE SALE TAX PERMIT THE ENCLOSED. 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. Any facts which the applicant believes tend to prove that public convenience and necessity requires the granting of a certificate. Attached The number of vehicles to be operated or controlled by the applicant. The location of proposed vehicle storage. 2155 NW9416 Clive. IA A statement of the condition of the vehicles to be operated including the age and type of each vehicle, and the date on which the vehicle passed its most recent safety inspection, if any. Attached A statement as to whether the applicant has, within the ten years immediately preceding the date of application, been convicted of, pled guilty to or stipulated to the facts of violating any criminal statute or ordinance, including traffic laws and municipal ordinances. If the applicant has been convicted, a statement as to the date and place of conviction, the nature of the offense and the punishment imposed. Documents attached. The number of vehicles proposed for operation during periods of maximum demand and during periods of least demand. Where the applicant will operate its central place of business. 335 Ran St. Caucise of the

The color scheme or insignia, if used, to designate the vehicles of the applicant.

Such further information as the traffic engineer may require of each applicant.

Sec. 126-63.5. Investigation of applicant.

To Ompo 1-8-15
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.

- 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.
- (c) The cancellation or other termination of any required insurance policy shall automatically revoke and terminate the certificate and all licenses issued for the limousine business and the vehicles covered by such insurance policy(ies), unless another policy(ies), complying with this section, shall be provided and in effect at the time of such cancellation or termination. The traffic engineer shall immediately issue written notification of the revocation of said certificate and all licenses for the limousine business and the vehicles covered by such insurance which is cancelled or terminated and shall file a copy of such notice with the city council.

−Sec. 126-82. Booking sheets.

Each holder shall maintain a daily booking sheet upon which are recorded all charters booked by the company each day, showing the date and time the

4 | Limousine Company Application Checklist - City of Des Moines

charter was booked, the date and time of the service, place of origin and destination, number of passengers, and the amount of fare. Upon request by any law enforcement officer or any city police cadet, any driver shall present the booking sheet, or a copy thereof, showing the name(s) of the passenger(s) being picked up, and if at the airport, the flight number of the arriving passenger(s).

- (b) Each holder shall retain and preserve all booking sheets in a safe place for at least one month following the date of the making of the record. Booking sheets shall be available to the chief of police or the traffic engineer.
- (c) Each holder shall submit to the traffic engineer a report by January 30 of each year summarizing the activity of the previous year. The report shall contain information on number and types of complaints received including specific information on any discrimination complaints; number of passengers carried; number of trips per vehicle; age, mileage and general condition of each vehicle; tenure and turnover of drivers' and other information as required by the traffic engineer.

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

Any person owning, operating or controlling a limousine as a vehicle for hire upon the streets of the city or picking up any passenger for a fare within the corporate limits of the city, shall first obtain a certificate and the required annual limousine license from the traffic engineer. The following motor vehicles are excluded from the requirements of this article:

- (1) Motor vehicles owned and operated by hotels, motels and other boarding places, used for the purpose of transporting patrons, without fee or charge, between said hotel, motel or boarding place and the local station of a common carrier.
- Ambulances and other emergency vehicles.
- (3) Funeral hearses.
- (4) Metropolitan Transit Authority buses or other commercial vehicles designed to transport 16 or more persons, including the driver, duly licensed by the state.

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

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

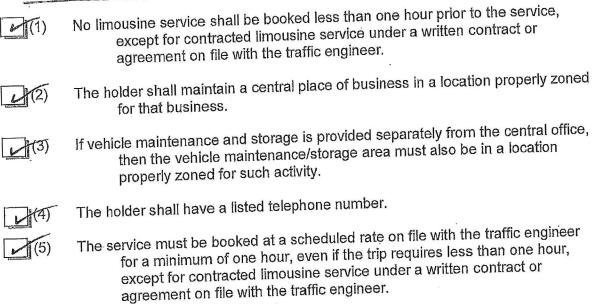
Sec. 126-72. Designation.

⁵ Limousine Company Application Checklist – City of Des Moines

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.

Sec. 126-81. Limousine service.

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



<u>Definitions</u>

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

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

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

6 | Limousine Company Application Checklist - City of Des Moines

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

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

City clerk means the city clerk or an authorized representative.

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

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

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

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

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

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

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

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

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

MICHELLE SCHOMER Commission Number 769606 My Commission Expires September 09, 2017



335 Pennsylvania St Carlisle, IA 50047 515-423-5855 management@cabtrans.com www.cbatrans.com

City of Des Moines City Council 400 Robert D. Ray Drive Des Moines, IA 50309

Request for Limousine certificate:

On behalf of CAB TRANS LLC, we hereby apply for Limousine Certificate under Sec. 126-63 Certificate of convenience and necessity.

We do so with intent to be compliant with the City of Des Moines and provide great local service to both our existing clients and any new clients that wish to book our services for pickup inside the city limits of Des Moines and delivery in city limits as governed by local ordinance under (vehicles for hire "local jurisdiction")

Our principal place of business is located at:

Office Location

Vehicle Stored at:

CAB TRANS LLC 335 Pennsylvania St Carlisle, IA 50047 Preferred Storage Unit N-342 and Unit 242 2155 NW 94th St Clive, IA 50325

Current Owners & Certificate holders are

Christopher A Brueggeman 335 Pennsylvania St Carlisle IA 50047 DOB Daniel T. Williams and 6820 Holcomb Ave, Apt 1 Urbandale, IA 50322 DOB

Attached please find the following:

- Letter of zoning compliance from City of Carlisle and City of Clive. And Phone listing.
- Completed Application for Sales Tax permit.
- EIN # 46-2118979.
- Financial statement of Cab Trans LLC and Owners / Certificate holders.
- Experience statement from Applicants.
- Number of vehicles to be operated or controlled: 3 current, though we are applying for 10.
 We have expanded to State wide service with recent Intrastate Authority and plan to acquire interstate Authority in 2015
- Authority, Certificate of Insurance and Vehicle Registrations
- Sample Vehicle Inspection form (driver Daily) and (ASE shops Multiple periods)
- Client Call log and Drivers Log
- Sample Customer Contract
- Sample Contract and reservation form



335 Pennsylvania St Carlisle, IA 50047 515-423-5855 management@cabtrans.com www.cbatrans.com

All vehicles have been inspected and passed as of June 1, 2014.

Additionally, They will all undergo Annual inspections during the first 5 business days of Jan, 2015 and copies of those inspections will be made available to Mike Berry immediately following them being acquired.

SATEMENT:

None of the applicants have had any Criminal misconduct or pled guilty to such in the past 10 years.

An MVR & DCI report for applicants have been attached. and 3 Letters of reference.

Thank you for your time.

Sincerely,

Christopher A Brueggeman Operations Manager / Founder

Cab Trans LLC

dba. CT Sedan Service

515-423-5855

management@cabtrans.com

www.cabtrans.com



City of Carlisle PO Box 430 195 N 1st Street Carlisle IA 50047

Phone: 515-989-3224

Fax: 515 989 3224

Email: alent@carlisleiowa.net

7 October 2014

To Whom It May Concern,

The house at 325 Pennsylvania is in a district zoned as R-1, Single Family Residential. The district allows for home occupations of a professional nature. We agree that housing an office for the homeowner's cab company complies with this zoning as long as there are no more than 1 additional company vehicle and no signs for the company are located on the premises.

If you need additional information from me, please do not hesitate to contact me at the phone number or address above. Thank you.

Sincerely,

Andrew J. Lent, ICMA-CM Carlisle City Administrator



(515)223-6221.

(515)457-3091 Fax www.cityofclive.com

October 7, 2014

To whom it may concern:

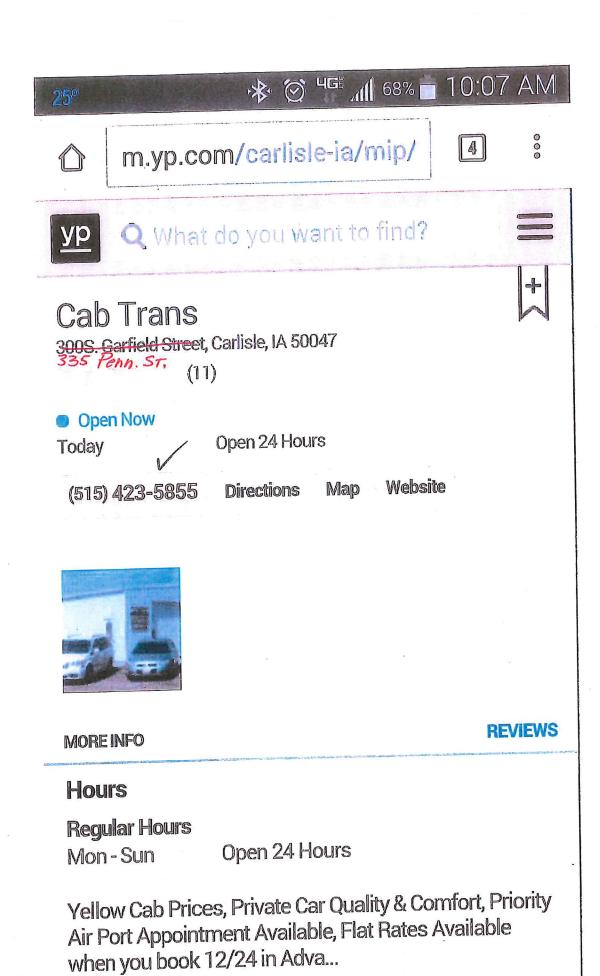
Cab Trans, LLC stores vehicles at 2155 NW 94th ST for their business located in Carlisle, IA. That particular property is zoned M-1, Light Industrial District and the storage of vehicles is allowed within that zoning district.

Should you have questions, please contact our office at (515) 223-6221.

Thank you,

Celly Rivera

Administrative Assistant



Payment Methods

More »



Search...

Revenue Home

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

Within 4-6 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 Cirl + P to print IOWA BUSINESS TAX REGISTRATION FORM

BUSINESS INFORMATION

Legal Name: Cab Trans LLC

Trade Name: CT Sedan Service

Location: 335 Pennsylvania St,

Carlisle, IA 50047

County: Warren - 91

Phone1: 515 423 5855

Phone2: 515 314 0197

Fax:

Activity: Transportation for hire

Prev Owner:

BUSINESS OWNERSHIP

Ownership: Limited Liability Partnership

BUSINESS DETAILS

Fed ID 46 2118979

Established On: 02/18/13

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: Christopher A Bruegg

SSN:

Date: 12/29/2014

Established In: IA

Owners, Partners, Officers and/or Responsible Parties

1. Name: Christopher A Brueggeman SSN: Willmm

2. Name: Daniel T Williams SSN: MMW/NMM

3. Name: SSN:

4. Name: SSN:

5. Name: SSN:

Address: CT Sedan Service Same as Location

Email:

SALES TAX

Permit? Needed

Start: 01/01/15

Consolidated?

Consolidate#:

Estimated Tax: \$10-\$500 tax/month (File Quarterly)

Payment: EFT

Agent Name: Christopher A Brueggeman

Address: CT Sedan Service Same as Location

Colmination

State of Iowa | Subscribe to e-mall news | Translate | Privacy Statement | Taxpayer Rights | Links | PDF Reader

CITY OF DES MOINES Office of TRAFFIC AND TRANSPORTATION

TO: SPO Mike West, Traffic Unit

Unit

DATE: January 8, 2015

DM Police Department

FROM: Mike Berry SUBJECT

SUBJECT: Transmittal of Request for a Certificate of Public

Necessity to Operate a Limousine Co. – for DMPD

Eng. Dept. – Necess Traffic Div. Review

Mr. Christopher A Brueggeman &

Mr. Daniel T. Williams

Mike,

Attached, you will find the information that I have been provided by the applicants, Christopher A Brueggeman & his business partner, Daniel T. Williams, that are applying for a Certificate of Public Necessity to operate a Limousine Company.

Under §126-70.3 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 Limousine operation is called CAB TRANS, LLC.

The applicant has provided all of the required documents per ordinance requirements. The intent is to submit this request for the City Council meeting on the 26th of January, with Council setting the hearing date for the following City Council date of February 9th.

Michael R. Berry

Traffic Facilities Administrator

Encl.

City of Des Moines City Council 400 Robert D. Ray Dr Des Moines, IA 50309

Statement of Qualifications & Experience:

To whom it concerns,

I Christopher A Brueggeman have been in transportation since 1988. I obtained the CDL in 1989 and have held a Class A CDL as well as operated large equipment over the road since then thru 2008.

From 2008 thru current I have operated as well as managed smaller equipment and operations like 15 passenger vans and sedans including taxis.

I have worked as the operations manager for MCSI from 2002 thru 2008 where I the head National operations manager and coordinator for a fleet of 10 refrigerated unit re4sponsibale for scheduling pickup and delivery.

Some of the national accounts I have been responsible for are Tyson, West Liberty Foods, Fareway, HYVEE, Master Gallery Foods and many other too long to mention.

I have successfully managed and structured logistics as well as personnel for the past 18 years both nationally and locally.

If you have any further questions please feel free to contact me directly.

Sincerely,

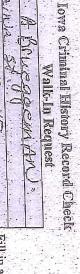
Christopher A Brueggeman

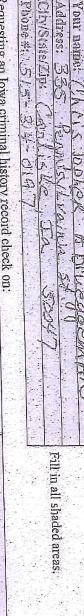
515-314-0197

management@cabtrans.com



State of Iowa Division of Criminal Investigation 215 E. 7" Street Des Moines, Iowa 50319 Phone: 515/725-6065 Fax: 515/725-5060





Address:

Nonda

30



515-244-9124 FAX: 515-239-1897

Certified Abstract of Driving Record

Inquiry Date:

12/22/2014

DL/ID #: Class:

Customer #:

397091

Name:

Brueggeman, Christopher Allen

ID Status:

Address:

335 PENNSYLVANIA Audit #: ST

5932065

DL Status: CDL Status: None

VAL VAL

Issue Date: 08/03/2017 **Expiration Date:**

04/19/2012

CDL Cert Status:

City/State:

CARLISLE, IA 500477672

Endorsements:

L

Non-Excepted Interstate

335 PENNSYLVANIA Restrictions:

NONE

CDL Med Status:

Certified

None

Mailing Address:

Date of Birth:

14/1/1964

Restriction Supplement:

Mailing City/State:

CARLISLE, IA 500477672

Sex:

M

CDL Medical Examiner's Certificate

Certificate Specifics	Explanations
Medical Examiner First Name	Joanne
Medical Examiner Middle Name	M
Medical Examiner Last Name	Harbert
Medical Examiner License Number	A093359
Medical Examiner Jurisdiction	IA.
Medical Examiner Phone	(515) 265-1020
Medical Examiner Type	Osteopathic Doctor
Medical Certificate Issued Date	05/09/2014
Medical Certificate Expiration Date	05/09/2016
Date Added to CDLIS Driving Record	05/09/2014

History Information

Convictions

	Conviction Date	ACD	Explanation	County	JUR
Citation Date Conviction Date 09/05/2011 11/09/2011	592	Speed (10 mph & under in 35-55 mph zone)	Polk	IA	
01/20/2012	02/15/2012	S93	Speed	Polk	IA

2/16/2012	08/21/2012	M14	Fall to Obey Traffic Sign/Signal	Marion	IA
11/15/2012	12/11/2012	592	Speed (10 mph & under in 35-55 mph	Polk	IA
	1	ž.	zone)		

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

	Case Number	JUR	
Accident Date		IA	
08/12/2014	Deer Acciden		

Name: Brueggeman, Christopher Allen 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:

12/22/2014

Stem.

Office of Driver Services

Iowa Department of Transporation

Name: Brueggeman, Christopher Allen DL/ID:

Daniel T Williams 6820 Holcomb Ave. Apt 1 Urbandale, IA 50322 515-528-6564

October 14, 2014

City of Des Moines City Council 400 Robert D. Ray Drive Des Moines, IA 50309

RE: Experience and Financial Status Daniel T. Williams, Limited Partner/Shareholder Cab Trans LLC

To Whom it May Concern

My qualifications include providing transportation to passengers in the Des Moines suburbs for the past 15 months. During this time I have built customer relationships with integrity by providing a clean, well maintained vehicle and prompt on time pickup service. Additionally by utilizing effective routing techniques taught by Cab Trans I have saved both time and money for our customers. I believe these methods are what built our relationships with our customer. I take great pride in knowing that the customer experience I have provided is the very reason our customers enjoy confidence when using our services. I believe because of their confidence level, they prefer CabTrans. My customers travel from corporate centers such as Wells Fargo Campus, Kum n Go, and Hyvee Corporate offices. Also, our reputation of reliability has gained the confidence of visiting business travelers staying with the Hilton properties, as well as West Des Moines Marriot properties. As well, local residents use our services for their transportation needs in daily activities. Whether working with business clients or local residents, I maintain the same professional standards.

In addition to my service time with CabTrans, I bring a work ethic of longevity that is displayed by my 17 year employment with a singular commercial printing firm in Urbandale. My work background includes a 22 year career path in the restaurant industry where I managed, partnered with and owned restaurants such as Golden Corral and Patricio's Mexican Foods. I believe my background in restaurant has developed a strength in customer interaction that I use daily with CabTrans customers.

I have been involved with CabTrans LLC since July 2014. I also carry a driver's taxi/limo license issued by the City of Des Moines. If you should have any further questions, please feel free to contact me.

Daniel T Williams



centralbankonline.com

Daniel T Williams

6820 Holcomb Ave Apt 1

Urbandale, IA 50322

October 08, 2014

To whom it may concern,

Daniel T Williams currently has a personal checking account held with us here at Central Bank. Daniel has been a Central Bank customer since 2005. Daniels account is currently in good standing and maintains a balance.

If you have any questions, please don't hesitate to contact me.

Sincerely,

Monica Aguilar

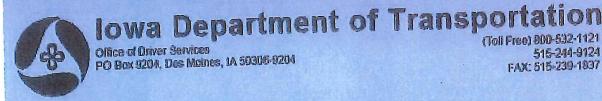
Branch Ops Manager

Central Bank

3800 100th ST

Urbandale, IA 50322

Ph.: 515.254.9000



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

lenk

Certified Abstract of Driving Record

2057171 Customer #: DL/ID#: 12/22/2014 **Inquiry Date:** None ID Status: Williams, Daniel Theodore Class: Name: VAL DL Status: 6603753 6820 HOLCOMB AVE Audit #: Address: None CDL Status: 01/09/2013 **Issue Date:** None CDL Cert Status: 11/15/2017 URBANDALE, IA 503224965 **Expiration Date:** City/State: CDL Med Status: None Endorsements: None 6820 HOLCOMB AVE Restrictions: APT 1 Restriction Supplement: **Corrective Lenses** Mailing Address: 1956 Date of Birth: URBANDALE, IA 503224965 Sex: Mailing City/State:

History Information

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

	Case Number	JUR	
Accident Date	806172	IA	

Name: Williams, Daniel Theodore 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:

12/22/2014

Office of Driver Services Iowa Department of Transporation



State of Iowa Division of Criminal Investigation 215 E. 7th Street Des Moines, Iowa 50319 Phone: 515/725-6066 Fax: 515/725-6080



Iowa Criminal History Record Check Walk-In Request

Your name: 1) ANUSL THE Address: 6820 HOLCOM City/State/Zip: 12 RRANDALE Phone #: 515-528-6564	Fill in all shaded areas.				
Requesting an Iowa criminal history re	cord check on:	Middle Name Segundo Nombre (recommended)			
Last Name Apellido (mandatory)	First Name Primer Nombre (mandatory)				
WILLIAMS	DANUEL	THEODORÉ Social Security Number (recommended)			
Date of Birth Fecha Nacimiento (mandatory)	Gender Genero (mandatory)	Suctair Decarry			
111111111111111111111111111111111111111	Male Female				
Waiver Signature Firma (If the request is o	n yourself, please sign. If the request is on someone else, o	vitte N/A.)			
	vill'S	DITUSEONLY			
Results		DETERMEN			
As of 11/4/14, a name and date of birth check revealed:					
□ No record found					
Record attached DCI#					
DCI initials					
Receipt					
Number of requests x \$	15.00 per last name = Total amount \$	15.00			
Method of payment: cas	h money order	check # MasterCard or Visa (Last 4 digits)			
Cardholder's name					
DCI initials					
Credit Card #		xp. Date			

IOWA CRIMINAL HISTORY MISDEMEANOR CONVICTIONS ONLY

DCI 00525064 PAGE 1 OF 1 DATE PRINTED-2014/11/04

DCI:00525064

don't and the

NAME: WILLIAMS, DANIEL T

OOB SEX RAC HGT WGT EYE HAIR SKN POB

1950

ADDITIONAL IDENTIFIERS

CCH RECORD ***

01 ARRESTED 19960613

AGENCY: IA0770400 URBANDALE PD

CHARGE NO- 01 IA STATUTE IA321A-32

CHARGE NO- OI IA SIRIUIE IASES

DRIVING UNDER SUSPENSION

TRK#: 026009901

COURT DISPOSITION

AGENCY: IA077015J POLK CO DIST COURT

COUNT NO- 01

FAILURE TO HAVE VALID LICENSE

CHARGE CLASS: MISDEMEANOR CONVICTION

TRK#: 026009901

SENTENCE

PLEAD GUILTY

FINE

\$20

COURT COSTS

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

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

DIVISION OF CRIMINAL INVESTIGATION

K

IOWA

No: W00826775 Date: 02/18/2013

SECRETAIRY OF STATE

489DLC-451770 CAB TRANS LLC

ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Certificate of Organization

The document was filed on Feb 13 2013 8:13PM, to be effective as of Feb 13 2013 8:13PM.

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



MATT SCHULTZ SECVETARY OF STATE



October, 07, 2014

Great Western Bank 120 S 68th St West Des Moines, IA 50266

Re: Cab Trans LLC

To Whom it May Concern,

Cab Trans LLC has had open and active checking accounts at Great Western Bank beginning in March 2012. Their current accounts are in good standing and display no major delinquencies. An account inquiry has been attached dated 07 October 2014. Additional questions or concerns can be directed to the West Des Moines office at 515-453-9957.

Wm. Curvin Larson

Personal Banker 120 South 68th St. West Des Moines, IA 50266

NMLS ID: 1188006 Branch: 515-226-0800 Direct: 515-453-9957

Fax: 515-224-9474

William, Larson@greatwesternbank.com

Print Key Output 5770SS1 V7R1M0 100423 GWBPROD 10/07	Page 1 7/14 16:45:45
Display Device : DMSD20447A User : LARSONWI	·,
Account number:	Birth date:
REG E Exempt Memo posted Messages AFT Dr Internet Banking Es Available Balance: Collected balance: Current balance: Date last overdrawn:	10/06/14 5/19/14
Yesterday's bal: Last stmt balance: Avg collected bal: Date opened: Date last statement: Date last contact: Closing balance:	3/29/12 9/30/14 3/29/12
Avg collected bal: Avg ledger balance: Interest rate: Stmt/Service chg/Int cycle: Automatic NSF fee: Statement/passbook code: Statement/passbook code: Closing balance: Accrued interest: Service charge: Service charge: Service charge code:	.00 Yes 0/00/00 BF
	Mara

F3=Exit

F8=Maintenance

F1=Addl functions

F6=Messages

GWB - West Des Molnes IA

F4=Sweep Inquiry F9=Relationships More ...

F5=History F24=More Keys

OCT 0 7 2014

#17110

Mr. Das



This is a Non-Expiring Certificate

Motor Carrier Non-Expiring Certificate

Type(s) of Authority:

Charter

Name: Cab Trans LLC

Doing Business As: CT Sedans Service Address: 335 PENNSYLVANIA ST

City: CARLISLE

State: IA

Initial Issue Date: 9/30/2014 12:39:01 PM

US DOT Number: 2545959

Certificate is to be carried in the vehicle.

This Certificate is non-expiring as long as the carrier is in compliance with 325A of the lowa Code and Chapter 524 of the Administrative Rules.

A copy of this Certificate must be carried in each motor vehicle operating under the carrier's lowa intrastate authority and must be made available for inspection upon request. Failure to do so is a violation and subject to penalty.

The original Certificate should be kept in the carrier's office in the event the copy carried in the vehicle is lost or stolen. Duplicate Certificates are available from the lowa DOT - Office of Motor Carrier Services upon payment of the \$25 fee.

Marking the Motor Vehicle

The carrier's USDOT Number is the Intrastate authority Certificate number. Motor Carrier's operating intrastate only must display the following:

Name of Motor Carrier USDOT Number followed by IA

Motor Carrier's operating both intrastate and interstate must display the following:

Name of Motor Carrier USDOT Number

Lettering shall be on both sides of the vehicle and visible from a distance of at least 50 feet and in a color contrasting the background.

CABTRA2

OF ID: ST4

DATE (MM/DD/YYYY)

ACORD

CERTIFICATE OF LIABILITY INSURANCE

10/06/2014

Q	-		L H H Gard Carlot Co.				DON THE CERTIFICATE	HOL	DER. THIS
Ę	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 SELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.								
II f	REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to important in the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).								
-	POUCE		Phone: 563-587-5000	CONTAC	To Reque	est a Certifi	cate		
		am & Butler, Inc.	Fax: 563-583-7339	PHONE	CUR. 888-788	5-4677	(A/C, No): 56	3-58	7-5990
1900 Main Street			E-MAIL ADDRESS: NSTDCertificates@cottinghambutler.com						
Dubuque, IA 52001 Specialized Transport House				INSI	JRER(S) AFFORI	ING COVERAGE		NAIC #	
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				INSURF	RR Scottsd	ale Insuran	ce Company		41297
INSURED Cab Trans LLC dba CT Sedan Service			INSURE						
		335 Pennsylvania St.		INSURE					
		Carlisle, IA 50047		INSURER E:					
				INSURE					
<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MIROSES.			1	REVISION NUMBER:		
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1 1	NDICA	S TO CERTIFY THAT THE POLICIES OF INSUR TED. NOTWITHSTANDING ANY REQUIREMEN FICATE MAY BE ISSUED OR MAY PERTAIN, ISIONS AND CONDITIONS OF SUCH POLICIES.	TENT ON CONTENTS	ED BY	THE POLICIES	s described AID CLAIMS.	HEREIN IS SUBJECT TO	TO I	WHICH THIS THE TERMS,
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	-	CLAIMS-MADE X OCCUR					PERSONAL & ADV INJURY \$		1,000,000
							GENERAL AGGREGATE \$		1,000,000
							PRODUCTS - COMP/OP AGG \$		1,000,000
l		NYL AGGREGATE LIMIT APPLIES PER:					Deductibl \$		500
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	(M)	andatory in NH)			}		E.L. DISEASE - POLICY LIMIT		
	If y	es, describe under SCRIPTION OF OPERATIONS below					E.C. DIGENDE TOLIGITATION 14		
L		TION OF OPERATIONS / LOCATIONS / VEHICLES (Attach)	ACORD 101, Additional Remarks t	Schedule,	If more space is	required)		- pared by 15	
30) da	ys advance notification to the llation for non-renewal, cance	llation for cause	red	uction of	insurance	te.		
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re	gis	age and in the event of a char ted mailed to the City of Des I portation to the attention of	the City Traffice	Engi	neer. *See	2nd page	**		
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			CIDEIA0	SH	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCEL	LED BEFORE
		City of Des Moines Engineering		TU	E EYDIDATIO	N DATE TH	EREOF, NOTICE WILL B!	E DE	ELIVERED IN
		Dept Traffic & Transportation		AC	CORDANCE WI	IM THE POLIC	Y PROVISIONS.		
1		Division			ORIZED REPRESI	ENTATIVE	.,		
		400 Robert D Ray Drive		AUTH	- C . !	ZINIA I LVG			
	Des Moines, IA 50309				(aul)				

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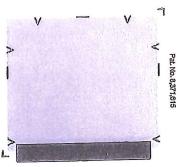
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CIDEIA0 INSURED'S NAME Cab Trans LLC

CABTRA2 OP ID: ST1

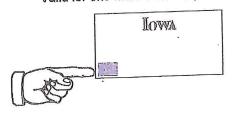
PAGE 2 DATE 10/06/14

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.



**Valid for one month after expiration

Brueggeman, Christopher Allen 335 PENNSYLVANIA ST CARLISLE, IA 500477672



_**Keep this receipt with vehicle

Registration Renewal Receipt

County Usage Title No.

Or

Warren Regular

**Expiration Date 03/31/2015

Validation No. 326YBD03201501 Plate No. 326YBD

Brueggeman, Christopher Allen Brueggeman, Pamela Jean 335 PENNSYLVANIA ST CARLISLE IA 500477672



Type Multi-purpose VIN 2C4RC1BG2CR188562 SV Style Town & Country Model Chrysler Make GVWR 2012 Year Weight 4,500 Flexible Fuel Fuel Sq. Ft. Cyl. \$31,200 LP.

Plate Type County Std Designation

Cumulative Damage Annual Fee \$330

White

Color

mmcc Audit No. 7951245

Julie A. Daugherty

County Treasurer

	Fee	Penalty
Registration Fees Plate Fees Other Fees	\$330.00 \$0.00 \$0.00	\$17.00
Totals	\$330.00	\$17.00
Grand Total	\$347.00	

DO NOT DETACH	iler weighing 2,000 lbs. or less and not issued a title, complete the information below and give to the buyer.	
If the vehicle being sold is a regular or semi tra	der weigning 2,000 ibs. Or less did not bedeut a day	
Date of Sale		
Buyer	the state of the s	
Buyer's Address		
Seller's Signature		

Brueggeman, Christopher Allen 335 PENNSYLVANIA ST CARLISLE, IA 500477672 and after expiration

"Valid for one month after expiration

lows



"Keep this receipt with vehicle

Registration Renewal Receipt

County Usage Title No. Warren (Mylli)/My/My// Issue Date Tonnage 05/07/2014

"Expiration Date 04/30/2015

Validation No ASA90504201501 Plate No ASA905

Brueggeman Christopher Allen 135 PENNSYLVANIA ST CAFLISLE IA 500477672



VIN 2030CACG0CH212663

Year 2012 Cyl 6 Color Black Marc Chr

Chrysler Floxible Fuel

Model 300 Limited Weight 4,100 LP \$32,500 Type Automobile

Style 4D

GVWR
Sq Ft

Plate Type County Std

Designation

Cumulative Damage

Secured Free \$345

Aug 100 (1853140)

Julie A. Daugherty

15-1-15

	Pap)	Populsy
Registration Fees	523E00	\$0.00
Ploto Foos	\$0,00	
Other Fase	20:00	
Totals	\$3341.00	5(0),00
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Brueggeman, Christopher Allen 335 PENNSYLVANIA ST CARLISLE IA 500477672

*Valid for one month after expiration TOWAY.

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"Keep this receipt with vehicle

Registration Renewal Receipt

County Usage Title No.

> Warren Regular

Brueggeman, Christopher Allen 335 PENNSYLVANIA ST CARLISLE IA 500477672

Tonnage

09/30/2014

"Expiration Date 08/31/2015

Validation No. 8822SD08201501 Plate No. 8822SD



VIN. 2G1WC58R679334706
Year 2007
Cyl. 6
Color White

Fuel

Chavrolet

Model Impala Weight 3,600 LP \$24,100

Type Automobile
Style
GVWR
Sg. Ft.

8

Plate Type County Std Designation Cumulative Damage Annual Fee \$195

Audit No. 6227321

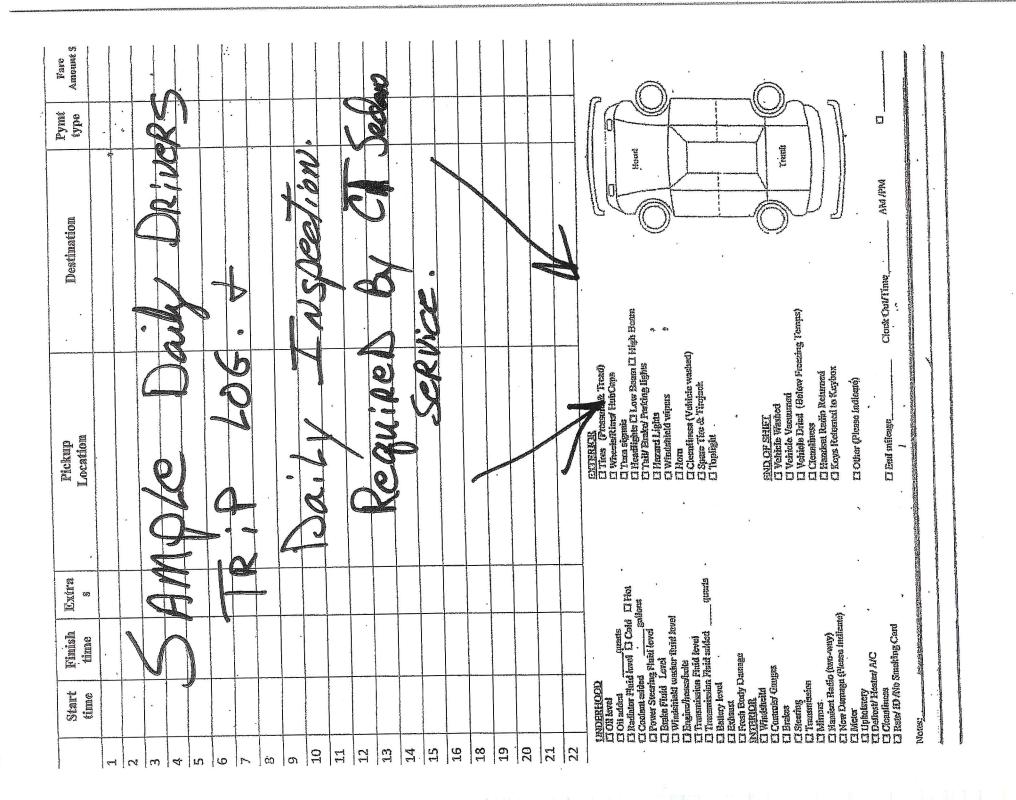
Julie A. Daugherty

County Treasurer

		Panaly
Répletration Reas, PUBLIFRAME Cilitariframe	50.00 30.00 30.00	39,00
Totals:	\$105,00.	50,00
Grand Total	SADE OD	

Date of Sale no Nor delative representative designals and personals and service and service and representative productive of the prod

Buyer Address Selecter Styrester





Inspection Recorl PH: 515-423-5855 www.cabtrans.com 335 Pennsylvania St Carlisle, IA 50047 Inspection Information Date of inspection _ Random Semi Annual Annual 🖺 Vehicle Information Vehicle Mileage Van 🖾 Sedan \square Type of Vehicle: Year 2012 Make Chryler TAC. VIN No. MANNING Tires Lights 4 **Right Front** V Headlights Left Front 2 Low Beam Right Rear U High Beam 12 Left Rear Parking Lights TH Turn signals Miscellaneous W **Emergency Flashers** W Seat Belt 1 Taillights U Dome Light 2 **Brake Lights** 12 П Mirrors Back Up Lights Operable Truck Other Muffler 0 **Ball Joints & Bearings** W **Brakes Front** 4 Tie rods ends **Brakes Rear** 1 Steering Shocks & Struts Drive train Comments/ Notes Pass 🖺 Inspection Results Sign SAMPLE.

ASE Certificate Number SAMPLE.

Phone: 3AMPLE. Inspected by __ Address of Inspection location



DATE BOOKED: Time Booked: Name Last Comments First Pickup location Drop Off tin Service Date DATE BOOKED: Time Booked: Name Comments Pickup location Pare \$ Drop Off time Pickup Time: _ Service Date DATE BOOKED: Time Booked: Name . Last Comments First Phone Destination Pickup location Fare \$ Drop Off time Pickup Time: _ Service Date DATE BOOKED: Time Booked: Name Last Comments First Phone Email Destination Pickup location Fare \$ Pickup Time: Drop Off time Service Date DATE BOOKED: Time Booked: ___ Name Last Comments First Phone -Pickup location Drop Off time

Pickup Time:

Service Date

Fare \$

SAMPLE CONTRACT. s: Form Submission AS Book + Agreed Tro. om ENLINE @ COTTONS.COM.

Print Close Window

Subject: cabtrans.com Reservations: Form Submission

From: no-reply@websitetonight.com Date: Tue, Oct 07, 2014 7:55 pm To: management@cabtrans.com

First Name

Ravi

Last Name

Tade

Phone:

6022842889

Pickup Date and time

10/08/2014 8:30 AM

How many passengers

1 Passenger

Pickup Location

50% Vista Drive, West Des Moines, IA, United States

Destination

West Lakes Parkway, West Des Moines, IA, United States

Email:

ly@yahoo.in

Comments/Questions:

This message was submitted from your website contact form:

https://www.cabtrans.com/reservations.html

Copyright © 2003-2014. All rights reserved.

SAMPLE CONTRACT CONTINUES

Print | Close Window

Subject: RE: Authorization request

From: Adam W////////////// nandgo.com>

Date: Tue, Jul 22, 2014 2:14 pm

To: "management@cabtrans.com" < management@cabtrans.com>

Attach: logo26e9.jpg

logo_facebook_291eb.png logo_twitter_29bb3.png logo_linkedin_292ea6.png

Yes bill this card

Thanks again!



Adam Operations Assistant & Travel Coordinator Direct: 515-457-6231 Westown Parkway | West Des Moines, Iowa 50266-9857









Please consider the environment before printing this e-mail.

CONFIDENTIALITY NOTICE: This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, usa, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message. Please note that while we scan all e-mails for viruses, we cannot guarantee that any e-mail is virus-free.

This email has been scanned for email related threats and delivered safely by Mimecast.

For more information please visit http://www.mimecast.com

From: management@cabtrans.com [mailto:management@cabtrans.com]

Sent: Tuesday, July 22, 2014 2:14 PM

Subject. Augustization request

Your request for transportation was made for August 4th and 8th 2014 for 3 trips with Cab Trans LLC. Order#'s 1884810, 1884813 and 1884818.

You are authorizing Cab Trans LLC to bill Go corporation.

пате

for the above charges as authorized signor for the mentioned card with Kum &

You further authorize Cab Trans LLC to retain card information on file for future use as payment for any orders which you request. Upon expiration of card, so will its payment authorization to Cab Trans LLC expire.

To continue service at that time, a new valid card will be required for any further services.

By replying "Yes bill this card" you are agreeing to the above charges and all future charges authorized by your request for service.

Thank you for your business!

Sincerely,

Christopher A Brueggemen Operations Manager / Founder Cab Trans LLC 300 S Garfield St Carlisle, IA 50047 www.cabtrans.com management@cabtrans.com

NOTE: Orders cancelled less than 24 hrs from service date & times are non refundable.



2121 NW 100th Street Des Moines, IA 50325

TEL 515-253-9600 800-373-1836 FAX 515-253-9813 www.WILLISAUTOCAMPUS.com

August 7, 2014

City of Des Moines City Council 400 Robert D. Ray Drive Des Moines, IA 50309

Re: Recommendation for limousine certificate for Christopher Brueggeman, Operations Manager/Founder of Cab Trans LLC in Carlisle, Iowa

To Whom it May Concern:

I have gotten to know Christopher Brueggeman over the last 15 months. His services have been 100% spot-on. He appears to be a man of honor and integrity in every fashion. I respect his judgment, his character, and would highly recommend the City Council allow him to have a limousine certificate.

Professionalism is at the top when you deal with Christopher Brueggeman. If you should have any further questions, feel free to give me a call.

Sincerely,

Rich Willis



Executive Offices Great Plains Region 666 Walnut St Des Moines, IA 50309

September, 25, 2014

City of Des Moines City Council 400 Robert D. Ray Drive Des Moines, IA 50309

I highly recommend a limousine certificate for Christopher Brueggeman, Operations Manager/Founder of Cab Trans LLC in Carlisle, Iowa.

Since moving to Des Moines, Iowa in December of 2013, I have had the honor of utilizing Christopher's Limousine Service many times due to my extensive travel for professional reasons.

Christopher's attention to detail and verbal communication is top notch. Christopher shows honesty and integrity in his business transactions and cares about his clients. I respect Christopher and trust his judgment and give my recommendation to the City Council to allow him to be granted a limousine certificate.

I would be pleased to provide more detailed information regarding Christopher's performance and the service he can provide Des Moines, and surrounding communities. I can be reached at work (515-245-3297 or home (760-525-6130).

Please don't hesitate to call.

Sincerely, Don Pearson

Together we'll go far



Chris Brueggeman

From:

Strong, Christina [CStrong@mercydesmoines.org]

Sent:

Wednesday, May 02, 2012 1:34 PM management@cabtrans.com

To: Subject:

reference letter

Attachments:

Reference Lirtaxi.doc.docx

See attached reference letter from Dr. Bhargava. Please let me know if you need anything else. Thanks.

Chris Strong Administrative Assistant IDERC 515-633-4858

This electronic mail and any attached documents are intended solely for the named addressee(s) and contain confidential information. If you are not an addressee, or responsible for delivering this email to an addressee, you have received this email in error and are notified that reading, copying, or disclosing this email is prohibited. If you received this email in error, immediately reply to the sender and delete the message completely from your computer system.

April 27, 2012

Dear Des Moines City Council:

I am writing this letter in reference to Cab Trans, LLC, Christopher Brueggeman, Carlisle, Iowa. This is the first taxi /car service I call when needed. They are very familiar with the routes of the city and surrounding areas. They are professional, punctual, responsible, polite and flexible. I highly recommend this taxi/car service to anyone who is need of a taxi or car services.

Anuj Bhargava, MD, MBA, CDE, FACP, FACE

CEO, My Diabetes Home, LLC

President, Iowa Diabetes and Endocrinology Research Center

451770

CERTIFICATE OF ORGANIZATION

OF

Cab Trans LLC

Pursuant to the Revised Uniform Limited Liability Company Act, Chapter 489 of the Code of Lowa, the undersigned Organizer does hereby adopt the following Certificate of Organization for the company.

Article I. The name of the limited liability company is Cab Trans LLC.

Article II. The succer address of the company's initial registered office is 335. Pennsylvania St., Carlisle, Iowa 50047, and the name of the initial registered agent at that office is Pamela J. Brueggeman

Article III. The street address of the company's initial principal business office is 300 S. Garfield Street, Carlisle, Iowa 50047.

Article IV: The company shall be perpetual in duration.

IN WITNESS WHEREOF, the undersigned organizer has executed this Certificate of Organization on the date below.

Date: February 12, 2013

LegalZoom.com, Inc., Organizy

By/Karla Figueroa, Authorized Officer

LDA #0104 in Los Angeles County (expires 12/2013)

10/ N. Brand Blyd., 11th Floor, Glendale, CA 91203

(323) 962-8600

FILED
IOWA
SECRETARY OF STATE

W826775

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Application for Employer Identification Number OMB No. 1545-0003 (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) EIN (Rev. January 2010) Department of the Treasury 46-2118979 ▶ See separate instructions for each line. ▶ Keep a copy for your records. Legal name of entity (or individual) for whom the EIN is being requested Cab Trans LLC Executor, administrator, trustee, "care of" name Trade name of business (if different from name on line 1) clearly Cab Trans Car & Taxi service Street address (if different) (Do not enter a P.O. box.) Mailing address (room, apt., suite no. and street, or P.O. box) Drint 300 S Garfield Street 4b City, state, and ZIP code (If foreign, see instructions) City, state, and ZIP code (if foreign, see instructions) Carlisle, Iowa 50047 ō Type County and state where principal business is located Warren, lowa SSN, ITIN, or EIN 7a Name of responsible party Pamela J. Brueggeman Is this application for a limited liability company (LLC) (or If 8a is "Yes," enter the number of ☐ No LLC members If 8a is "Yes," was the LLC organized in the United States? Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check. ☐ Estate (SSN of decedent) Sole proprietor (SSN)_ Plan administrator (TIN) Partnership ☐ Trust (TIN of grantor) Corporation (enter form number to be filed) ☐ State/local government ■ National Guard Personal service corporation Farmers' cooperative Federal government/military Church or church-controlled organization Indian tribal governments/enterprises Other nonprofit organization (specify) -Group Exemption Number (GEN) If any ▶ Other (specify) ▶ If a corporation, name the state or foreign country Foreign country State (If applicable) where incorporated Reason for applying (check only one box) ☐ Banking purpose (specify purpose) ▶ ☑ Changed type of organization (specify new type)
▶ prinrshp > LLC ☐ Started new business (specify type) ▶ Purchased going business ☐ Created a trust (specify type) ▶ _ Hired employees (Check the box and see line 13.) Compliance with IRS withholding regulations ☐ Created a pension plan (specify type) ▶ Other (specify) ▶ Date business started or acquired (month, day, year). See instructions. Closing month of accounting year December 31 11 02/13/2013 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 Highest number of employees expected in the next 12 months (enter -0- if none). 13 annually instead of Forms 941 quarterly, check here. If no employees expected, skip line 14. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total Other Agricultural Household wages.) If you do not check this box, you must file 1 0 Form 941 for every quarter. First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to ☐ Health care & social assistance ☐ Wholesale-agent/broker Check one box that best describes the principal activity of your business. ☐ Construction ☐ Rental & leasing ☑ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail ☐ Real estate ☐ Manufacturing ☐ Finance & Insurance Other (specify) Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Passengers Yes If "Yes," write previous EIN here ▶ 45-4905692 Complete this section only if you want to authorize the named individual to receive the entity's EHV and answer questions about the completion of this form. Designee's telephone number (include area code) Designee's name Third (323) 962-8600 x 5205 Party Abraham Zavala Designee's fax number (include area code) Address and ZIP code (323) 962-0227 101 N. Brand Ave., 10th Floor, Glendale, CA 91203 Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Applicant's telephone number (include area code) (515) 432-5855 Name and title-(type or print clearly) ▶ Pamela J. Brueggeman, Member Applicant's fax number (include area code)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form \$\$-4 (Rev. 1-2010)