

Notice Section

This is not an agenda item for this meeting, but serves as a public notice. The following individuals have filed and completed applications for Taxicab Medallion Holder Permits, Ramped Taxicab Medallion Holder Permits or Color Scheme Changes which will be reviewed and considered on the October 23, 2007 hearing.

Notice Section: Item A

Consideration of the Taxi Commission to grant a Color Scheme Change to:

Medallion Holder Name:	Medallion #:	Change:
1. Michael Roach	1160	Metro to National

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

*CHANGE OF COLOR SCHEME - From: METRO
(Complete front side only)

*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>MICHAEL J. ROACH</u>		Phone <u>(415)</u>
Residence Address (Street Address, City, State, Zip) <u>J. SAN FRANCISCO, CA, 94109</u>		
Joint Applicant's Name (First, Middle, Last) MAILING ADDRESS		Phone ()
Address (Street Address, City, State, Zip) <u>SAN FRANCISCO CA, 94108</u>		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.

Business Name <u>NATIONAL VETERANS CAB</u>	Business Address (Street Address, City, State, Zip) <u>2220 MCKINNON AVE.</u>	Business Phone <u>(415) 648-4444</u>
Medallion Number(s) <u>1160</u>	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please list the reason(s) why you are requesting this change:

Professional Environment
more support staff
Better repair and maintenance facilities

I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 15TH day of October, 2007 at San Francisco, California

MICHAEL J. ROACH Michael J. Roach
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>Dan Hinos</u>	Title: <u>PRESIDENT</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>NATIONAL VETERANS CAB</u> , Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>10/12/07</u> Date

OFFICE USE ONLY				RECEIVED
Agenda Notice Date <u>10/23/07</u>	Hearing Date <u>11/13/07</u>	Decision of Taxicab Commission	New Declaration Signed	
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>16</u>	
Received by: <u>Danelle</u>	Receipt No. <u>644388</u>	Amount <u>\$291-</u>	Date <u>OCT 16 2007</u>	

Applicant's Name _____

TO BE COMPLETED FOR NEW COLOR SCHEMES ONLY

Distinguishing color scheme of vehicle to be used in business: *(Must include color rendering upon submission.)*

Body _____ Hood _____ Top _____ Trunk _____ Fenders _____

Logo shown on vehicles: _____ Lettering Color _____

Other markings _____

Dispatch Service: _____

Does the applicant understand that every person, firm or corporation operating a taxicab shall adopt and have approved by the Taxicab Commission a distinguishing color scheme and design for all such taxicabs and the operators thereof, and shall use the same on all such taxicabs operated; provided, however, that any person may, with the consent of another operator to whom a distinctive color scheme has been previously assigned, use said color scheme? Yes No

Does the applicant understand that it is unlawful to make or cause to be made any changes whatever in the color or distinguishing characteristics of taxicabs unless the permission of the Taxicab Commission has first been obtained? Yes No

TO BE COMPLETED BY THE ACCEPTING DISPATCH SERVICE ONLY

Name of Dispatch Service:

NATIONAL CAB DISPATCH

Address:

3270 McARDEN AVE.

I, *Dan HINDS*, the person authorized to sign for the Dispatch Service hereby give
Print Name of Authorized Person of Dispatch Service

consent to the applicant named to use the dispatch service.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

[Signature]

Signature of Authorized Person

PRESIDENT

Title

10/12/07

Date

2270 McKINNON AVE.
SAN FRANCISCO, CA 94124
DISPATCH: (415) 648-4444
OFFICE: (415) 648-4119
FAX: (415) 821-6861



dba VETERANS CAB, INC.
(415) 552-1300

DAN HINDS
PRESIDENT

October 16, 2007

To Whom It May Concern:

National/Veterans Cab has not at this time assigned a vehicle to Michael Roach to be used for medallion #1160.

National/Veterans Cab will provide the Taxi Commission with the registration of an assigned vehicle for medallion #1160 within thirty days.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Hinds", is written over a light background.

Dan Hinds
President
National/Veterans Cab

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR TG
NATIO-2

DATE (MM/DD/YYYY)
10/07/07

PRODUCER
Y. A. Tittle Insurance
& Financial Services
1890 N. Shoreline Blvd., 2nd F
Mountain View CA 94043
Phone: 650-856-2120 Fax: 650-856-3971

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
National Cab Company, Inc.
Veterans Cab Company
2270 McKinnon Avenue
San Francisco CA 94124

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: St. Paul Insurance Company	
INSURER B: Mercury Insurance Company	27553
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	SF	12/01/06	12/01/07	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$1,000,000 MED EXP (Any one person) \$ \$50,000.00 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$1,000,000
B	X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		10/07/07	10/07/08	COMBINED SINGLE LIMIT (Ea accident) NAIC # \$ \$1,000,000 BODILY INJURY (Per person) \$ 27553 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ \$1,000,000 AGGREGATE \$ \$1,000,000 \$ \$0.000.00 \$ \$0.000.000 \$ \$0.000.000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER \$ \$0.000.000 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ \$0.000.000 E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
SAN FRANCISCO TAXICAB COMPANY.
 LEASE REFER TO THE ATTACHED LIST OF SCHEDULED MEDALLIONS.
 THE CITY AND COUNTY OF SAN FRANCISCO, THE POLICE COMMISSION AND THE AIRPORT COMMISSION OF THE CITY AND COUNTY OF SAN FRANCISCO AND ALL THEIR OFFICERS AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER
 SAN FRANCISCO POLICE DEPT.
 HALL OF JUSTICE ROOM #458
 PERMIT SECTION
 850 BRYANT STREET
 SAN FRANCISCO CA 94103

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
 Paul Batmale

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/04/2007

PRODUCER (415)564-4400 FAX (415)564-4494
DiNicola Insurance Services
License# 0B29457
1635 Irving Street
San Francisco, CA 94122

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED National Cab Company, Inc.
DBA: Veterans Cab Company
2270 McKinnon Avenue
San Francisco, CA 94124

INSURER A: Delos Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L TR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		/01/2007	05/01/2008	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Taxicab service re: medallion #'s: 22, 25, 26, 27, 28, 52, 56, 69, 124, 130, 137, 162, 170, 174, 182, 186, 193, 194, 204, 205, 207, 209, 210, 213, 214, 215, 216, 220, 221, 222, 223, 224, 225, 226, 233, 243, 301, 302, 306, 326, 330, 336, 354, 366, 377, 380, 417, 434, 446, 496, 522, 523, 543, 561, 712, 722, 724, 727, 734, 745, 748, 768, 842, 856, 860, 865, 881, 884, 887, 897, 980, 1015, 1064, 1100, 1111, 1146, 1167, 1185, 1231, 1279

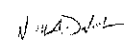
CERTIFICATE HOLDER

City & County of San Francisco
Taxi Commission
25 Van Ness Avenue
Suite 420
San Francisco, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Nick DiNicola/MARCO



Notice Section: Item B

Consideration of the Taxi Commission to grant a Taxicab or Ramp
Taxicab Medallion Holder Permit to:

Taxicab Permit Applicant:	List #:	Color Scheme:	Medallion Type:
1. Arkadiy Dulman	6-482	Black & White Checker	Regular
2. Mikhail Lirisman	6-477	Luxor Cab	Regular
3. Gordon Bell	6-756	Luxor Cab	Ramp
4. Yuriy Gasparyan	6-777	SF Taxi Company	Ramp
5. Alula Woldeab	6-480	Xxxx	Regular
6. William Wilkes	6-472	Luxor Cab	Regular

*Complete Applications will be available in the Taxi Commission Office by Monday
October 22, 2007



MEMORANDUM

To: Honorable Commissioners

From: Heidi Machen
Executive Director

Date: October 17, 2007

Re: Medallion Applicants Arkadiy Dulman, List# 6-482, Mikhail Lirisman, List# 6-477 and Gordon Bell, List# 6-756 (Ramp), Yuriy Gasparyan, List# 6-777 (Ramp), Alula Woldeab, List# 6-480

1. Arkadiy Dulman, List# 6-482

Mr. Dulman is being offered a Regular Taxicab Medallion Permit. Upon reviewing Mr. Dulman's waybills, staff found that he has violated the following rules and regulations:

Date Violation Occurred:	Rule Violated:	Explanation/Description of Violation:
2004: 84 waybills 2005: 135 waybills 2006: 51 waybills	MPC Section 1138(c)	Vehicle license number shall be recorded on waybills. <i>This information was not recorded on waybills.</i>

- The Taxi Commission has given Mr. Dulman a written formal admonishment for the above violations.
- Mr. Dulman has met the driving requirement for 2004, 2005 and 2006 by driving over 800 hours in each year.

2. Mikhail Lirisman, List# 6-477

Mr. Lirisman is being offered a Regular Taxicab Medallion Permit. Upon reviewing Mr. Lirisman's waybills, staff found that he has violated the following rules and regulations:

Date Violation Occurred:	Rule Violated:	Explanation/Description of Violation:
2005, 2006 and 2007	MPC Section 1138(h)	Ending time for the period covered by the waybill. <i>This information was not recorded on waybills.</i>
2005, 2006 and 2007	Taxicab Rules & Regulations Section 6.C.8.	Signature and total number of hours worked is should be recorded on waybills. <i>This information was not recorded on waybills.</i>

- The Taxi Commission has given Mr. Lirisman a written formal admonishment for the above violations.
- Mr. Lirisman has met the driving requirement for 2005, 2006 and 2007 by driving over 156 shifts each year.

3. Gordon Bell, List# 6-756

Mr. Bell is being offered a Ramp Taxicab Medallion Permit. Upon reviewing Mr. Bell's waybills, staff found that he has violated the following rules and regulations:

Date Violation Occurred:	Rule Violated:	Explanation/Description of Violation:
2005	MPC Section 1138(f)	Starting mileage of the taxicab for period covered by waybill. <i>This information was not recorded on all waybills.</i>
2005	MPC Section 1138(g)	Starting meter units for period covered by waybill. <i>This information was not recorded on all waybills.</i>
2005	MPC Section 1138(h)	Ending time for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2005	MPC Section 1138(i)	Ending mileage of the taxicab for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2005	MPC Section 1138(j)	Ending meter units for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2005, 2006 and 2007	Taxicab Rules & Regulations Section 6.C.8.	The waybills shall be completed in indelible ink & shall include the total number of hours worked. <i>Waybills were written in pencil and the total hours were not recorded on all waybills.</i>

- The Taxi Commission has given Mr. Bell a written formal admonishment for the above violations.
- Mr. Bell has met the driving requirement for 2005, 2006 and 2007 by driving either 156+ shifts or 800+ hours each year.
- Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.
 - Completed over 400 hours in the last six months.

Mr. Bell only completed 93 wheelchair pick ups in the last six months however throughout the last three years, he has shown that he regularly picks up passengers that require a ramp van.

4. Yuriy Gasparyan, List# 6-777

Mr. Gasparyan is being offered a Ramp Taxicab Medallion Permit.

- Mr. Gasparyan has met the driving requirement for 2004, 2005 and 2006 by driving over 156 shifts each year.
- Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.
 - Completed over 76 shifts in the last six months.
 - Mr. Gasparyan completed 100 wheelchair pick ups in the last six months.

Continued on next page...

5. Alula Woldeab, List# 6-480

Mr. Woldeab is being offered a Regular Taxicab Medallion Permit. Upon reviewing Mr. Woldeab's waybills, staff found that he has violated the following rules and regulations:

Date Violation Occurred:	Rule Violated:	Explanation/Description of Violation:
2004, 2005 and January through April of 2006	MPC Section 1138(f)	Starting mileage of the taxicab for period covered by waybill. <i>This information was not recorded on all waybills.</i>
2004, 2005 and January through April of 2006	MPC Section 1138(g)	Starting meter units for period covered by waybill. <i>This information was not recorded on all waybills.</i>
2004, 2005 and January through April of 2006	MPC Section 1138(h)	Ending time for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2004, 2005 and January through April of 2006	MPC Section 1138(i)	Ending mileage of the taxicab for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2004, 2005 and January through April of 2006	MPC Section 1138(j)	Ending meter units for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2006	MPC Section 1138 (h)	Ending time for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2004, 2005 and 2006	Taxicab Rules & Regulations Section 6.C.8.	The waybills shall be completed in indelible ink & shall include the total number of hours worked. <i>Waybills did not include the total hours worked.</i>

- The Taxi Commission has given Mr. Woldeab a written formal admonishment for the above violations.
- Mr. Woldeab has met the driving requirement for 2004, 2005 and 2006 by driving over 156 shifts each year.

Notice Section: D 1 & D2

- D1. Consideration of the Taxi Commission to approve a Taxi Wrap Color Scheme for the following Color Scheme:

Color Scheme:	Luxor Cab
Medallion #s:	1085
Duration of Campaign:	November 19-2007 – January 13,2008
Advertiser:	American Red Cross – Earthquake Preparedness

- D2. Consideration of the Taxi Commission to approve a Taxi Wrap Color Scheme for the following Color Scheme:

Color Scheme:	Yellow Cab Coop
Medallion #s:	372, 586, 633, 759, 831, 996 1029, 1186
Duration of Campaign:	November 7,2007 – December 21,2007
Advertiser:	IShares-Cirque Du Soleil

JUL. 16. 2007 2:27PM

YELLOW CAB COOP

NO. 5818 P. 2



CITY AND COUNTY OF SAN FRANCISCO TAXI COMMISSION Taxi Advertising Application

Today's Date: 10-16-2007

Color Scheme Information (Please Print Clearly):

~~American Red Cross~~ Luxor Cab

Color Scheme Name

STANGHELLINI, TOM Phone Number 415-401-1420

Manager Name (Last, First) Phone Number SAN FRANCISCO CA 94107

2230 Jerrald Ave City State Zip Code

Address

Taxi Ad Fund (Please turn in payment with this application):

2 x 2 x 200 = 200

Number of Vehicles used for Taxi Ad Number of Months (6 month max./vehicle) Total Fee Due

Advertiser Information (Please Print Clearly):

ANDREA NEWMAN (510) 446-7255

Contact Person (Last, First) Phone Number Clear Channel Taxi Media

Company Name OAKLAND CA 94607

555 12TH STREET, SUITE 950 City State Zip Code

Address

American Red Cross - Earthquake preparedness 11/19/07 - 1/13/2008

Campaign/Advertiser Duration of Campaign

Number of Taxis Being used for Campaign #1085

List all Medallion Numbers that will be used for the Campaign

"Earthquake debris" atop white logo on side of taxi

Brief Description of Proposed Taxi Advertising

*PLEASE INCLUDE 10 COLOR COPIES OF THE ADVERTISING CAMPAIGN ALONG WITH THIS APPLICATION AND FUND PAYMENT.

I (We) hereby agree to the proposed Taxi Advertising. Executed this 16TH day of OCTOBER, 2007. Thomas J. Stanghellini Signature

AGENCY RECEIVED

Agency Notice Date 10/23/07	Filing Date 11/13/07	Decision of Taxicab Commission	Photos Submitted submit later
Received by [Signature]	Receipt No. 044387	Amount 200	Date

(Rev. 4/12/05)

RECEIVED

OCT 16 2007



**CITY AND COUNTY OF SAN FRANCISCO
TAXI COMMISSION
Taxi Advertising Application**

October 3, 2007

Today's Date: _____

Color Scheme Information (Please Print Clearly):			
YELLOW CAB CO-OP		(415) 333-3333	
Color Scheme Name		Phone Number	
RICH WIENER		(415) 593-9223	
Manager Name (Last, First)		Phone Number	
1200 MISSISSIPPI STREET		SAN FRANCISCO CA 94107	
Address	City	State	Zip Code

Taxi Ad Fund (Please turn in payment with this application):		
8	1	\$800
X	X	\$100 =
Number of Vehicles used for Taxi Ad	Number of Months (6 month max./vehicle)	Total Fee Due

Advertiser Information (Please Print Clearly):			
Dannelle Mielbrecht		(510) 446-7213	
Contact Person (Last, First)		Phone Number	
Clear Channel Taxi Media			
Company Name		Phone Number	
555 12 TH STREET, SUITE 950		OAKLAND CA 94607	
Address	City	State	Zip Code
iShares – Cirque Du Soleil	11/7/07 to 12/21/07		
Campaign/Advertiser	Duration of Campaign		
8	1		
Number of Taxis Being used for Campaign	List all Medallion Numbers that will be used for the Campaign		
iShares – Cirque Du Soleil	372, 586, 633, 759, 831, 996, 1029, 1186		
Brief Description of Proposed Taxi Advertising			

I (We) hereby agree to the proposed Taxi Advertising. Executed this 5th day of OCTOBER, 2007.

WIENER RICHARD _____ [Signature] _____
 Color Scheme Manager Print Name (Last, First) Signature

RECEIVED

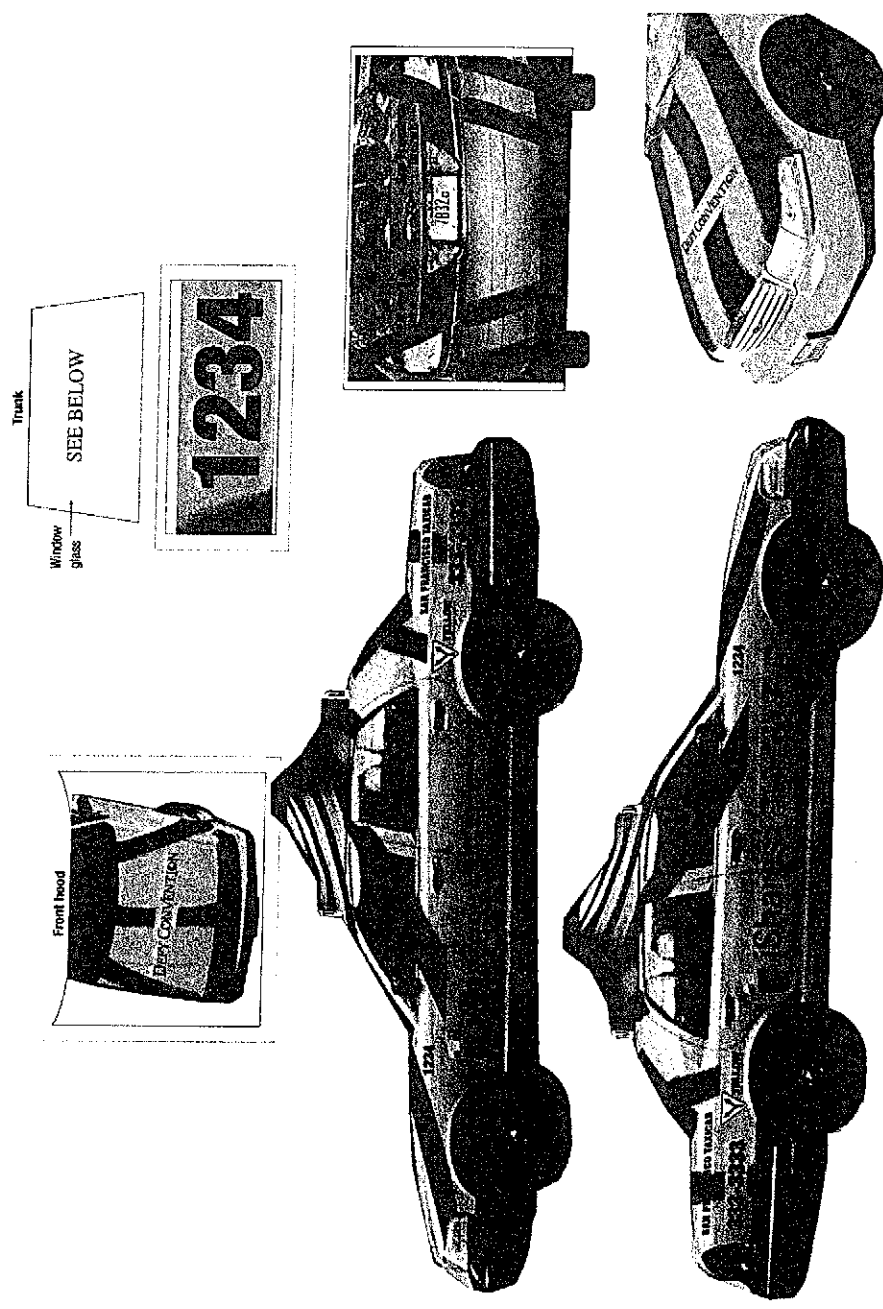
OFFICE USE ONLY			
Agenda Notice Date <u>10.23.07</u>	Hearing Date <u>11.13.07</u>	Decision of Taxicab Commission	Photos Submitted <u>OCT 05 2007</u>
Received by: <u>T.O</u>	Receipt No. <u>044377</u>	Amount <u>800.00</u>	Date

(Rev. 4/12/06)

SuperGraphics.
a division of GM Nameplate



2201 Fifteenth Avenue West | Seattle, Washington 98119 • Phone: 206.284.2201 | Toll Free: 800.695.4185 | Fax: 206.284.8510



10.02.07

(job) proof file name: iShares/Cirque du Soleil tent wrap FPO
notation: Clear Channel, "San Francisco taxi identification markings"
vehicle type (or other): Ford Crown Victoria (20th scale)