

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 C

Consideration of the Taxi Commission to grant a change of dispatch for Gold Star Taxi:

Old Dispatch Service:	New Dispatch Service:
CityWide Dispatch	Town Taxi Dispatch

RECEIVED Thursday September 27, 2007

SEP 27 2007

SAN FRANCISCO
TAXI COMMISSION

From: GOLD STAR TAXI
98 Pennsylvania Avenue
San Francisco, CA.94107

TO: Heidi Machen

Executive Director

SAN FRANCISCO TAXI COMMISSION

RE: Request for Address and Radio Dispatch Change.

Dear Heidi,

As required by the San Francisco Taxi commission rules and regulation, this is a request to change Gold Star Taxi current business address and Radio dispatch as follows:

Business Address:

From 98 Pennsylvania Avenue, San Francisco, CA. 94107

To 999 Pennsylvania Avenue, San Francisco, CA. 94107

Radio Dispatch:

From Citywide Radio Dispatch

To Town Taxi Radio Dispatch

Thank you very much,



Ayad Badrous

Gold Star Taxi

CC: Citywide Dispatch, Regent Cab Company, and Town Taxi

Notice Section: D

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. Steven L. Keys	6-462	Yellow Cab Co-Op	Regular
2. Victoria Lansdown	6-469	DeSoto Cab	Regular



MEMORANDUM

To: Honorable Commissioners

From: Heidi Machen
Executive Director

Date: October 5, 2007

Re: Medallion Applicants Steven L. Keys, List# 6-462 and Victoria Lansdown,
List# 6-469

1. Steven L. Keys, List# 6-462

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

Date Violation Occurred:	Rule Violated:	Explanation/Description of Violation:
2004, 2005, 2006 and 2007	Taxicab Rules & Regulations Section 6.C.8.	Waybills shall include the total number of hours worked. <i>This information was not recorded on waybills.</i>
2004, 2005, 2006 and 2007	MPC Section 1138	Drivers of taxicabs shall keep an accurate and legible waybill. <i>Waybills are illegible.</i>
2004: 15 Waybills 2005: 25 Waybills 2006: 24 Waybills 2007: 83 Waybills	MPC Section 1138 (h)	Ending time for the period covered by the waybill shall be recorded on waybill. <i>This information was not recorded on waybills.</i>
2004, 2005, 2006 and 2007	MPC Section 1138 (i)	Ending mileage for the period covered by waybill. <i>This information was not recorded on all waybills.</i>
2004, 2005, 2006 and 2007	MPC Section 1138 (k)	The number of passengers for each trip shall be recorded on waybill. <i>This information was not recorded on all waybills.</i>
2004, 2005, 2006 and 2007	MPC Section 1138 (l)	The origin and destination of each trip shall be recorded on waybill. <i>This information was not recorded on all waybills.</i>
2004, 2005, 2006 and 2007	MPC Section 1138 (m)	The charges authorized and made for each trip shall be recorded on waybill. <i>This information was not recorded on all waybills.</i>
2004, 2005, 2006 and 2007	MPC Section 1138 (n)	The time of hire and discharge for each trip shall be recorded on waybill. <i>This information was not recorded on all waybills.</i>

- The Taxi Commission has given Mr. Keys a written formal admonishment for the above violations.
- Mr. Keys has met the driving requirement for 2006 and 2007. He did not meet the driving requirement for 2004 and 2005. Total hours driven for each year:
 - 2004: 676 hours
 - 2005: 621 hours
 - 2006: 899 hours
 - 2007: 815 hours

2. Victoria Lansdown, List# 6-469

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

Date Violation Occurred:	Rule Violated:	Explanation/Description of Violation:
2004: All Waybills 2005: All Waybills 2006: All Waybills	Taxicab Rules & Regulations Section 6.C.8.	Waybills shall include the total number of hours worked. <i>This information was not recorded on waybills.</i>
2004: All Waybills 2005: All Waybills 2006: 39 Waybills	MPC Section 1138 (g)	Starting meter units for period covered by waybill shall be included. <i>This information was not recorded on waybills.</i>
2004: 21 Waybills 2005: 12 Waybills	MPC Section 1138 (h)	Ending time for the period covered by the waybill shall be recorded on waybill. <i>This information was not recorded on waybills.</i>
2004: All Waybills 2005: All Waybills 2006: 39 Waybills	MPC Section 1138 (j)	Ending meter units for the period covered by the waybill shall be recorded. <i>This information was not recorded on all waybills.</i>
2004: All Waybills 2005: All Waybills 2006: 39 Waybills	MPC Section 1138 (k)	The number of passengers for each trip shall be recorded on waybill. <i>This information was not recorded on all waybills.</i>
2004: All Waybills 2005: All Waybills 2006: 39 Waybills	MPC Section 1138 (m)	The charges authorized and made for each trip shall be recorded on waybill. <i>This information was not recorded on all waybills.</i>
2004: All Waybills 2005: All Waybills 2006: 39 Waybills	MPC Section 1138 (n)	The time of hire and discharge for each trip shall be recorded on waybill. <i>This information was not recorded on all waybills.</i>

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

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) STEVEN LAIRD KEYS					Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SAN FRANCISCO, CA 94133						
Mailing Address (If different than residence address)						
Residence Phone Number: (415) _____			Alternate Phone Number: () _____			
Hours Available at this Number:			Hours Available at this Number:			
Social Security Number		Other name(s) used				
California Driver's License Number / Expiration Year			Date of Birth		Place of Birth	
Race (Optional) NATIVE AMERICAN		Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 5' 4 3/4"	Weight 165	Eye Color BLUE	Hair Color GREY
Color Scheme / Business Name YELLOW CAB CO-OP					Business Number (415) 282-3737	
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI, SAN FRANCISCO, CA 94107						
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number			Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes -Date Permit was Issued: 12/22/06 Permit #: P44-039454			

Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)

AS A CAB DRIVER IN SAN FRANCISCO, I HAVE TWENTY-EIGHT YEARS OF EXPERIENCE IN SERVING PUBLIC NEEDS AND AN INTIMATE KNOWLEDGE OF THE CITY. I AM MINDFUL THAT PEOPLE IN THE OUTER NEIGHBORHOODS OF S.F. HAVE GREAT DIFFICULTY GETTING TAXI SERVICE AND AM CONSCIENTIOUS IN RETRUEVING CALLS FROM THESE AREAS. I AM VERY AWARE OF THE NEEDS OF THE DISABLED AND THE ELDERLY AND ACTIVELY ASSIST THEM AS NECESSARY. NATNE ENGLISH-SPEAKING, I AM ALSO CONVERSANT IN ITALIAN AND SPANISH. I AM GENUINELY CHEERFUL AND HELPFUL WHEN ASSISTING PASSENGERS, DRESS NEATLY, AM ORGANIZED WITH CHANGE, AND PRESENT A POSITIVE ATTITUDE AT ALL TIMES. MY RECORD IS ONE OF ASSISTANCE TO EMERGENCY AND LAW ENFORCEMENT AGENCIES AND A COMMITTMENT TO COMMUNITY SERVICE. WITHOUT REGARD TO AGE, RACE, GENDER, DISABILITY, OR ECONOMIC STATUS, THAT EXTENDS BEYOND TAXI DRIVING. I ALSO MAKE A GREAT SANTA IN DECEMBER.

RECEIVED

OFFICE USE ONLY			
Received by:	Receipt No. 044372	Amount	Date 06/01/2007
Notice Date	Hearing Date:		

SAN FRANCISCO TAXI COMMISSION

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). Yes No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
8/29/89	PRESENT	SAN FRANCISCO, CA 94133

How long have you lived within a 30 mile radius of San Francisco? 30 years 5 months

How many years driving experience do you have in San Francisco? 30 years _____ months

Are you physically qualified to drive a standard vehicle safely? Yes No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1979	PRESENT	YELLOW CAB CO-OP	1200 MISSISSIPPI, S.F., CA 94107	DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? Yes No If yes, provide the information required below. (Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? Yes No
Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?
 Yes No

Do you have any physical impairments? Yes No If yes, describe the impairment:

Have you ever had: Epilepsy Yes No Vertigo Yes No Heart Trouble Yes No

Are you now, or have you ever been, Addicted to the use of intoxicating liquor? Yes No Any Narcotic Drug? Yes No

Were you previously licensed as a taxi driver or chauffeur? Yes No If yes, has the license been revoked? Yes No If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Yes No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

YELLOW CAB CO-OP

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? Yes No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? Yes No

Read each section and sign initials to the left of each section if you agree and understand.

MS I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

MS I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

MS I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 1st day of OCTOBER, 20 07 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

OCT 01 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

CHANGE OF COLOR SCHEME - From: _____
(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) STEVEN LAIRD KEYS		Phc ()
Residence Address (Street Address, City, State, Zip) SAN FRANCISCO, CA 94133		RECEIVED OCT 01 2007
Residence Address (Street Address, City, State, Zip)		
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 YELLOW CAB CO-OP	Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI ST, S.E, CA 94107	Business Phone (415) 282-3737
Medallion Number(s)	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please list the reason(s) why you are ^{taking medallion to chosen color scheme} requesting this change:

BEST EQUIPMENT, BEST MAINTAINANCE

BEST ORGANIZED

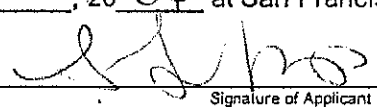
PROGRESSIVE, E.G.: CNG VEHICLES, CNG TANKS ON PROPERTY

POSITIVE LONG-TERM EXPERIENCE

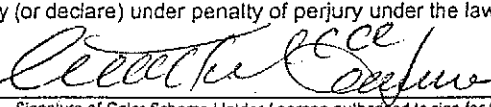
FRIENDS AT COMPANY

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 1ST day of OCTOBER, 2007 at San Francisco, California

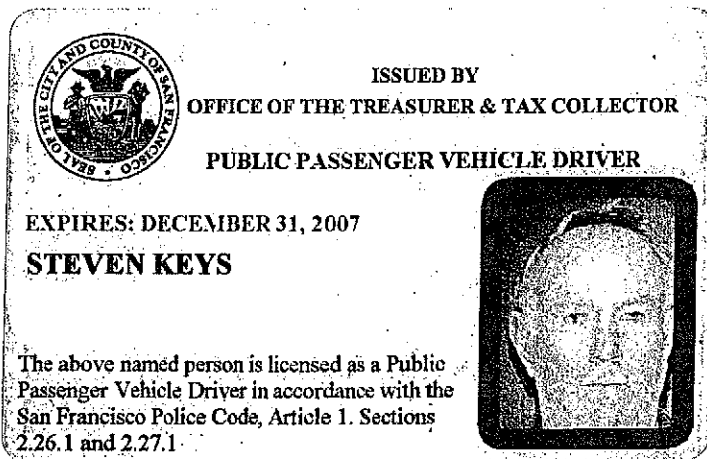
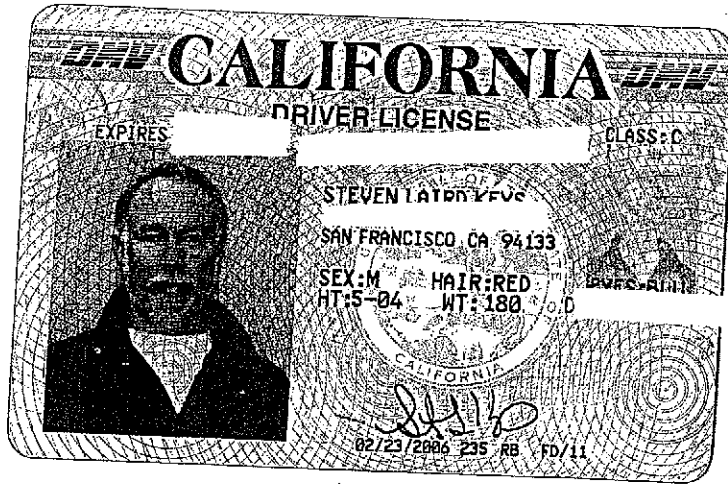
STEVEN L. KEYS 
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder NATHAN DWIRI	Title PRESIDENT
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>yellow</u> 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.	
 Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>Sept 29, 2007</u> Date

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) Victoria Lansdown		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) San Francisco CA 94110			
Mailing Address φ			
Residence Phone Number: (415) 441-1111		Alternate Phone Number: ()	
Hours Available at this Number:		Hours Available at this Number:	
Social Security Number		Other name(s) used φ	
California Driver's License Number 211		Place of Birth Phoenix AZ	
Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 56	Weight 150	Eye Color Blue
Color Scheme / Business Name De Soto Cab Co.		Business Number (970) 1300	
Color Scheme / Business Address (Street Address, City, State, Zip) 555 Selby St San Francisco CA			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: 1/30/07 Permit #: P44-036055 7/2/2007	

Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)

The public would not be as well served, if this permit is not issued to me (Victoria Lansdown) because:

- 1) I was raised in San Francisco
- 2) I learned to drive a motor vehicle, in San Francisco in 1967,
- 3) Anyone else would not know the city as well as I.
- 4) I rally myself with the premiere radio dispatch service; De Soto Cab Co,
- 5) I take "radio calls" throughout my entire shift, no matter how busy it is on the street.
- 6) I know the out-lying areas of the city and have the ability to reach the customer and then convey them to their destination in record time, few other operators can match my skill in this regard

OFFICE USE ONLY			
Received by: 	Receipt No. 044374	Amount 638	Date OCT 03 2007
Notice Date: 10/9/07	Hearing Date: 10/30/07		RECEIVED SAN FRANCISCO

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). Yes No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
3/15/93	present	San Francisco CA 94110

How long have you lived within a 30 mile radius of San Francisco? 55 years _____ months

How many years driving experience do you have in San Francisco? 40 years _____ months

Are you physically qualified to drive a standard vehicle safely? Yes No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
6/90	present	De Soto Cab Co	555 Selby St SF CA	driver
6/84	8/90	City Cab Co.	Industrial / Bayshore	driver

Have you ever been convicted of, or plead guilty or No Contest to any crime? Yes No If yes, provide the information required below. (Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? Yes No Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? Yes No

Do you have any physical impairments? Yes No If yes, describe the impairment:

Have you ever had: Epilepsy Yes No Vertigo Yes No Heart Trouble Yes No

Are you now, or have you ever been, Addicted to the use of intoxicating liquor? Yes No Any Narcotic Drug? Yes No

Were you previously licensed as a taxi driver or chauffeur? Yes No If yes, has the license been revoked? Yes No If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Yes No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

De Soto Cab Co

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? Yes No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? Yes No

Read each section and sign initials to the left of each section if you agree and understand.

VA I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

VA I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

VA I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 1st day of October, 20 07 at San Francisco, California.

Chad Jordan
Signature of Applicant

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

CHANGE OF COLOR SCHEME - From: _____
(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) Victoria Hansdown	Phone (415)
Residence Address (Street Address, City, State, Zip) San Francisco CA 94110	

Joint Applicant's Name (First, Middle, Last)	Phone () RECEIVED
Residence Address (Street Address, City, State, Zip) OCT 03 2007	

Is this a Corporate permit? No Yes If yes, Name of Corporation: **SAN FRANCISCO TAXI COMMISSION**

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

Business Name De Soto Cab Co	Business Address (Street Address, City, State, Zip) 555 Selby St. San Francisco CA 94110	Business Phone (415) 970 1300
Medallion Number(s)	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I want to affiliate myself with De Soto Cab Co, because they have the best radio in the industry.

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 **2** day of **October**, 20**07** at San Francisco, California

Victoria Hansdown _____
Print Name of Applicant

[Signature] _____
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: CINDY L. WARD	Title: GENERAL MGR.
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for DESOTO CAB CO. Taxicab Color Scheme	
I 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.	
Cindy L. Ward _____ Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	10/1/07 _____ Date

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date

RECEIVED

OCT 03 2007

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE


CLASS: C


VICTORIA LANSDOWN

SEX: F HAIR: BLN EYES: BLU
HT: 5-06 WT: 190

RSTR: CORR LENS

Ch. [Signature]
04/10/2006 235 RB FD/11



 ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007
VICTORIA LANSDOWN

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1. Sections 2.26.1 and 2.27.1

