

Notice Section: Item A

Consideration of the Taxi Commission to remove the following applicant name(s) from the Public Convenience & Necessity waiting list in accordance with Municipal Police Code Section 1080(c)(2) for failure to respond and submit an application:

Applicant Name(s)	List #
1. Gary Martinovsky	6-417



MEMORANDUM

TO: HONORABLE COMMISSIONERS

FROM: HEIDI MACHEN
EXECUTIVE DIRECTOR

DATE: AUGUST 8, 2007

RE: PUBLIC CONVENIENCE & NECESSITY: Ineligibility for a Ramped Taxicab Medallion Permit (List# 6-554) and Hearing to Remove Applicant Name from the Taxicab Public Convenience and Necessity Waiting List (List# 6-417)

The following drivers were granted a one year time waiver on July 25, 2006. As of July 27, 2007 the drivers have not submitted applications for either the regular or ramped taxicab medallion holder permit and have failed to contact the Taxi Commission.

The driver below is being considered ineligible for a **ramped** taxicab medallion holder permit for Municipal Police Code Section 1080(c)(2), failure to respond and submit an application:

1. Danil Levi, List # 6-554

- March 18, 1994: applied for the medallion waiting list.
- January 19, 2001: First offer letter sent for a Ramp medallion. Taxi Detail received no response.
- June 17, 2006: Offered Ramp medallion.
- June 21, 2006: Mr. Levi wrote a letter requesting a time waiver.
- July 25, 2006: Taxi Commission granted a one year time waiver due to expire July 25, 2007.
- July 25, 2007: Mr. Levi did not contact the Taxi Commission to file appropriate applications for the ramped taxicab medallion holder permit.

The driver below is being considered for **removal from the PC&N Waiting List** for Municipal Police Code Section 1080(c)(2), failure to respond and submit an application:

1. Gary Martinovsky, List # 6-417

- May 26, 1993: applied for the medallion waiting list.
- November 27, 2000: First offer letter sent for a Ramp medallion.
- November 28, 2000: Applicant declined Ramp medallion.
- June 15, 2006: First offer letter sent for a regular medallion.
- June 20, 2006: Mr. Martinovsky called and told staff at the Taxi Commission office that he has not driven since the year 2000.
- July 05, 2006: Mr. Martinovsky wrote a letter requesting a time waiver.
- July 25, 2006: Taxi Commission granted a one year time waiver due to expire July 25, 2007.
- July 25, 2007: Mr. Martinovsky did not contact the Taxi Commission to file appropriate applications for the regular taxicab medallion holder permit.

Notice Section: Item B

Consideration of the Taxi Commission to consider applicant(s) ineligible for a **Ramp** Medallion for Municipal Police Code Section 1080(c)(2) for failure to respond and submit an application:

Applicant Name:	List #:
1. Danil Levi	6-554
2. Mahmood B. Rudsari*	6-610
3. Telesforo T. Ochoa*	6-596
4. Russell Williams	6-595
5. John D. Gould	6-597
6. Fortunato Brun	6-598
7. Felix Lantsman	6-604
8. Steven G. Law	6-605
9. Kwok M. Lee	6-606
10. Russell G. Snipes	6-608

*Applicant(s) declined offer for a ramped taxicab medallion permit.



MEMORANDUM

TO: HONORABLE COMMISSIONERS

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EXECUTIVE DIRECTOR

DATE: AUGUST 8, 2007

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- July 25, 2007: Mr. Levi did not contact the Taxi Commission to file appropriate applications for the ramped taxicab medallion holder permit.

The driver below is being considered for **removal from the PC&N Waiting List** for Municipal Police Code Section 1080(c)(2), failure to respond and submit an application:

1. Gary Martinovsky, List # 6-417

- May 26, 1993: applied for the medallion waiting list.
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- July 25, 2006: Taxi Commission granted a one year time waiver due to expire July 25, 2007.
- July 25, 2007: Mr. Martinovsky did not contact the Taxi Commission to file appropriate applications for the regular taxicab medallion holder permit.

Notice Section: Item C

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

Medallion Holder Name:	Medallion #:	Change:
1. Frank Feng Chiang	654	Crown to Desoto
2. Ron Fishman	882	Metro to American Taxi
3. Bijan Afshari	1007	Yellow to Royal

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

*CHANGE OF COLOR SCHEME - From: CROWN CAB CO.
(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>FRANK FENG CHIANG</u>		Phone -
Residence Address (Street Address, City, State, Zip) <u>MORAGA, CA 94556</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input 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>CROWN CAB CO.</u>	Business Address (Street Address, City, State, Zip) <u>85 INDUSTRIAL ST SAN FRANCISCO, CA 94124</u>	Business Phone <u>(415) 920-1900</u>
Medallion Number(s) <u>#654</u>	<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:

HIGH COSTS AND BETTER BUSINESS OPPORTUNITY

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 20TH day of JULY, 2007 at San Francisco, California

FRANK FENG CHIANG
Print Name of Applicant

[Signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder <u>CINDY L. WARD</u>	Title <u>GENERAL MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>DESOTO CAB COMPANY</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>Cindy L. Ward</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>7/17/07</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>AUG 14, 2007</u>	Hearing Date <u>AUG 28, 2007</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>Y</u>	Insurance Submitted <u>Y</u>	Paint Chips Submitted	Photos Submitted <u>JUL 20 2007</u>
Received by: <u>T.O.</u>	Receipt No. <u>044312</u>	Amount <u>205.00</u>	Date <u>SAN FRANCISCO TAXI COMMISSION</u>

RECEIVED

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2007

GROUP:
POLICY NUMBER:
CERTIFICATE ID: 3
CERTIFICATE EXPIRES: 04-01-2008
04-01-2007/04-01-2008

SAN FRANCISCO TAXI COMMISSION
25 VAN NESS AVENUE ROOM 420
SAN FRANCISCO CA 94102

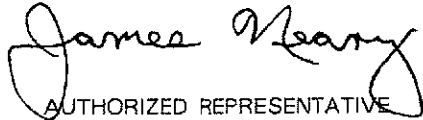
NG

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.


AUTHORIZED REPRESENTATIVE


PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

SEDAN OPERATORS COOPERATIVE, INC A CORPORATION
DBA: DESOTO CAB COMPANY
555 SELBY ST
SAN FRANCISCO CA 94124

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEAC OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



REGISTRATION CARD VALID FROM: 01/08/2007 TO: 01/31/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMB
FORD	2001	0000	BC	2006	31X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
TX	N	NM	2	D	04580	2FA	
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	USE TAX	STICKER ISSUED
COMMERCIAL		01/30/07	38	01/29/07	5	400	
		PR/HIST:	TAXI				

REGISTERED OWNER
 CHIANG FRANK F
 DBA CROWN CAB
 87 INDUSTRIAL ST

 SAN FRANCISCO
 CA 94124

AMOUNT PAID \$ 559.00

AMOUNT DUE	AMOUNT RECVD
\$ 559.00	CASH :
	CHCK :
	CRDT : 559.00

LIENHOLDER

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

MERCURY INSURANCE COMPANY

POLICY NUMBER EFFECTIVE DATE

10/12/06

10/12/07

MAKE/MODEL

FORD

VEHICLE IDENTIFICATION NUMBER

2FAFP7

AGENCY/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES
32107 W. LINDERO CANYON RD #126
WESTLAKE VILLAGE, CA 91361

INSURED

CROWN CAB # 654

SEITA & AUTOS FOR HIRE

85 INDUSTRIAL ST

SAN FRANCISCO, CA 94124

SEE IMPORTANT NOTICE ON REVERSE SIDE

IN CASE OF ACCIDENT: Report all accidents
To your Agent/Company as soon as possible.
Obtain the following information:

1. Name and address of each driver,
passenger and witness.
2. Name of insurance Company and policy
number for each vehicle involved.

ACORD 50 (1/83)

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

MERCURY INSURANCE COMPANY

POLICY NUMBER EFFECTIVE DATE

10/12/06

10/12/07

MAKE/MODEL

FORD

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES
32107 W. LINDERO CANYON RD #126
WESTLAKE VILLAGE, CA 91361

INSURED

CROWN CAB # 654

SEITA & AUTOS FOR HIRE

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To your Agent/Company as soon as possible.
Obtain the following information:

1. Name and address of each driver,
passenger and witness.
2. Name of insurance Company and policy
number for each vehicle involved.

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

TO BE COMPLETED FOR NEW COLOR SCHEMES ONLY

Distinguishing color scheme of vehicle to be used in business: Black

Logo shown on vehicles: Red, White, and Blue Stripes

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

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



Farmers Insurance Group of Companies

Dmitry Erenkov Insurance Agency

3450 Geary Blvd, Ste 100
San Francisco CA 94118
Tel (415) 752-4442
Fax (415) 752-4054

1 August 2007

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that Phillip Achilles of American Taxicab has applied for Workers Compensation coverage for Medallion #882 held by Ronald Fishman. This coverage will be provided through my Agency with Lincoln General Insurance Company effective 1 September 2007; a binder will be available shortly.

Sincerely,

A handwritten signature in black ink, appearing to read "Dmitry Erenkov".

Dmitry Erenkov
Agent/Broker

DIE/ece

RECEIVED

AUG 09 2007

SAN FRANCISCO
TAXI COMMISSION



REGISTRATION CARD VALID FROM: 04/30/2007 TO: 04/30/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2002	2002	AL	2007	32X	31	XXXXXXXXXX
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	G	NR	2	C	03880		XXXXXXXXXX
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED
COMMERCIAL		04/16/07	38	04/16/07	3		XXXXXX 5794
		PR/HIST: TAXI					PR EXP DATE: 12/31/1999

REGISTERED OWNER
 SF AMERICAN TAXICAB INC
 120 WILLOW ST

	AMOUNT DUE	AMOUNT RECVD
\$	130.00	CASH :
		CHCK :
		CRDT :

AMOUNT PAID
 \$ 130.00

SAN FRANCISCO
 CA 94109

LIENHOLDER

F00 602 25 0013000 0019 CM F00 041607 31 8F30817 682

SF AMERICAN TAXICAB, INC.

120 WILLOW STREET SAN FRANCISCO, CA 94109 (415) 614-2000 PHONE (415) 775-3321 FAX

July 26, 2007

Heidi Machen
Taxi Commission
City and County of San Francisco
25 Van Ness Avenue
San Francisco, CA 94102

RECEIVED

JUL 27 2007

SAN FRANCISCO
TAXI COMMISSION

Re: Color Scheme Change

Dear Ms. Machen:

We are requesting that Taxi Commission approval be granted at the next scheduled commission meeting for color scheme change of Ronald Fishman, holder of medallion 882, from Metro to S. F. American Taxicab, Inc.

Enclosed please find check in the amount of \$265.00 along with color scheme change application. Please contact me at (415) 614-2000 should you have any questions.

Sincerely,



Philip Achilles
American Taxicab, Inc.

Enc.

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

CHANGE OF COLOR SCHEME - From: YELLOW
(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>BIJAN AFSHARI</u>		Phone <u>()</u> <u>cell</u>
Residence Address (Street Address, City, State, Zip) <u>WALNUT CREEK, CA 94597</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
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 <u>ROYAL TAXI</u>	Business Address (Street Address, City, State, Zip) <u>2121 EVANS AVE #6 S.F. CA 94124</u>	Business Phone ()
Medallion Number(s) <u>1007</u>	<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:

WORKING WITH VOICE OPERATED RADIO

RECEIVED

JUL 31 2007

SAN FRANCISCO TAXI COMMISSION

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 30th day of July, 2007 at San Francisco, California

[Signature]
Signature of Applicant

[Signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder <u>NISHAN SWEIS</u>	Title <u>PRESIDENT</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>NISHAN SWEIS in ROYAL TAXI</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>07/30/07</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>8/14/07</u>	Hearing Date <u>8/28/07</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>Y</u>	Insurance Submitted <u>Y</u>	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. <u>644319</u>	Amount <u>205</u>	Date <u>7/31/07</u>

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 05-02-2007

GROUP:
POLICY NUMBER: 7
CERTIFICATE ID: 3
CERTIFICATE EXPIRES: 05-02-2008
05-02-2007/05-02-2008

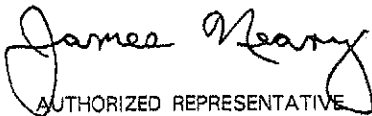
CITY AND COUNTY OF SAN FRANCISCO NA
SAN FRANCISCO TAXICAB COMMISSION
25 VAN NESS STE 420
SAN FRANCISCO CA 94102

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.


AUTHORIZED REPRESENTATIVE


PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1600 - NISHAN SWEIS, PRES-TRE - EXCLUDED.

ENDORSEMENT #1600 - SUHAILA SWEIS, VICE-PRE - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 05-02-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

C & J LEASING (A CORP.) DBA: ROYAL TAXI NA
2121 EVANS AVE # G
SAN FRANCISCO CA 94124

RECEIVED

JUL 31 2007

SAN FRANCISCO
TAXI COMMISSION



August 18, 2006


S.I. # 124

Yellow Cab Cooperative
Nathan Dwiri, President
1200 Mississippi St.
San Francisco, CA 94107

Your annual report/financial statements have been reviewed and the requirements for renewal of your self-insurance permit have been met. Your self-insurance status is valid from September 1, 2006 through August 31, 2007.

Vehicle Code Section 16020 requires that every driver and every owner shall at all times be able to establish financial responsibility and shall at all times carry in the vehicle evidence of the form of financial responsibility in effect for the vehicle. A copy of your Certificate of Self-Insurance or a copy of this letter constitutes written evidence of financial responsibility and should be placed in each of your affected vehicles.

Sincerely,


for EDWIN IMURA, Manager
Financial Responsibility Area

RECEIVED

JUL 31 2007

SAN FRANCISCO
TAXI COMMISSION

CERTIFICATE OF SELF-INSURANCE

CVC 160533

This is to certify that: **YELLOW CAB COOPERATIVE**
1200 Mississippi St.
San Francisco, Ca 94107

has been approved as a Self Insurer under the Compulsory Financial Responsibility Law and assigned Self-Insurance #124 by the Director of Motor Vehicles, pursuant to Section 16053 of the California Vehicle Code (CVC)



August 6, 1986

Notice Section: Item D

Consideration of the Taxi Commission to grant a Dispatch Change to:

Color Scheme:	Change:
1. Bay Cab	Black & White Checker to Town Taxi

* Applicant's Name Bay Cab Rogin Cardenas

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

Name of Dispatch Service:

Town Taxi

Address:

999 Pennsylvania, SF, CA 94107

I, RAFAEL MACHKOVSKY, 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.

Rafael Machkovsky
Signature of Authorized Person

PRESIDENT
Title

8/2/07
Date

BAY CAB

999 Pennsylvania Ave.
San Francisco, CA 94107
Phone: (415)206-1908
Fax: (415) 206-1110

July 30, 2007

To: Heidi Machen, Executive Director
Taxicab Commission
25 Van Ness Ave., Ste. 420
San Francisco, CA 94102.

From: Roger Cardenas
Bay Cab - manager

RE: Bay Cab Radio Dispatch Transfer Service

RECEIVED

JUL 30 2007

SAN FRANCISCO
TAXI COMMISSION

Dear Ms. Heidi Machen,

This letter is to inform you that Bay Cab Inc. will be transferring their Radio Dispatch Service from Checker Dispatch Service to Town Taxi Dispatch Service, effective as of August 1, 2007. Location and address will remain the same. Your assistance on this matter will be greatly appreciated.

Sincerely,



Roger Cardenas
Bay Cab - manager



TOWN TAXI, INC.

07/31/2007

San Francisco Taxicab Commission

Attn: Heidi Machen, Executive Director

RECEIVED

JUL 31 2007

SAN FRANCISCO
TAXI COMMISSION

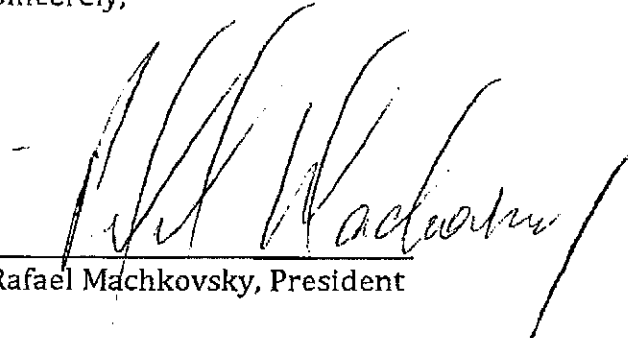
RE: Bay Cab Radio Dispatch Service

Dear Heidi!

This is to inform you that Town Taxi, Inc. has accepted Bay Cab Co. to operate under our 24 Hour Radio Dispatch Service effective August 1st, 2007.

Please let me know if I can further assist you on this matter,

Sincerely,


Rafael Machkovsky, President

999 Pennsylvania Avenue, San Francisco, CA 94107 Tel: 415.401.8900 Fax: 415.401.8722