

Notice Section: Item A

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

<b>Color Scheme:</b>	Arrow Cab Company
<b>Medallion #s:</b>	278, 279, 282, 283, 285, 286
<b>Duration of Campaign:</b>	October 1, 2007 – October 31, 2007
<b>Advertiser:</b>	CTIA-Wireless I.T. & Entertainment



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

August 22, 2007

Today's Date: \_\_\_\_\_

<b>Color Scheme Information (Please Print Clearly):</b>			
ARROW CAB COMPANY		(415) 648-3181	
Color Scheme Name		Phone Number	
MARILYN SPECK		(415) 970-1104	
Manager Name (Last, First)		Phone Number	
2575 Marin Street		SAN FRANCISCO CA 94124	
Address	City	State	Zip Code

<b>Taxi Ad Fund (Please turn in payment with this application):</b>		
6	X	\$100 = \$600
Number of Vehicles used for Taxi Ad	Number of Months (6 month max./vehicle)	Total Fee Due

<b>Advertiser Information (Please Print Clearly):</b>			
ANDREA NEWMAN		(510) 446-7255	
Contact Person (Last, First)		Phone Number	
Clear Channel Taxi Media			
Company Name		Phone Number	
555 12 <sup>TH</sup> STREET, SUITE 950		(510) 446-7255	
Address		Phone Number	
CTIA		10/1/07 to 10/31/07	
Campaign/Advertiser		Duration of Campaign	
6		278, 279, 282, 283, 285, 286	
Number of Taxis Being used for Campaign		List all Medallion Numbers that will be used for the Campaign	
CTIA - Wireless I.T. & Entertainment			
Brief Description of Proposed Taxi Advertising			

I (We) hereby agree to the proposed Taxi Advertising. Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

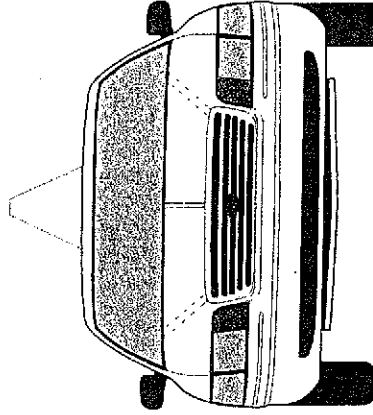
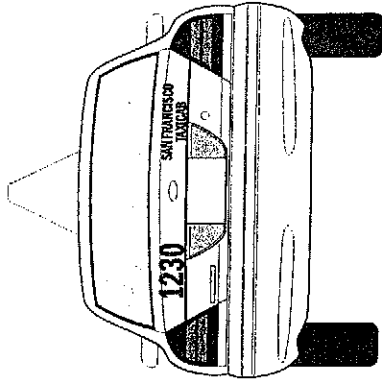
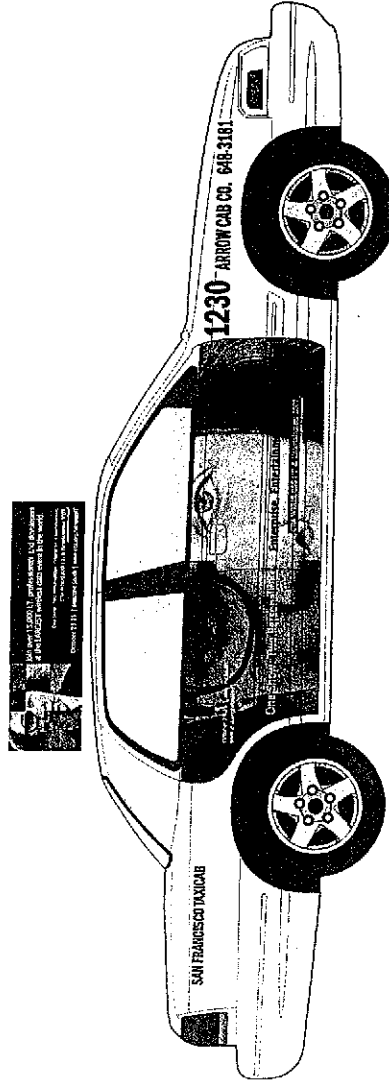
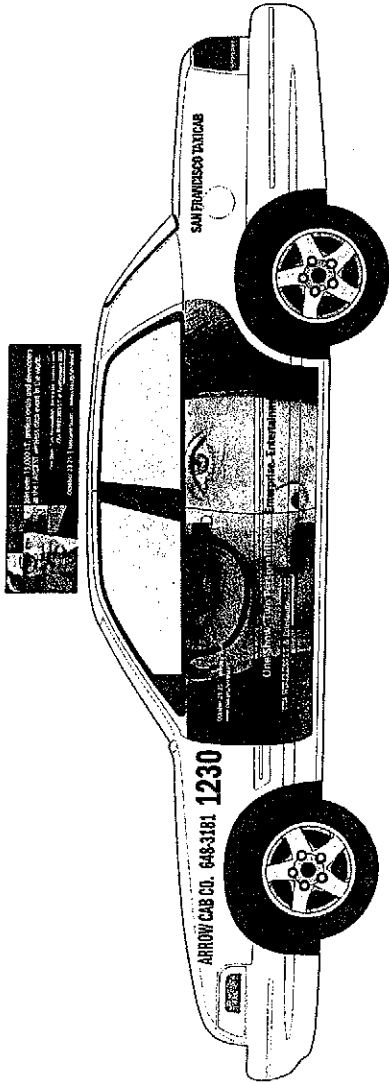
\_\_\_\_\_  
Color Scheme Manager Print Name (Last, First) Signature

OFFICE USE ONLY			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	Photos Submitted
9/11/07	9/25/07		<input checked="" type="checkbox"/>
Received by: Danelle	Receipt No. 644329	Amount \$600	Date RECEIVED

(Rev. 4/12/06)

AUG 23 2007

SAN FRANCISCO



1230

TRUCK

Doors Live: W 86" - H 28" (doors outline) Doors Bleed: W 88" - H 29.4"	SideCaps Live: W 48" - H 14" SideCaps Bleed: W 48.5" - H 14.5"	EndCaps Live: W 10.75" - H 8.75" EndCaps Bleed: W 11.25" - H 9.25"
Job #: 14185	Scale: 1/100th Scale	Approved by:
Date: 08.21.2007	Print:	Design:
Design by: derendal		Sales:



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## Notice Section: Item B

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

<b>Medallion Holder Name:</b>	<b>Medallion #:</b>	<b>Change:</b>
1. Aron Rushinsky	696	Royal to SF Taxi Cab Co
2. Solomon Makkonnen	281	Yellow Cab to DeSoto Cab
3. James Lam	990	American to Luxor
4. Hikmut U Pople	1177	Luxor to DeSoto Cab
5. Fadel Jawdat Zaru	942	DeSoto to Royal Taxi

NEW COLOR SCHEME  
(Complete both sides)

CHANGE OF COLOR SCHEME - From: ROYAL 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>ARON RUSHINSKY</u>		Phone <u>(415)</u>
Residence Address (Street Address, City, State, Zip) <u>Ca. 94122</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>S.F. TAXI-CAB CO.</u>	Business Address (Street Address, City, State, Zip) <u>2121 EVANS ST., S.F., 94124</u>	Business Phone <u>(415) 920-0709</u>
Medallion Number(s) <u>696</u>	<input checked="" 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 would like to work with my friends, in more friendly and professional environment

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 20 day of August, 2007 at San Francisco, California

Rushinsky \_\_\_\_\_  
Signature of Applicant

**TO BE COMPLETED BY ACCEPTING COLOR SCHEME**

Name of person authorized to sign for Color Scheme Holder: <u>JACK G. TRAD</u>	Title: <u>SOLE PROPRIETORSHIP</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>S.F. TAXI-CAB CO.</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>Jack G. Trad</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>20 AUGUST 07</u> Date

**OFFICE USE ONLY**

Agenda/Rolls Date <u>8/11/07</u>	Hearing Date <u>8/23/07</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chlps Submitted	Photos Submitted
Received by: <u>Danelle</u>	Receipt No. <u>644330</u>	Amount <u>\$291.20</u>	Date <u>AUG 23 2007</u>

Applicant's Name ARON RUSHINSKY

**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 SNOW WHITE Hood SNOW WHITE Top SNOW WHITE Trunk SNOW WHITE Fenders SNOW WHITE

Logo shown on vehicles: S.F. TAXI-CAB CO. Lettering Color NAVY BLUE/LETTERING NOS.

Other markings GOLDEN GATE BRIDGE - SAME COLOR AS THE G.G. BRIDGE

Dispatch Service: CITY WIDE DISPATCH

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:  
CITY WIDE DISPATCH

Address:  
2121 EVANS ST., S.F., CA 94124

JAMES E. HOLMES  
Print Name of Authorized Person of Dispatch Service

the person authorized to sign for the Dispatch Service hereby give

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.

James E. Holmes  
Signature of Authorized Person

VICE PRES  
Title

8.21-07  
Date

**INSURANCE IDENTIFICATION CARD**

(STATE) CA

COMPANY NUMBER                      COMPANY  
MERCURY                      INSURANCE COMPANY  
POLICY NUMBER                      EFFECTIVE DATE                      EXPIRATION DATE  
97                      10/12/06                      10/12/07  
21                      MAKE/MODEL                      VEHICLE IDENTIFICATION NUMBER  
2003                      TOYOTA

**AGENCY/COMPANY ISSUING CARD**

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

**INSURED**

ABON RUSHINSKY DBA: SF TAXI # 696  
SEITA & AUTOS FOR HIRE  
2121 EVANS ST  
SAN FRANCISCO, CA 94124

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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)

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 PEACE 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: 09/30/2006 TO: 09/30/2007

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
TOYOTA	2003	2003	AW	2005	32X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE
PX	G	MX	2	C	03340		
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL	10/16/06		38	10/16/06	8		
	PR/HIST: SALVAGED				J0539736		
					PR EXP DATE: 09/30/2006		

REGISTERED OWNER  
SF TAXI CAB CO  
2121 EVANS ST

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

AMOUNT PAID  
\$ 130.00

SAN FRANCISCO  
CA 94124

ENHOLDER  
ROMAN ANTONOV  
2780 43RD AVE

SAN FRANCISCO  
CA 94116

H00 599 E4 0013000 0008 CS H00 101606 31 7V94740 427



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Dmitry Erenkov Insurance Agency

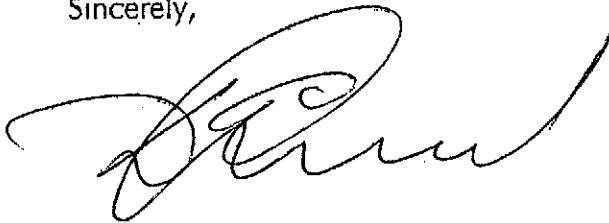
3450 Geary Blvd, Ste 100  
San Francisco CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

22 August 2007

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that an application for Workers Compensation coverage has been received for Medallion #696 from the medallion holder, Aron Rushinsky. This coverage will be provided through my Agency with Lincoln General Insurance Company effective 10 September 2007; a binder will be available shortly.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Erenkov', written in a cursive style.

Dmitry Erenkov  
Agent/Broker

DIE/ece

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

\*CHANGE OF COLOR SCHEME - From: Yellow Cab  
(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>SOLOMON MAKONNEN<sup>K</sup></u>	
Residence Address (Street Address, City, State, Zip) <u>TY, CA, 94015</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>DE SOTO CAB COOPERATIVE COMPANY INC.</u>	Business Address (Street Address, City, State, Zip) <u>555 SELBY STREET</u>	Business Phone <u>(415) 970-1405</u>
Medallion Number(s) <u>281</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:

I AM REQUESTING THIS CHANGE BECAUSE I'VE BEEN TOLD BY MANY DRIVERS THAT DE SOTO HAS THE BEST RADIO BUSINESS, AND ALSO THEIR CHARGE FOR USING THEIR COLOR SCHEME AND RADIO EQUIPMENT IS SLIGHTLY LESS.

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 27 day of 8, 2007 at San Francisco, California

SOLOMON MAKONNEN  
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 MANAGER</u>
--	----------------------------------

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for DESOTO CAB COMPANY  
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.

[Signature]  
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

August 24, 2007  
Date

OFFICE USE ONLY

Agenda Notice Date <u>9/11/07</u>	Hearing Date <u>9/25/07</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. <u>044331</u>	Amount <u>291.20</u>	Date <u>8/27/07</u>

**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:  
 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

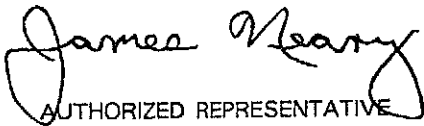
NG

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

MO409

PRINTED : 03-16-2007

**INSURANCE IDENTIFICATION CARD**

(STATE) CA  
 COMPANY NUMBER      COMPANY  
 POLICY NUMBER      MERCURY INSURANCE COMPANY  
 IN ISSUE      EFFECTIVE DATE      EXPIRATION DATE  
    10/12/06      10/12/07  
 YEAR      MAKE/MODEL  
 2003      FORD  
 AGENCY/COMPANY ISSUING CARD      VEHICLE IDENTIFICATION NUMBER

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

INSURED  
 YELLOW CAB # 281  
 SFITA & AUTOS FOR HIRE  
 1200 MISSISSIPPI ST  
 SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

REGISTRATION VALID THRU  
 COML 08/31/2006 TO 08/31/2007 31  
 281 TAXI

VEHICLE IDENTIFICATION NUMBER		DATE FIRST SOLD		CLASS	MAKE	Yr. Model
TX		00/00/2002		EP	FORD	2003
DATE ISSUED	TYPE VEH	MP	AX	WG	UNLADENWG	TOTAL FEES PAID
07/27/2006	32X	Q	2	Q	03947	\$164
						3800

OWNER  
 REGISTERED  
 LINDENHOLZ  
 0  
 YELLOW CAB CO DP  
 1200 MISSISSIPPI  
 SAN FRANCISCO CA 94107-3436



W0024  
 R0040  
 L0078

148071720062411

STATE OF CALIFORNIA  
 DEPARTMENT OF MOTOR VEHICLES  
 VALIDATED REGISTRATION CARD  
 READ REVERSE SIDE - IMPORTANT INSTRUCTIONS

K 0253165

J/C

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

CHANGE OF COLOR SCHEME - From: American  
(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>JAMES P LAM</u>		Phc--- <u>64</u>	<u>8</u>
Street Address (City, State, Zip) <u>SAN FRANCISCO CA 94108</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>LUXOR CAB CO</u>	Business Address (Street Address, City, State, Zip) <u>2230 TERRY AVE, S.F. CA 94114</u>	Business Phone <u>(415) 282-1224</u>
Medallion Number(s) <u>990</u>	<input checked="" 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:

BETTER COMPUTER DISPATCH SYSTEM

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 30<sup>th</sup> day of August 2007 at San Francisco, California

JAMES P. LAM  
Print Name of Applicant

[Signature]  
Signature of Applicant

<b>TO BE COMPLETED BY ACCEPTING COLOR SCHEME</b>	
Name of person authorized to sign for Color Scheme Holder: <u>JOHN LAZAR</u>	Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR CAB CO</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>8/30/07</u> Date

<b>OFFICE USE ONLY</b>			
Agenda Notice Date <u>09/11/07</u>	Hearing Date <u>09/25/07</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted
Received by: <u>Danielle</u>	Receipt No. <u>644335</u>	Amount <u>\$291</u>	Date

RECEIVED

AUG 30 2007 04/2005



Client#: 6212

LUXORCAB

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
08/29/07

**PRODUCER**  
John Burnham SD 1610  
750 B Street, Suite 2400  
San Diego, CA 92101  
800 421-6744

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**

**INSURED**  
Luxor Cab Company  
2230 Jerrold Avenue  
San Francisco, CA 94124

INSURER A: Lincoln General Insurance Co.  
INSURER B: By Authority of AequiCap  
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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <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"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TCAI	10/12/06	10/12/07	COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				\$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS   OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

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.

EFF. 9/1/07 ADD:  
(See Attached Descriptions)

CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER:

SFPD Permit Sect #458 Hall of Justice  
850 Bryant St Taxi Cab Detail  
Attn: Taxi Detail  
San Francisco, CA 94102

**CANCELLATION Ten Day Notice for Non-Payment of Premium**

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

**DESCRIPTIONS (Continued from Page 1)**

005 Ford cab105 TAXI VIN# :  
005 Ford cab116 TAXI VIN# :



TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

\*CHANGE OF COLOR SCHEME - From: LUXOR CAB  
(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>Hikmot u Pople</u>		Phone (925)
Residence Address (Street Address, City, State, Zip)		
Joint Applicant's Name (First, Middle, Last) <u>Antioch Ca-94531</u>		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>Desoto CAB</u>	Business Address (Street Address, City, State, Zip) <u>555 Selby Street S.F Ca-94124</u>	Business Phone (415) 970-1405
Medallion Number(s) <u>#1177</u>	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input checked="" type="checkbox"/> Long Term Lease	

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

Better Radio Business

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 5 day of sep, 2007 at San Francisco, California

Hikmot Pople 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 MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>DESOTO CAB Co.</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>9/5/07</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>09/11/07</u>	Hearing Date <u>09/25/07</u>	Decision of Taxicab Commission	New Declaration Signed <b>RECEIVED</b>
Worker's Comp Submitted	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted <u>SEP 05 2007</u> Date
Received by: <u>Danelle</u>	Receipt No. <u>044342</u>	Amount <u>\$291.20</u>	

INSURANCE IDENTIFICATION CARD

OP ID JK

STATE CA

COMPANY NUMBER

COMPANY

33855

Lincoln General Insurance Co.

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

10/12/06

10/12/07

MODEL

VEHICLE IDENTIFICATION NUMBER

2001 Ford Crown Vi

AGENCY/COMPANY ISSUING CARD

Y. A. Tittle Insurance

650-856-2120

INSURED

Hikmut Pople

Antioch

CA 94531

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

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

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 WM(2/95)

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 PEACE 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: 06/30/2007 TO: 06/30/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2001	0000	BN	2004	37X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID N
TX	G	NU	2	D	04300	2	
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL		07/11/07	07	07/11/07	9		
		PR/HIST: TAXI					PR EXP DATE: 06/30/2007

REGISTERED OWNER  
 POLE HIKMUT

AMOUNT PAID  
 \$ 161.00

AMOUNT DUE	AMOUNT RECVD
\$ 161.00	CASH :
	CHCK :
	CRDT : 161.00

ANTIOCH  
 CA 94531

LIENHOLDER

**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

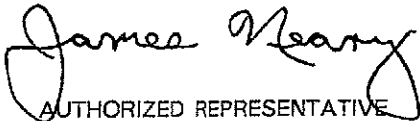
NG

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 #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2008 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

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

\*CHANGE OF COLOR SCHEME - From: DE Soto CAB  
(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>FADEL JAWDAT ZARU</u>	Ph ( )
Residence Address (Street Address, City, State, Zip) <u>AV D.C CA 94015</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 # S.F. CA 94124</u>	Business Phone <u>(415) 643-9500</u>
Medallion Number(s) <u>942</u>	<input checked="" 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 like to be with ROYAL TAXI for peace and business

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 5th day of September, 2007 at San Francisco, California

FADEL ZARU Fadel Zaru  
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>NISHAN SWEIS</u>	Title: <u>PRESIDENT</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>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>Nishan Sweis</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>09/05/07</u> Date

**OFFICE USE ONLY**

Agenda Notice Date <u>9/11/07</u>	Hearing Date <u>9.25.07</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. <u>WH4346</u>	Amount <u>291-</u>	Date <u>9/5/07</u>

CERTHOLDER COPY

NA

**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:  
CERTIFICATE ID: a  
CERTIFICATE EXPIRES: 05-02-2008  
05-02-2007/05-02-2008

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

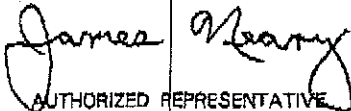
NA

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 #1800 - NISHAN SWEIS, PRES-TRE - EXCLUDED.

ENDORSEMENT #1800 - SUHAILA SWEIS, VICE-PRE - EXCLUDED.

ENDORSEMENT #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 05-02-2008 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

[RDA,SC]  
PRINTED : 08-14-2007





A Public Service Agency



REGISTRATION CARD VALID FROM: 02/28/2007 TO: 02/28/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
DODG	2005	2004	DN	2004	32S	31	7M34524
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
SW	G	NM	2	D	04020	4	
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL	01/09/07		39	01/09/07	8		

PR EXP DATE: 02/28/2007

REGISTERED OWNER

ZARU FADEL JAWDAT  
 CMRCL VEHICLE FOR HIRE  
 DESOTO CAB TAXI 942  
 5604 FRED RUSSO DR  
 STOCKTON  
 CA 95212

AMOUNT PAID  
 \$ 214.00

AMOUNT DUE	AMOUNT RECVD
\$ 214.00	CASH :
	CHCK : 214.00
	CRDT :

LIENHOLDER

DAIMLERCHRYSLER SVCS NA LLC  
 PO BX 977

ROANOKE  
 TX 76262

H05 B40 5A 0021400 0061 CS H05 010907 31 7M34524 814

50



Notice Section: Item D

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

<b>Taxicab Permit Applicant:</b>	<b>List #:</b>	<b>Color Scheme:</b>	<b>Medallion Type:</b>
1. Tesfaye Chuffa	6-645	Luxor Cab	Ramp



## MEMORANDUM

**To:** Honorable Commissioners

**From:** Heidi Machen  
Executive Director

**Date:** September 6, 2007

**Re:** Medallion Applicant Tesfaye Chuffa, List# 6-645 (Ramp)

### 1. Tesfaye Chuffa, List# 6-645

Mr. Chuffa is being offered a Ramp Taxicab Medallion Permit. Upon reviewing Mr. Chuffa's waybills, staff found that he 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 2007: All waybills	MPC Section 1138(c)	Vehicle number and vehicle license number shall be recorded on waybills. <i>This information was not recorded on waybills.</i>
2004: 46 waybills 2005: 62 waybills	Vehicle Code Section 21702(a)	No person shall drive a vehicle for hire for more than 10 hours.

- The Taxi Commission has given Mr. Chuffa a written formal admonishment for the above violations.
- In addition to the above violations, staff found the following minor violations:
  - 7 waybills throughout the four years of waybills did not have the date written on them.
  - 6 waybills in 2007 did not have the end time stamp.
  - 9 waybills in 2007 did not have the total hours worked written down.
- Mr. Chuffa has met the driving requirement for 2005, 2006 and 2007. Total hours he drove each year:
  - 2005: 984 hours
  - 2006: 859 hours
  - 2007: 889 hours
- Per MPC Section 1148.1(f) and (g), six months preceding this hearing, drivers are to drive either 400 hours or 76 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver during the six months before the hearing.
  - Mr. Chuffa drove the required hours in a ramped taxicab in the last six months.
  - He has met the required 100 wheelchair pick up. He has a total of 144 wheelchair pick ups.

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

Applicant's Name (First, Middle, Last) <b>TESFAYE DAMTEW CHOFFA</b>		Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>SAN FRANCISCO, CA 94115</b>			
Mailing /			
Residence Phone Number: (415) 555-XXXX		Alternate Phone Number: (415) XXX-XXXX	
Hours Available at this Number:		Hours Available at this Number: <b>ALL THE TIME</b>	
Social Security Number		Other name(s) used <b>NONE</b>	
Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F		Date of Birth: <b>1974</b>	
Height: <b>5'8"</b>		Weight: <b>120</b>	
Color Scheme / Business Name <b>DIACIC 2400 Cab</b>		Business Number <b>(415) 282-1241</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>2230 Jerald Avenue San Francisco, CA 94124</b>		<b>(415) 401-1401</b>	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 No, Alien Resident Card Number		If Yes - Date Permit was issued: Permit #:	

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

As a matter of fact this ramped taxi medallion is one of the 25 medallions (ramp) that were added to taxi fleet in 2007 by the San Francisco Taxicab Commission. The Commission's careful deliberation as to how improve service to San Francisco taxi cab users, came up with different solutions of which one of them was to add 50 more new medallions of those 25 are ramped taxis.

Even before the 2007 PC&N, I was one of the persons who were advocating for more medallions. If that action would solve the shortage complaints identified in the survey presented by the Commission office in the above mentioned PC&N date proceeding and also shortage confirmation remarks by Taxicab Commissioners and public support in issuing new medallions.

The Commission's decision to add 25 new ramped taxis the survey by the Commission Office, and their request for additional medallions, and also the public's out cry that it is not under served proves that the inadequacy sustains if no additional

<b>OFFICE USE ONLY</b>			
Received by: <b>Danelle</b>	Receipt No: <b>64445</b>	Amount: <b>\$108 -</b>	Date: <b>SEP 06 2007</b>
Notice Date: <b>09/11/07</b>	Hearing Date: <b>09/25/07</b>		

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)
02/1998	NOW	San Francisco, CA 94115

How long have you lived within a 30 mile radius of San Francisco? 19 years   months

How many years driving experience do you have in San Francisco? 19 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
04/24/07	NOW	LUXOR	2 Jerold Avenue San Francisco, CA 94124	driving
	04/24/07	Bay Cab	999 Penn St CA 94124	driving
			National cab with the owner who came to bay cab	driving
3/21/04	7/21/04	LUXOR	Jerold San Fran, CA 94124	driving
3/31/03	11/4/03	ABC	999 Penn St CA 94124	driving

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
<del> </del>			

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)

For the last few months, while working at Luxor cab I use GPS in all fares I picked up. If I'm granted the permit I will follow the same pattern in order to challenge any taxi unavailability

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) <b>TESFAYE DANTEW CHUFFA</b>		Phone (415) 415-XXXX
Residence Address (Street Address, City, State, Zip) <b>N FRANCISCO, CA 94115</b>		
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 <b>LUXOR CAB</b>	Business Address (Street Address, City, State, Zip) <b>2230 JERRARD AVE SF 94114</b>	Business Phone (415) 421-1774
Medallion Number(s)	<input checked="" 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:

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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 8 day of 28, 2007 at San Francisco, California

CHUFFA, TESHAYE Chuffa Tesfaye  
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <b>JOHN LAZAR</b>	Title: <b>President</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR CAB CO.</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>8/28/07</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

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.

CT 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.

CT 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](http://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.

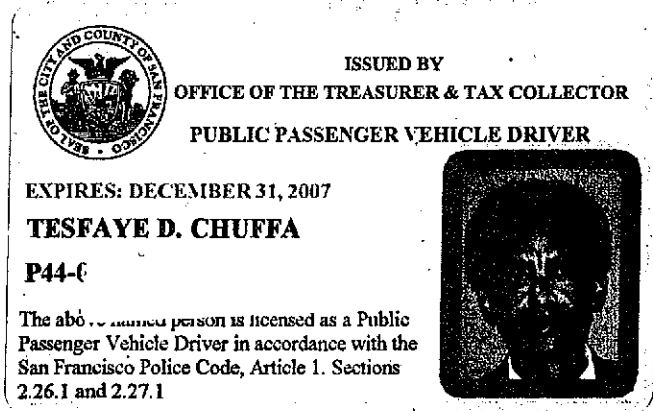
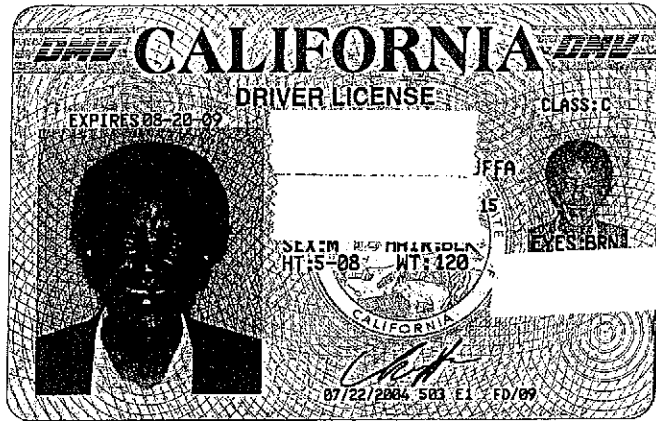
CT I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial 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 August day of 31<sup>st</sup>, 20 07 at San Francisco, California.

Cheryl Tesfaye  
Signature of Applicant

09/04/07



Notice Section: Item E

Consideration of Taxi Commission to Allow Medallion Holder to Park Taxi at Alternate Site:

<b>Applicant Name:</b>	<b>Medallion #:</b>	<b>Alternate Site:</b>	<b>Color Scheme:</b>
1. Sonny Tam	318	Home, SF	Fog City





RECEIVED

SEP - 4 2007 Request to Shift Change/Park at Alternate Location

SAN FRANCISCO  
TAXI COMMISSION

Today's Date: Sep 4 07

Medallion Number: 318

Medallion Holder: Samm Tam

Manager: Greg Poon / Samm Tam

Phone: 318-9951

Color Scheme: Fog City Cab

Request to Park at an Alternate Location: 1407 Irving Street  
Address of Alternate Location

Reason for Request: To ~~Save~~ Pick up Radio  
Call Rightway and use Less Gas

Request to Shift Change at an Alternate Location: \_\_\_\_\_  
Address of Alternate Location

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Decision of Taxi Commission and/or SFPD Taxi Detail**

Scheduled For Hearing?  No  Yes September 25, 2007  
Hearing Date

Site Inspected:  No  Yes \_\_\_\_\_  
Date Inspected Inspected By

Approved By: \_\_\_\_\_

Denied By: \_\_\_\_\_

Other: \_\_\_\_\_

**Rules & Regulations Regarding Shift Change or Parking at Alternate Locations:**

- 4.A.9 Medallion Holders shall ensure that the taxicab operating under the medallion issued to them begins and ends all shifts at their color scheme's place of business, except with the approval of the Taxicab Commission or their designee for "formal employee operations". When the taxicab is not employed, Medallion Holders shall either leave the vehicle at their color scheme's place of business or at an alternative location approved by the Taxi Detail that is off the public street and sidewalk. Each request for the use of an alternative site must be made in writing. Medallion Holders shall ensure that all waybills, reports and found property are turned in at the taxi company premises at the conclusion of each shift.
- 5.B.6 Color Scheme Holders shall ensure that every taxicab driver starts and ends each shift at the color scheme's principal place of business, except with approval of the Taxicab Commission or their designee for "formal employee operations".
- 5.B.7 When the taxicab is not employed, Color Scheme Holders shall ensure that the vehicle either remains at their place of business or at an alternative location that is off the public street and sidewalk and that they can gain immediate access to the vehicle. Prior approval by the Taxi Detail must be obtained for each written request for the use of an alternative site.

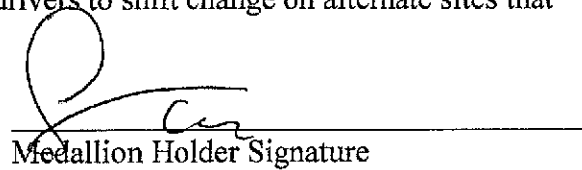
Initial each line below:

ST

I have read and understand the above rules and regulations.

ST  


I will not shift change or allow taxi drivers to shift change on alternate sites that have not been approved.



Manager Signature

Medallion Holder Signature