

Notice Section: Item A

Consideration of the Taxi Commission to grant a Time Waiver to:

Applicant Name:	List Number:	Type of Medallion:
1. Leonid Slootsky	6-633	Ramp
2. Gerald Cassidy	6-661	Ramp
3. Jong Ho Oh	6-677	Ramp
4. Steven L. Keys	6-462	Regular



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AUG 16 2007

SAN FRANCISCO
TAXI COMMISSION

San Francisco Taxi Commission Time Waiver Request Form

Name of Driver/Applicant: LEONID SLOOTSKY Today's Date: 08/16/07
 Address: _____ : SF CA 94121 List #: 6-633
 Phone Number: _____ Alternate Number: _____
 Reason for Time Waiver Request: don't have certification FOR
RAMP

Driving Requirement:

For 2007, you will need to turn in three (3) years proof of meeting the driving requirement (from 2004, 2005, 2006 and/or 2007) in order to qualify for a taxicab medallion. In order for your application to be heard in 2007, we recommend that your application and waybills are turned into the Taxi Commission office by **no later than November 1, 2007**. *If you turn in your application and waybills after November 1, 2007, your application could be heard in 2008 which will require you to meet the 2008 driving requirement (4 years).

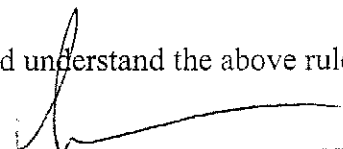
For 2008, you will need to turn in four (4) years proof of meeting the driving requirement (from 2004, 2005, 2006, 2007 and/or 2008) in order to qualify for a taxicab medallion. In order for your application to be heard in 2008, we recommend that your application and waybills are turned into the Taxi Commission office by **no later than November 1, 2008**. *If you turn in your application and waybills after November 1, 2008, your application could be heard in 2009 which will require you to meet the 2009 driving requirement (5 years).

Ramp Taxi Permit Driving Requirement:

An applicant for a ramp taxi permit must meet the same requirements above. In addition to the above full-time driving requirement, applicants are required to have a total of 78 shifts (of the 156 shifts) or at least 400 hours (of the 800 hours) and 100 wheelchair pickups in a ramped taxicab during the six months immediately preceding the filing of the application. All ramp taxicab medallion applicants must be certified and provide the Ramp Taxi Operators Training Certificate. The applicant has the burden of showing that he/she has completed this requirement and shall keep records sufficient to document his/her performance.

Note: The Taxi Commission will only consider one time waiver per applicant and will not grant time waivers to applicants falling short of the driving requirement by one or more years. **A medallion may not be available once you have completed the time waiver. In this case, you should continue to maintain the full-time driving requirement each year.**

I have read and understand the above rules and regulations.



Signature of Applicant



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San Francisco Taxi Commission Time Waiver Request Form

SAN FRANCISCO
TAXI COMMISSION

Name of Driver/Applicant: Gerald Cassin Today's Date: 8/14/07

Address: E e/c 95624 List #: 6-661

Phone Number: _____ Alternate Number: _____

Reason for Time Waiver Request:
HAVE NOT DRIVEN a Ramp Van in SF
- HAVE DRIVEN for DESOTO CAB SENSE 1986
DRIVER in SF. SENSE 1980.

Driving Requirement:

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I have read and understand the above rules and regulations.

Gerald Cassin
Signature of Applicant



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AUG 22 2007

SAN FRANCISCO TAXI COMMISSION

San Francisco Taxi Commission Time Waiver Request Form

Name of Driver/Applicant: OH, JONG HO Today's Date: AUG 22, 07
 Address: _____ List #: 4501 6-677
 Phone Number: _____ Alternate Number: _____
 Reason for Time Waiver Request:
HAS BEEN ~~NO~~ DRIVING LONG TIME IN S.F.

Driving Requirement:

For 2007, you will need to turn in three (3) years proof of meeting the driving requirement (from 2004, 2005, 2006 and/or 2007) in order to qualify for a taxicab medallion. In order for your application to be heard in 2007, we recommend that your application and waybills are turned into the Taxi Commission office by **no later than November 1, 2007**. *If you turn in your application and waybills after November 1, 2007, your application could be heard in 2008 which will require you to meet the 2008 driving requirement (4 years).


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Signature of Applicant



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AUG 22 2007

San Francisco Taxi Commission Time Waiver Request Form

SAN FRANCISCO
TAXI COMMISSION

Name of Driver/Applicant: STEVEN L. KEYS Today's Date: 8/22/07

Address: F. CA 94133 List #: 6-462

Phone Number: _____ Alternate Number: _____

Reason for Time Waiver Request:
NEED ONE EXTRA MONTH TO COMPLETE 800 HOUR REQUIREMENT.

Driving Requirement:

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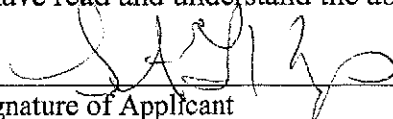
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I have read and understand the above rules and regulations.



Signature of Applicant

Notice Section: Item B

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

Taxicab Permit Applicant:	Medallion #:	Color Scheme:	Medallion Type:
1. Philip Teri	xxxx	Yellow Cab Co-Op	Regular

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) PHILIP ANTHONY TERI		Phone (415)
Residence Address (Street Address, City, State, Zip) 5 _____ 3		
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 Yellow CAB Co-op	Business Address (Street Address, City, State, Zip) 1700 MISSISSIPPI ST	Business Phone (415) 282-3737
Medallion Number(s) N.A.	<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 HAVE BEEN WITH YELLOW CAB FOR 28 YEARS.
I WILL CONTINUE WITH THIS 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 21 day of AUGUST, 2007 at San Francisco, California
Philip Teri PHILIP TERI Philip Teri
 Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder. Hai Mellegaard	Title: General Mgr
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow Cab Co-op</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>Hai Mellegaard</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>8/21/07</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

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

Applicant's Name (First, Middle, Last) PHILIP ANTHONY TERI		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 354 S.F. CA.			
Mailing Address ()			
Residence Phone Number: (415)		Alternate Phone Number: ()	
Hours Available at this Number: 12-2 UNTIL 2PM		Hours Available at this Number:	
Social Security Number: 1		Other name(s) used	
Calif. License / Expiration Year: 1 / 2		Date of Birth	Place of Birth
Race (optional)	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height 5' 10"	Weight 160
		Eye Color BROWN	Hair Color BROWN
Color Scheme / Business Name YELLOW CAB		Business Number (415) 282-3737	
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI S.F. 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: 3/79 Permit #: P44-033150	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)			
THERE IS ALWAYS A NEED FOR TAXICABS.			
I ENJOY SERVING THE PUBLIC AND HELPING THEM GET TO THEIR DESTINATIONS.			
MY CUSTOMERS FREQUENTLY COMMENT ON MY DRIVING AS I TRY TO GIVE THEM A SMOOTH AND COMFORTABLE TRIP.			
SOMETIMES MY CUSTOMERS SAY THAT THEY HAD TO WAIT A WHILE FOR A CAB. I WOULD LIKE TO BE OF SERVICE.			

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OFFICE USE ONLY			
Received by:	Receipt No.	Amount	Date AUG 17 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 *IF THIS MEANS THE 2007 REQUIREMENT THEN I HAVE NOT MET IT YET*

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)
1978	CURRENTLY	CA.

How long have you lived within a 30 mile radius of San Francisco? 29 years months

How many years driving experience do you have in San Francisco? 28 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
3/79	CURRENT	YELLOW CAB	1200 MISSISSIPPI S.F. CA 94107	CAB 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? *N.T.*

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 HAS 24 HOUR DISPATCH SERVICE

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.

P.T. 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.

P.T. 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.

P.T. 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 2nd day of AUGUST, 20 07 at San Francisco, California.

Phyllis Tan
Signature of Applicant

STATEMENT OF FINANCIAL RESPONSIBILITY

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) PHILIP ANTHONY TERI		Re S.F. CA 94133	Member
Occupation TAXI DRIVER	Social Security Number	Name of Wife/Husband	Name of Domestic Partner
Employer YELLOW CAB	1200 MISSISSIPPI S.F. CA, 94107		Home Phone (415) 282-3737
			Business Phone (415) 282-3737

FINANCIAL CONDITION AS OF _____, 20__

ASSETS		Amount	LIABILITIES		Amount	
BANK NAME	ACCOUNT NUMBER		BANK NAME	BRANCH		
Cash	Savings		Notes Payable to Banks	Other (itemize, Schedule 4)		
	Checking UNITED	4			RECEIVED	
	Other Banks EMERALD BANK				AUG 17 2007	
Stocks and Bonds	Listed (Schedule 1)		Other Notes and Accounts Payable	Real Estate Loans (Schedule 2)		
	Unlisted (Schedule 1)				SAN FRANCISCO TAXI COMMISSION	
Real Estate	Improved (Schedule 2)		Taxes Payable	Sales Contracts & Chattel Mortgages (Schedule 4)		
	Unimproved (Schedule 2)				Loans on Life Insurance Policies (Schedule 4)	
	Trust Deeds and Mortgages (Schedule 3)				Current Year's Income Taxes Unpaid	
Life Insurance	Cash Surrender Value		Other Liabilities	Prior Year(s) Income Taxes Unpaid		
					Real Estate Taxes Unpaid	
Accounts and Notes Receivable	Relatives and Friends (Schedule 4)				Unpaid Interest	
	Collectible (Schedule 4)			Others (Itemize, Schedule 4)		
	Doubtful (Schedule 4)					
Other Personal Property	Automobile					
	Other (Itemize, Schedule 4)					
TOTAL				TOTAL LIABILITIES		
				NET WORTH		
				TOTAL		

ANNUAL INCOME (Refer to Federal Income Tax Returns for Previous Year)		ANNUAL EXPENDITURES (Refer to Federal Income Tax Returns for Previous Year)	
Salary or Wages		Property Taxes and Assessments	
Dividends and Interest		Federal and State Income Taxes	
Rentals (Gross)		Real Estate Loan Payments	
Business or Professional Income (Net)		Payments on Contracts and Other Notes	
Other Income (Describe)		Insurance Premiums	
		Estimated Living Expenses	
		Other	
TOTAL INCOME		TOTAL EXPENDITURES	

Life Insurance	Face Amount	Beneficiary	Company
----------------	-------------	-------------	---------

Give details of any contingent liability as endorser or guarantor, or on suits or judgments pending. (If necessary, use separate sheet)

Have you ever gone through bankruptcy? No Yes If yes, when?

If you are married or are a domestic partner, are any of the assets described in this statement your spouse's or partner's separate property?
 No Yes If yes, state which item(s):

Have your Income Tax Returns ever been questioned by the Internal Revenue Service? No Yes If yes, most recent year:

I hereby certify that I have carefully read the above statement, including the reverse side, and it is a complete, true and correct statement to the best of my knowledge and belief.

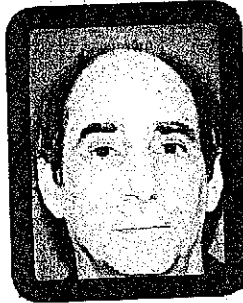
Philip Teri _____ Signature of Applicant 8/2/07 _____ Date



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

EXPIRES: DECEMBER 31, 2007

PHILIP TERI



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

DMV CALIFORNIA DMV
 DRIVER LICENSE CLASSIC


EXPIRES: [REDACTED]

PHILIP ANTHONY TERI

SEX: M HAIR: BRN EYES: BRN
 HT: 5-10 WT: 140

Philip Teri

FD/09



Notice Section: Item D

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

Applicant Name:	Medallion #:	Alternate Site:	Color Scheme:
1. Tesfaldet Joseph	303	Home	DeSoto



Request to Shift Change/Park at Alternate Location

Today's Date: 8.22.07 Medallion Number: 303
Medallion Holder: Tes Faldet Josph Manager: _____
Phone: 4 _____ Color Scheme: DeSoto

Request to Park at an Alternate Location:

Address of Alternate Location: Redwood City, CA 94067

Reason for Request: Single shift driver, uses cab to get to & from work

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 11, 2007
Hearing Date

Site Inspected: No Yes _____
Date Inspected Inspected By

Approved By: _____

Denied By: _____

Other: _____