

Agenda: Item 2

Consent Calendar

All matters listed hereunder constitute a Consent Calendar, are considered to be routine by the Commission and will be acted upon by a single roll call vote of the Commission. There will be no separate discussion of these items unless a member of the Commission so requests, in which event the matter shall be removed from the Consent Calendar and considered as a separate item.

Consent Calendar: Item A

Consideration of the Minutes for the February 26, 2008
Taxicab Commission Meeting

CITY AND COUNTY OF
SAN FRANCISCO



TAXI COMMISSION
MAYOR GAVIN NEWSOM

COMMISSIONERS TELEPHONE (415) 554-7737
PAUL GILLESPIE, PRESIDENT, ext. 3
PATRICIA BRESLIN, VICE PRESIDENT
RICHARD BENJAMIN, COMMISSIONER, ext. 1
TOM ONETO, COMMISSIONER, ext. 2
MIN PAEK, COMMISSIONER, ext. 7
R. JAMES SLAUGHTER, ext. 4

HEIDI MACHEN, EXECUTIVE DIRECTOR

TAXICAB COMMISSION AGENDA

February 26, 2008 at 6:30 p.m.
City Hall, 1 Dr. Carlton B. Goodlett Place
Room 400

STAFF IN ATTENDANCE: Executive Director Heidi Machen, Executive Secretary Tamara Odisho – Taxi Commission, Sergeant Ron Reynolds, City Attorney Tom Owen

Heidi Machen, Executive Director: Turn-off cell-phones, interferes with phone systems and we get feedback.

1. Call to Order/ Roll Call

- **Present:** Gillespie, Breslin, Benjamin, Paek, Oneto, Slaughter
Absent: 0

2. Consent Calendar

- **Dir Machen:** Server items C1- Leonid Tarakanov, C2- Barry Korengold, D1-Marco Mora E2- Barry Korengold and F4- CS change for recusal

Public Comment: NONE

- **Com:** Motion to approve A- Minutes, B- Public Passenger Drivers, E-1 time waiver to Mohammed Lassoued, cs change to F1-Chi Chu Shing, F2- Frances Wilson, F3- Yefim Dolgoy, F-5 Ahmed Kabo
- **Com:** 2nd motion
- **AYES:** Gillespie, Breslin, Benjamin, Paek, Oneto, Slaughter
ABSENT: 0

NO: 0
RECUSE: 0

Public Comment on Severed Items:

- **Marco Mora:** Did not turn in his application because his blood pressure was taken incorrectly.
- **Dir Machen:** Staff told me he did not bring in his medical documents and he was placed on notice calendar. Was a long time since he responded and no other applicants has had this problem.
- **Pres Gillespie:** Would like to continue to have staff put together a memo on this.

- **Dir Machen:** Recommend not to remove him and give him 2 weeks to complete his application and then start the removal process to the calendar.
- **Mark Gruberg:** This is a case of an applicant who has no health insurance and was anxious of the bad result.
- **Com Breslin:** Motion to approve C1-Leonid Tarakanov conditionally. Motion to grant medallion and if he does not pass background check then Commission will revoke his medallion.
- **Com Benjamin:** 2nd motion
- **Ayes:** Gillespie, Breslin, Benjamin, Oneto, Paek, Slaughter **No: 0**
Absent: 0 **Recuse: 0**
- **Pres Gillespie:** Continue Barry Korengold items C2- grant medallion and E2- time waiver to call of the chair.
- **Com Oneto:** Motion to not remove D1- Marco Mora from the list. Grant him 2 weeks to turn in required documents to the commission for PC&N application.
- **Com Breslin:** 2nd motion
- **AYES:** Gillespie, Breslin, Benjamin, Paek, Oneto, Slaughter **NO: 0**
ABSENT: 0 **RECUSE: 0**
- **Pres Gillespie:** Continue items D2-D5 to next calendar.
- **Com Oneto:** Motion to grant cs change to George Huie from Regents to Yellow
- **Com Slaughter:** Second motion
- **AYES:** Breslin, Benjamin, Paek, Oneto, Slaughter **NO: 0**
ABSENT: 0 **RECUSE: Gillespie,**

SPECIAL ORDER 7:00-7:30PM

3. Public Comment (Please limit public comment to items NOT on the agenda)

- **Barry Taranto:** Concerned that medallion holders are not being responsible and are giving drivers authority over their medallions. Sometimes medallion holders give their medallion to a color scheme. A third is the medallion holder giving their medallion to another party as if they are a color scheme.
- **Com Breslin:** Rules Committee has addressed this issue and those recommendations will be presented at the next meeting.
- **Tom Stanghellini:** Escape hybrids are too high for top sign advertisements. However wrapping a cab may take months. Option would be placing ads on the side windows.
- **Charles Rathbone:** Formula for calculating average gate should be average of the days of the week in order to give deeply discounted shifts for example Thanksgiving.
- **Tariq Mehmood:** Thanks all the Commissioners on passing the Gas and Gate legislation. Issue Charles Rathbone brought up is valid and should be addressed.
- **Mike Spain:** Would also like to thank Board of Supervisors and should not provide certain groups in the industry to exploit these rules. Many complaints about middle men, which I think are fair since drivers keep more of their own money.
- **Peter Witt:** At the last Commission meeting someone said taxi drivers should be held to a higher standard. Presented this report to the Commission 2 years ago.
- **Bill Mounsey:** Got hit in the face by a pedestrian. Police came 15 minutes later and didn't do much to find the perpetrator.

- **Name:** In divorce settlement ½ medallion was left to her. Came to the Commission who xeroxed her copies and has not heard from the commission. Ex-husband put his name alone on the medallion.
 - **Mark Gruberg:** Legislation passed today by Board of Supervisors increasing gas and gate by \$5 -12.50/shift. UTW fought this but lost and drivers will have to pay the price. Healthcare was taken out of the legislation. Provision which retroactively covers gate charges, violates due process rights.
 - **Robert Cezano:** Raising gas and gate by the City for the industry to go all green. Nothing happened with any reports the controller's office conducts. It's up to the city to find a way to keep the costs of taxis lower.
4. **Setting Additional Administrative Guidelines for the Key Personnel Exemption to the Medallion Holder Driving Requirements [DISCUSSION and POSSIBLE ACTION]**
- **Dir Machen:** Overview of the item and resolution drafted directs staff to investigate but leaves it up to the commission to make changes.
 - **Com Benjamin:** I thought we would include non-medallion holders who are on the list but work as dispatchers.
 - **Pres Gillespie:** Would that take legislation?
 - **City Attorney:** Yes, the Commission could draft legislation and present it to the board.
 - **Pre Gillespie:** What you are talking about is different than this resolution. We can amend this and come back next week.
 - **Com Breslin:** Can we just include it tonight?
 - **Pres Gillespie:** We need to agendize that.

Public Comment:

- **Charles Rathbone:** Privacy issue still exists, hours worked are fine but pay should be redacted.
- **Tom Stanghellini:** Financial records can be opened to the investigator to certify hours worked, doesn't want information being released to the public
- **Barry Korengold:** If there's an exemption to medallion holders, only fair it applies to applicants.
- **Barry Taranto:** Language in resolution to help those experienced drivers working in the office. How do you ensure confidentiality and at the same time have proof of work?
- **Jim Gillespie:** Majority of medallions are at the larger companies and are easy to follow, since they keep records of pay. Maybe staff should conduct a one time per year audit of the companies. Should set the standard for all companies as a guideline to follow.
- **Peter Witt:** Glad this is working its way down to the details. This item has been on the table for years.
- **Com Oneto:** Wasn't there a penalty if they did not turn their forms in on time?
- **Pres Gillespie:** Isn't there a deadline now that we can deny the exemption if they do not turn them in on time?
- **Com Oneto:** At the last meeting the Director said that there were some folks who had not turned in their application on time. There should either be a fee or a denial if applications are not turned into the commission.
- **Dir Machen:** Thank you for bringing this issue up. We had to remind companies several times before the deadline. Commission could make the policy decision.
- **Pres Gillespie:** Since everyone turned in their applications, we do not need to make this amendment.
- **Com Slaughter:** We did not hear that from Director Machen.

- **Barry Taranto:** Helped Roger Cardenas when he was having problems with vans. Commission issues ramp medallions to holders who are at underserved companies.
- **Charles Rathbone:** Congrats to B&W Checker. Staff going the right direction but be careful to not over scrutinize.
- **Tone Lee:** Good service means a well functioning cab company
- **Peter Witt:** The customer is important. There are standards and intent and letter of the law. This should have been addressed years ago. There are goals but they are unrealistic.
- **Bill Mounsey:** Should have central dispatch for ramp taxis. These vans are another way of getting another medallion. B&W Checker has a good service, but larger companies used to have better service. Strange that smaller company does better than larger.
- **Mark Gruberg:** No cab company will send a caller a cab, it's a volunteer system. Dispatchers can't always get volunteers. Central dispatch frightens people, call it something else. Regents numbers are somewhat discouraging, however Regents keeps the passenger on the line and tell the passenger the cab is coming.
- **Thomas George Williams:** Drivers are independent contractors and do not have to pick up fares they do not want.
- **Gratch, B&W Checker:** There's only one way to address this issue, since drivers are independent contractors, there should be incentives, possibly charge extra fee. Job is difficult and heavy for drivers to complete.
- **Tariq Mehmood:** Talked to Yellow management to change software to put into a better dispatch system to increase service.
- **Carl Macmurdo:** Commends commission for putting this on the agenda. Goldman School has a report last year that should be reviewed. Ramp program should have employees or proper incentives.

7. Staff Report and Commissioner Announcements [INFORMATION]

- **Dir Machen:** Overview of item.
- **Sgt Reynolds:** Will continue to operation bandit over the next few months. New breed of illegal limos. Made some arrests.
- **Com Breslin:** Pleasure working with Sgt Reynolds. Question on background check for medallion holders.
- **Sgt Reynolds:** Older permits seem to take longer than the newer ones, about 100 left.

Commissioner Announcements:

- **Com Breslin:** Rules will be meeting next month. Handouts given to commissioners and should be reviewed before it goes to the public. Only Section 4 was noticed, would like to have others discussed. Can someone come speak to us about the merger? Address authority on the Peter Witt case and a decision. On Senate language, to include illegal limos for the City. Property tax issue find out from the Assessor/ Recorder and if all that is needed is making a note on that.
- **Com Benjamin:** Should find out if there are any improperly registered taxis. Has spoken with Sgt Reynolds about this.
- **Sgt Reynolds:** Have been investigating this issue and it is illegal to do this but there is no penalty for not complying. Area surrounds hybrid vehicles. If it not a criminal act, it's not in our jurisdiction.
- **Pres Gillespie:** Would like a memo on this issue. Com Benjamin, continue to work with Sgt Reynolds.

Public Comment:

- **Charles Cezano:** You are obligating people to purchase green taxis and should look at how to help individuals or a plan to finance these vehicles.
- **Barry Taranto:** Applaud staffs outreach. Sgt Reynolds doing great work on under cover operations, however left out names of the hotels and should be more specific.
- **Tone Lee:** Bribes happen behind the building.
- **Mary McGuire:** Would like clarification on wrap fund and is it re-categorized as a fee and can it be integrated as office budget.
- **Pres. Gillespie:** Will be having a hearing in the next few weeks. Staff has been doing a great job on researching this.
- **Charles Rathbone:** There is a legitimate limo industry and there is a new breed of thuggish illegal limo drivers that need to be addressed.
- **Peter Witt:** This is the fifth report and hands one out to the commission, CPUC, DA's office as well. Hopes the Commission does not merge with the MTA. There are rules of how the Commission should be spending the wrap fund, look it up.
- **Tariq Mehmood:** Give us more information we can hand out to bellman.

8. Public Comment

- **Carl Macmurdo:** Congratulates Paul Gillespie on legislation passed by the Board of Supervisors. Key Personnel exemption issues that still need to be addressed are whether or not the Commission will allow mid-year designations of key personnel. Spoke with Sup Elsbernd who may be willing to introduce amendments.
- **Tone Lee:** Income of taxi drivers continues to go down.
- **Mary McGuire:** Inefficient that taxi commission drives to and from commission office to color scheme. Should conduct audit at company. Enjoys driving her new hybrid vehicle.

9. Adjournment- 10:10pm

Consent Calendar: Item D

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

Medallion Holder Name:	Medallion #:	Change:
1. Evern Byrd	1031	SF Taxi to Metro Cab

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

* CHANGE OF COLOR SCHEME - From: SFTAXI
(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>EVERN BYRD</u>		Phone <u>415 221 0121</u>
Residence Address (Street Address, City, State, Zip) <u>Berkeley, CA 94704</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>METRO CAB</u>	Business Address (Street Address, City, State, Zip) <u>2121 EVANS AVE</u>	Business Phone <u>(415) 648-8560</u>
Medallion Number(s) <u>EVERN BYRD 1031</u>	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gale <input type="checkbox"/> Long Term Lease	

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

X FOR BETTER BUSINESS PURPOSES

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 19th day of February, 2008 at San Francisco, California

EVERN BYRD Evern Byrd
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY REGISTERING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>Richard Hyobels</u>	Title: <u>Proprietor</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Metro Cab</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date <u>2.21.08</u>

OFFICE USE ONLY

Agenda Notice Date <u>2/20/08</u>	Hearing Date <u>3/11/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>[initials]</u>	Insurance Submitted <u>[initials]</u>	Paint Chips Submitted	Photos Submitted
Received by: <u>[initials]</u>	Receipt No. <u>004187</u>	Amount <u>291</u>	Date <u>2/20/08</u>

(Rev. 11/2005)



Red Escape

[Signature]

REGISTRATION CARD VALID FROM: 05/31/2007 TO: 05/31/2008

MAKE
FORD

YR MODEL
2005

YR 1ST SOLD
2005

VLF CLASS
EF 2007

TYPE VEH
32X

TYPE LIC
31

LICENSE NUMBER

BODY TYPE MODEL
TX

MP
Q

MO
PN

AX
2

WC
C

UNLADEN/C/CGW
03960

VEHICLE ID NUMBER
1FMYU9E

TYPE VEHICLE USE
COMMERCIAL

DATE ISSUED
02/13/08

CC/ALCO
38

DT FEE RECVD
02/13/08

PIC
3

STICKER ISSUED

PR EXP DATE: 05/26/2008

REGISTERED OWNER
METRO CAB CO
2121 EVANS ST STE G

AMOUNT DUE
\$ 47.00

AMOUNT RECVD

CASH :
CHCK :
CRDT :

AMOUNT PAID
\$ 47.00

SAN FRANCISCO
CA 94124

LIENHOLDER

F00 503 38 0004700 0011 CM F00 021308 31 8K43968.820

RECEIVED

FEB 20 2008

SAN FRANCISCO
TAXI COMMISSION

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/05/07

PRODUCER UnionBanc Insurance Svcs, Inc. 1248 Fifth Avenue, Suite 200 San Rafael, CA 94901 415-784-2375, Fax 714-626-7624	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURED Metro Cab LLC (A Corp) 2121 E. Evans Avenue San Francisco, CA 94124	INSURERS AFFORDING COVERAGE INSURER A: Delos Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	DCP001	07/15/07	07/15/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

RECEIVED

FEB 20 2008

SAN FRANCISCO TAXI COMMISSION

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

CERTIFICATE HOLDER San Francisco Taxicab Commission 25 Van Ness Avenue San Francisco, CA 94102-6033	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Donald W. Hudson</i>
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INSURANCE IDENTIFICATION CARD

CALIFORNIA
 LIC NUMBER
 COMPANY
 NATIONAL INTERSTATE INSURANCE COMPANY
 EXPIRATION DATE
 10/12/08
 EFFECTIVE DATE
 10/12/07
 MAKE/MODEL
 TOYOTA
 VEHICLE IDENTIFICATION NUMBER
 895

VEHICLE ISSUING CARD

LIC LIVERY INS SERVICES, INC
 3 EL CAJON BLVD, SUITE 212
 CAJON, CA 92020

ED

RO CAB # 1
 1 EVANS ST
 FRANCISCO, CA 94124

IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED

FEB 20 2008

SAN FRANCISCO
TAXI COMMISSION

RECORD 50 (1/83)

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.

INSURANCE IDENTIFICATION CARD

CALIFORNIA
 LIC NUMBER
 COMPANY
 NATIONAL INTERSTATE INSURANCE COMPANY
 EXPIRATION DATE
 10/12/08
 EFFECTIVE DATE
 10/12/07
 MAKE/MODEL
 TOYOTA
 VEHICLE IDENTIFICATION NUMBER
 4T1B32K250964895

VEHICLE ISSUING CARD

LIC LIVERY INS SERVICES, INC
 EL CAJON BLVD, SUITE 212
 CAJON, CA 92020

ED

RO CAB # 1
 1 EVANS ST
 FRANCISCO, CA 94124

IMPORTANT NOTICE ON REVERSE SIDE

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

RECORD 50 (1/83)

Handwritten mark resembling a stylized 'A' or '1' with a horizontal line through it.

Consent Calendar: Item E

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

Taxicab Permit Applicant:	List #:	Color Scheme:	Medallion Type:
1. Rashad Ahmed	6-530	Yellow Cab Co-Op	Alt. Fuel
2. Luis A. Lavagnino	6-536	Yellow Cab Co-Op	Alt. Fuel

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) RASHAD AHMED		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 111 SFO, CA 94080			
Mailing Address (If different than residence address)			
Residence Phone Number: ()		Alternate Phone Number: ()	
Hours Available at this Number: 6AM to 2 P.M.		Hours Available at this Number: 24 Hours.	
Social Security Number		Other name(s) used RASHID S.M. ABDUR	
California Driver's License Number / Expiration Year		Date of Birth	Place of Birth
Race (Optional) Asian/Indian	Sex (M) F	Height 5'9"	Weight 175 lbs
Color Scheme / Business Name Yellow Cab Coop.	Business Number (415) 282-3737	Eye Color BLACK	Hair Color BLACK
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 Mississippi St. San Francisco, CA 94107			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes -Date Permit was issued: 12-31-2007 Permit #: 061635	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) Friday nights and Saturday nights, specially in the Sunset and Richmond district Residential Area, people wait long time to have a cab. so it is so obvious that city needs more cabs and should grant more permits, so that residents can get better and prompt service.			

RECEIVED

OFFICE USE ONLY			
Received by: Danelle	Receipt No: 4418	Amount: \$638	Date: FEB 14 2008
Notice Date: Feb 26, 08	Hearing Date: March 11, 08	SAN FRANCISCO TAXICAB COMMISSION	

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
05-01-2006 to NOW		South SF, CA 94080
03-01-2006 to 05-01-2006		South SF, CA 94080
01-01-1987 to 12-30-2005		South SF, CA 94118

How long have you lived within a 30 mile radius of San Francisco? 21 years 8 months

How many years driving experience do you have in San Francisco? 21 years 1 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
03-08-2000-current		Yellow Cab Co.	1200 Mississippi St, SF, CA 94107	Taxi-Cab Company

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
			RECEIVED
			FEB 14 2008
			SAFETY TAXI COMMISSION

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

Is your hearing impaired? Yes No

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

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

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

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

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

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

Yellow Cab Company with their 24 hour GPS radio dispatch system.

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.

R 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.

R 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.

R 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 4th day of February, 2008 at San Francisco, California.

Rashad Ahmed
Signature of Applicant

RECEIVED

FEB 14 2008

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) RASHAD AHMED		Phone (415) - ...
Residence Address (Street Address, City, State, Zip) ... +, South SF, CA 94080		
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 Coop.	Business Address (Street Address, City, State, Zip) 1200 Mississippi St, SF, CA 94107	Business Phone (415) 282-3737
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 ^{to go to company named below:} this change:

Yellow Cab Coop. has better and most effective GPS radio dispatch system and bigger fleet. Also they have well reputation in Cab business, so I prefer to stay 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 4th day of February, 2008 at San Francisco, California

RASHAD AHMED Rashad Ahmed
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: NICHOLAS N. OLSON	Title: VICE-PRESIDENT
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>S.F. YELLOW CAB COOPERATIVE</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>2/4/08</u> Date


OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <u>[Signature]</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>FEB 14 2008</u>
Received by:	Receipt No.	Amount	Date

CALIFORNIA

DRIVER LICENSE CLASS: C

EXPIRES



RASHAD AHMED

SEX: M HAIR: BLK EYES: BLK

HT: 5-09 WT: 175 DOB: [REDACTED]

Rashad Ahmed

01/14/2008 599 E2 FD/13

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FEB 14 2008

SAN FRANCISCO
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2008

RASHAD AHMED

P44-

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



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

Applicant's Name (First, Middle, Last) Luis A LAVAGNINO		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SAN FRANCISCO CA. 94107			
Mailing Address (If different than residence address)			
Residence Phone Number: (415) 777-17		Alternate Phone Number: ()	
Hours Available at this Number: (DAY TIME)		Hours Available at this Number:	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	Place of Birth
Race (Optional)	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 5-09	Weight 150
Color Scheme / Business Name YELLOW CAB CO-OP	Eye Color BROWN	Hair Color BROWN/GRAY	Business Number (415) 282-3737
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI SAN FRANCISCO CA. 94107			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: 1-1-08 Permit #: 25877	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)			
<p>WITH INCREASED POPULATION, EXPANSION OF BUSINESSES, CONVENTION, VISITORS AND TOURISM GROWTH TO OUR CITY, TAXICAB RIDERSHIP HAS INCREASED AND THEREFORE UNLESS THIS PERMIT IS GRANTED, THE PUBLIC NECESSITY AND CONVENIENCE OF THE RESIDENTS OF THE CITY AND COUNTY OF SAN FRANCISCO WILL NOT BE ADEQUATELY SERVED.</p>			

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Received by: 	Receipt No: 044179	Amount: 038	Date: FEB 12 2008
Notice Date:	Hearing Date:		

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)
1-10-92	PRESENT	S.F. CA. 94107

How long have you lived within a 30 mile radius of San Francisco? 28 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
1-4-84	PRESENT	YELLOW CAB COOP	1200 MISSISSIPPI S.F. CA 94107	DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? Yes No If yes, provide the information required below.
(Attach additional pages if needed)
Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? Yes No

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

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

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

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

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

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

YELLOW CAB RADIO/COMPUTER/GPS 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.

PP 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.

PP 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.

PP 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 28 day of JANUARY, 20 08 at San Francisco, California.

Luigi Lanagnino
Signature of Applicant

RECEIVED

FEB 12 2008

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) LUIS A LAVAGNINO		Phone (415) 333-3333
Residence Address (Street Address, City, State, Zip) 1200 MISSISSIPPI ST, SAN FRANCISCO CA 94107		
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 CAR COOP	Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI ST, S.F. CA 94107	Business Phone (415) 333-3333
Medallion Number(s)	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

YELLOW CAR COOP IS A FULL SERVICE TAXICAB COMPANY THAT HAS A LARGE ALTERNATIVE FUEL / HYBRID VEHICLE FLEET.

(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 28 day of JANUARY, 2008 at San Francisco, California

LUIS A LAVAGNINO
Print Name of Applicant

[Signature]
Signature of Applicant

NOT TO BE COMPLETED BY ACCEPTING COLOR SCHEME	
Name of person authorized to sign for Color Scheme Holder:	Title:

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for YELLOW CAR COOP
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] **JAMES R. GUSPICE**
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

[Signature] **28, 2008**
Date

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OFFICE USE ONLY			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed 18 2008
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date TAXICAB COMMISSION



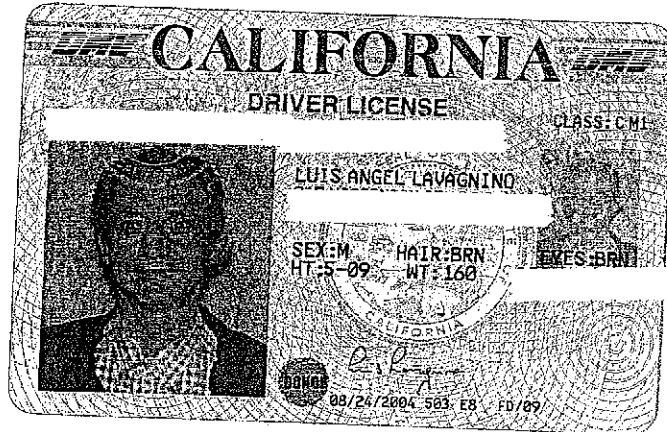
ISSUED BY
 OFFICE OF THE TREASURER & TAX COLLECTOR
 PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

LUIS A. LAVAGNINO

P44

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



Consent Calendar: Item F

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

Color Scheme:	Change:
1. Best Cab	American to Town Taxi

* Commission will need to waive notice requirement to allow this item to be approved.

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) LINUS OHA (BEST CAB CO) Phone (415) 941-1111
Residence Address (Street Address City State Zip) _____

Joint Applicant's Name (First, Middle, Last) SF CA Phone 94124
Residence Address (Street Address City State Zip) _____

Is this a Corporate permit? No 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 _____ Business Address (Street Address City State Zip) _____ Business Phone () _____
Registration Number(s) _____ Owner / Operator
 Gas & Gate
 Long Term Lease

Please list the reason(s) why you are requesting this change: ~~SW~~
① AMERICAN CAB COMPANY OWNER PHILLIP INFORMED BEST CAB THROUGH HIS AGENT PAUL THAT HE IS NOT MAKING MONEY DEALING WITH US.
② TOWN TAXI SERVICE HAS 24 HOUR ACCESS TO SERVICE

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 3/3 day of MARCH, 2008 at San Francisco, California
LINUS OHA Linus Oha
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 _____ Title _____

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____ 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 of Color Scheme Holder - person authorized to sign for Color Scheme Holder _____ 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

Applicant's Name _____

TO BE COMPLETED FOR NEW COLOR SCHEMES ONLY

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

Body _____ Hood _____ Top _____ Trunk _____ Fenders _____

Logo shown on vehicles: _____ Lettering Color _____

Other markings _____

Dispatch Service: _____

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

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

TO BE COMPLETED BY THE ACCEPTING DISPATCH SERVICE ONLY

Name of Dispatch Service: Town Taxi Address: 999 Pennsylvania Ave, SF CA 94107

Jacob MAYZEL 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.

Jacob MAYZEL Manager 3/03/08
Signature of Authorized Person Title Date