Notice Section

This is not an agenda item for this meeting, but serves as a public notice. The following individuals have filed and completed applications for Taxicab Medallion Holder Permits, Ramped Taxicab Medallion Holder Permits or Color Scheme Changes which will be reviewed and considered on the June 10, 2008 hearing.

Notice Section Item: B

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

Medallion Holder	Medallion	Change:
Name:	#:	
1. Albert Behravesh	709	Yellow Cab to DeSoto
2. Michael Wilson	1112	Metro to Royal Taxi
3. Rick Johansen	325	DeSoto to Yellow Cab
4. Raymond Rojo	382	DeSoto to Yellow Cab

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

NEW COLOR SCHEME (Complete both sides)

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

Date

STATION (AND 1/30/05) MAN COMMISSION

040

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

YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSUR-	
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FOR Applicant's Name (First, Middle, Last)	M Phone
ALBERT BEHRNUESH	(- '
Residence Address (Street Address, City, State, Zip)	to the second
* * * * * * * * * * * * * * * * * * * *	94404
Joint Applicant's Name (First, Middle, Last)	Phone
	()
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? 11/10	
If this color scheme request is granted by the Taxicab Commission, list what your business name, address Name Business Address (Street Address, City, State, Zip)	
Business Name Business Address (Street Address, City, State, Zip) Medallion Number(s) Business Address (Street Address, City, State, Zip) SELBY ST. SE. 94	1/24 96) 9>1-1400
Medallion Number(s)	Owner / Operator
709	Gas & Gate
	☐ Long Term Lease
Distribution of the state of th	
Please list the reason(s) why you are requesting this change:	
I NEED A CHAYEE. ALSO NO MANIO BY	SINESS AT YELLOW
	41.00
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the fo	oregoing is true and correct.
الا	
	San Francisco, California
ALKEUT BEAKLAVESH ullat Vale	<i>'</i>
HLYCHT BEHULUES 17 Print Name of Applicant Sig	nature of Applicant
	-
TO BE COMPLETED BY ACCEPTING COLOR SCHEME OF	NLY
Name of person authorized to sign for Color Scheme Holder:	Title:
CINDY L. WARD	GENERAL MAR.
Litha Color Schama Holder / person authorized to sign for the Color Scheme Holder for DES 070	GENERAL MGR.
I, the Culoi Scheme Holder / person additionable to Sign to the Color Scheme	axicab 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 an	d correct.
$\int_{-\infty}^{\infty} dx = \int_{-\infty}^{\infty} d$	2/01/10
Chalf X. Ward	10 6108 Dare
Signalure of Color Scheme Holder / person authorized to sign for Color Scheme Holder	
OFFICE USE ONLY	DEPENCE.
Agenda Notice Date 4/22/04 Hearing Date 5/13/08 Decision of Taxicab Commission	New Declaration Signed W Cile
Worker's Comp Submitted Insurance Submitted Paint Chips Submitted	Photos Submitted

Amount

29100

Receipt No. -1'L

Received by:



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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2007

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

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

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

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

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

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

AUTHORIZED REPRESENTATIVE

PRESIDENT

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

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

KICKSFIA PIES

APR) 8 XUUO

SAM FRANKISCO IAM COMMISSION

EMPLOYER

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

PRINTED : 03-16-2007

M0409



A Public Service Agency

REGISTRATION CARD VALID FROM: 12/31/2007 TO: 12/31/2008 MAKE YR 1ST SOLD VLF CLASS *YR. TYPE LIC LICENS
31
VEHICLE ID NUMBER TYPE VEH TOYT 2004 BE 2003... LICENSE NUMBER 2008. 32X BODY TYPE HODEL MP MO AX WC UNLADEN/G/CGW G PS 2 C 03120 TYPE VEHICLE USE DATE ISSUED DATE ISSUED CC/ALCO DT FEE RECVD 05/12/08 38 05/12/08 PIC. COMMERCIAL USE TAX STICKER ISSUED ·3 · 425 N3499369 PR/HIST: TAXI REGISTERED OWNER . . . PR EXP DATE: 12/16/2008 AMOUNT PAID DESOTO CAB CO

555 SELBY ST

SAN FRANCISCO

LIENHOLDER

AMOUNT RECVO AMOUNT DUE 456.00 CASH : 461.00 CHCK : CRDT : CASH BACK 5.00

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INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

POLICY NUMBER

NATIONAL INTERSTATE INSURANCE COMPANY EFFECTIVE DATE EXPIRATION DATE

10/12/07

MAKE/MODEL

10/12/08

2004

TOYT

AGENCY/COMPANY ISSUING CARD

VEHICLE IDENTIFICATION NUMBER

PUBLIC LIVERY INS SERVICES, INC 1380 EL CAJON BLVD, SUITE 212 EL CAJON, CA 92020

INSURED

DESOTO CAB # 709 555 SELBY ST SAN FRANCISCO, CA 94124

SHE IMPORTANT NOTICE ON REVERSE SIDE

MAY 1 8 ZUNO

JAN FRANCISCO 'AMICO MISSICN

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

Executed this	day of // day of	IPLETED BY ACCEPTED: In the Color Scheme Homy color scheme. The laws of the State of Calif	FING COLOR SCHEME	Title: PRESIDE TAXI Taxicab Color Scheme	lifornia
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•		rjury under the laws of th	e State of California that the	he foregoing is true and c	orrect.
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# 1112	<u>)</u>			Long Term Lea	ase
				Owner / Oper Gas & Gate	ator
Medallion Number(s)	AX 1 3	2121EVANS A	IVEHG SYG	494124 (415) 64	
Business Name	Bu	usiness Address (Street Address	s, City, State, Zip)	Business Phone	
If this color scheme req	uest is granted by the	Taxicab Commission, list	what your business name, a	address and phone numbe	r will be.
Is this a Corporate p	ermit? 🕅 No 🗆	Yes If yes, Name of C	orporation:		
1 - 4h h - 0 - 1		1			
Residence Address (Street A	ddress, City, State, Zip)			1	
				()	
Joint Applicant's Name (First	t, Middle, Last)	-,,,,	Can for an	Phone	2712
JB		1/10	Sintra	0155	9412
(A)		WIGON			
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Michae	Louis		OOM! EELE EMINE!	FORM	
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Applicant's Name (First, Mid	des) CERTIFICATE OF WOR PLEAS idle, Last)	(Complete RKER'S COMPENSATION,			IIS APPLICATION

Paint Chips Submitted

Photos Submitted MAY 1 5 2008

2/15 | 107 3 (Rev. 11/30/05)

Date

Agenda Notice Date

Received by:

Worker's Comp Submitted

C:/My Files/Forms/Taxicab Color Schemel/Application.doc

Insurance Submitted

Receipt No. 450(CC)



MAY 15 2008 TAXI OCAMISSION

COML

04/30/2007 TO 04/30/2008

31 TAXI

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL TΧ DATE ISSUED

DATE FIRST SOLD Yr. Model 00/00/2002 BZ 2005 2002 C 03940

05/09/2007 RUG-STERED

METRO CAB CO 2121 EVANS AVE SAM FRANCISCO CA 94124-1024



TIENHOLDER



W0024 R0041 L0044

3800

148042720074170

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

M6404153



TO REMOVE THE STICKER FROM THE BACKING, BEND STICKER AT SLIT AND PEEL SLOWLY.

INSTRUCTIONS FOR APPLYING STICKER TO LICENSE PLATE

- CLEAN SURFACE THOROUGHLY, SCRAPE OFF ACCUMULATED STICKERS (STICKER WILL NOT STICK IF WET OR DIRTY).

 PUT STICKER ON REAR LICENSE PLATE ACCUMULATED TO THE STICKER OF THE STICKERS.
- AS SHOWN BELOW:

MOTORCYCLES:

Right Half of This Well

ALL OTHERS: In Top Right Comer

__ X_ 1A0000 CALIFORNIA M 1 SAM 123

EXCEPT:

Truck Tractors And Commercial Vehicles With A Declared Gross Vehicle Weight of 10,001 lbs. or More Must Apply Sticker To Front Plate

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						PERSONAL & ADV INJURY	s \$1,600,000
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SAN	FRANCISCO	O TAXICAB COMPA	WY.				The second secon
CIT:	Y & COUNT	Y OF SAN FRANCI	ISCO, ITS OFFICERS,	AGENTS AND	EMPLOYEES,	MEMBERS	Property Control of Co
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				Paul Batma	-ul	REXX	
COR	D 25 (2001/08)					© ACORD C	ORPORATION 1988
						· 2	75220

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 05-02-2008

GROUP:
POLICY NUMBER:
CERTIFICATE ID: 3
CERTIFICATE EXPIRES: 05-02-2009
05-02-2008/05-02-2009

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

NA

MAY 1 5 2008

ANTOCERESION

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 after 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.

tomes into

AUTHORIZED REPRESENTATIVE

PRESIDENT

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

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

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

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

EMPLOYER

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

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCH (Complete both sides)	EME	汉 *CHANG	GE OF COLOR SC	CHEME - From: _	Desoto CPb
*YOU MUST SUBMIT A CER	RTIFICATE OF WOF	•	• • • • • • • • • • • • • • • • • • • •	ON CARD, & INSURA	NCE CARD WITH THIS APPLICATION
}	PLEAS		RLY - COMPLET		
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Residence Address (Stroot Address	FREY	_John	NSEN		(4/5) , _ , ~
Residence Address (Street Address H Joint Applicant's Name (First, Mid	iss, City, State, (ip)	***********			
Joint Applicant's Name (First, Mid	1911 6 5 15 idle, Last)	ON TYANC	1500 CF	4. 94116	. Psi
	-,,				Phone (
Residence Address (Street Addre	ss, City, State, Zip)				
Is this a Corporate perm	ıit? ∑No □	Yes If yes, Nan	ne of Corporation:		
If this color scheme request	is granted by the	Tayicah Commissis	on lintuities.		
	200	ameaa vooreaa (Onsert	Address, City, State, Zip)	27.4	Rusiness Phone
Medallion Number(s)	PACT .	1 Story Mills	3158100 C	<u> </u>	e (va) bas-casa
				3	Owner / Operator
1325					☐ Gas & Gate
					Long Term Lease
Please list the reason(s)	why you are rec	questing this cha	inge;	. •	
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			A	*****	
I (We) certify (or declare) un	der penalty of perj	jury under the laws	s of the State of Call	fornia that the forec	ioing is true and correct
Executed this	day of	May			
	day oi	MAG		, 20 <u>08</u> at Sa	n Francisco, California
Bick Not	PAUSEAL	/	51	LU	
Print Na	me of Applicant	<u> </u>	- Itel	Signature	of Applicant
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Name of person authorized to sign for	r Color Scheme Holder	CETED BY ACC	CEPTING COLOR	SCHEME ONLY	
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I, the Color Scheme Holder / pers	son authorized to sig	in for the Color Sche	me Holder for	ellino Cai	
hereby give consent to the applic					Color Scheme
I certify (or declare) under penalty			f California that the fore	egoing is true and con	rect.
	A SA			attalya a Linda	a a zeŝ
Signature of Color Scheme Holder	r / person authorized to sign	n for Colar Scheme Holder			ate
A					DECEMPED.
Agenda Notice Date	Hearing D-t-	OFFICE	USE ONLY		
Worker's Comp Submitted	Hearing Date 6 · 10 · 0	00	Decision of Taxicab C		ew Declaration Signed
<u> </u>	Insurance Submit	У	Paint Chips Submitted	I PI	notos Submitted'
Received by:	Receipt	NO. 25200X	Amount 2	91-	Date SAN FRANCISCOS



5/16/2008

RECEIVED

MAY 1 6 2008

SAN FRANCISCO TAXI COMMISSION

To Whom It May Concern:

Included are Worksmans Comp Certificates for Medallion numbers 325 and 382. Both of these gentleman have decided to be affiliates (color scheme) and will provide their own car and liability insurance upon transfer.

Sincerely,

Hal Mellegard

General Manager

Mellegard

S/16/08

and of a Common

DEPARTMENT OF INDUSTRIAL STATE OF CALIFORNIA RELATIONS RECEIVED

MAY I \$2008

OFFICE OF THE DIRECTOR

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NUMBER

SAN FRANCISCO

NOISSIMMOO IN

OF CONSENT TO SELF-INSURE

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That (a.California corporation)

Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this has complied with the requirements of the Director of Industrial Relations under Certificate of Consent to Self-Insure. the provisions of

This certificate may be revoked at any time for good cause shown."

EFFECTIVES

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CHUCK CAKE

DEPARTMENT OF INDUSTRIAL RELATIONS OF THE STATE OF CALIFORNIA

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DIRECTOR

Revocation of Certificate.—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good couse after a hearing. Good cause includes, smoong other things, the impairment of the solvency of such employer, the includes, smoong other things, the impairment of the solvency of such employer or his agent in the solvency of such employer or his agent in the solvency of the individually and as a matter of practice and custom inducing claimants for compensation, to accept less than the compensation due or mixing it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Directoraging his compensation obligations in a dishonest manner; (c) Directoraging his compensation obligations in a dishonest manner; (c) Directoraging his compensation obligations in a dishonest manner; (c) Directoraging his compensation obligations in a dishonest manner; (d) Directoraging his compensation obligations in a dishonest manner; (d) Directoraging his compensation obligations in a dishonest manner; (d) Directoraging his compensation of the first manner; (e) Directo

MARK B. ASHCHAFT

ED 4554)

TORM A-4-10 A

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TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

(Complete both sides)		(Complete front side only)	<u> </u>
*YOU MUST SUBMIT A CE	RTIFICATE OF WORKER	S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APP	PLICA
	PLEASE PF	RINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle,	Last)	Phone	
1 / Aym	YOUD Al.	14050	-,-
Residence Address (Street Addr	ress, City, State, Zip)		
sure:		SAN FRANCISCO CA. 94110	
Joint Applicant's Name (First, Mi	ddle, Last)	Phone	
Residence Address (Street Addre	ess. City. State. Zip)		<u>.</u>
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Is this a Corporate pern	mit? ∮No ☐ Yes	If yes, Name of Corporation:	
If this color scheme reques	it is granted by the Taxica	ab Commission, list what your business name, address and phone number will b	
Business Name	✓ I Business	Address (Street Address, City, State, Zin)	
YELLOW GIR	CLOP 12	22-582 (214) CONPAD FC. St. DA91001 (215) 533-53	22
Medallion Number(s)		W Owner / Operator	
382		Gas & Gate	
- 3 - 3		☐ Long Term Lease	
Please list the reason(s)) why you are request	ting this change	
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		under the laws of the State of California that the foregoing is true and correct	
(We) certify (or declare) ur	nder penalty of perjury t	under the laws of the State of California that the foregoing is true and correct.	
(We) certify (or declare) ur	nder penalty of perjury t	under the laws of the State of California that the foregoing is true and correct. 1 A-V 20 at San Francisco, California	
(We) certify (or declare) ur	nder penalty of perjury to the day of the da		<u> </u>
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(We) certify (or declare) un xecuted this/ 3 Aymw & S Print No	nder penalty of perjury to day of	at San Francisco, California Signature of Applicant TED BY ACCEPTING COLOR SCHEME ONLY	
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(We) certify (or declare) universely consent to the application of color Scheme Holder / per reby give consent to the applicantify (or declare) under penaltical signature of Color Scheme Holder / Signature of Color Scheme Holder	ame of Applicant TO BE COMPLET or Color Scheme Holder: I Color Scheme Holder	TED BY ACCEPTING COLOR SCHEME ONLY Title: ASS'T MANAGEM Taxicab Color Scheme or scheme. To find the State of California that the foregoing is true and correct.	-
(We) certify (or declare) ur Executed this	ame of Applicant TO BE COMPLET or Color Scherne Holder: rson authorized to sign for cant named to use my color ty of perjury under the laws ler / person authorized to sign for Color Person authorized to sig	TED BY ACCEPTING COLOR SCHEME ONLY Title: ASS'T MANAGE Transies Coop Transies Color Scheme Transies Color Sch	2
(We) certify (or declare) universely consent to the application of color Scheme Holder / per reby give consent to the applicantify (or declare) under penaltical signature of Color Scheme Holder / Signature of Color Scheme Holder	ame of Applicant TO BE COMPLET or Color Scheme Holder: I Hearing Date Hearing Date	TED BY ACCEPTING COLOR SCHEME ONLY Title: ASS'T MANAGE Transies Coop Transies Color Scheme Transies Color Sch	-
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5/16/2008

RECEIVED

MAY 1 6 2008

SAN FRANCISCO TAXI COMMISSION

To Whom It May Concern:

Included are Worksmans Comp Certificates for Medallion numbers 325 and 382. Both of these gentleman have decided to be affiliates (color scheme) and will provide their own car and liability insurance upon transfer.

Sincerely,

Hal Mellegard

General Manager

L Mellegard



DEPARTMENT OF INDUSTRIAL STATE OF CALIFORNIA RECATIONS

5/16/08

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Number

OFFICE OF THE DIRECTOR

TO THE

CERTIFICATE

OF CONSENT TO SEET INSUR

YELLOW CAB COOPERATIVE, INC.

TAXI COMMISSION

THIS IS TO CERTIFY, That. (a California corporation)

Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this has complied with the requirements of the Director of Industrial Relations under the Certificate of Consent to Self-Insure, provisions of

This certificate may be revoked at any time for good cause shown.

EFFECTIVE:

HE 16th DAY OF JUBB

2003

OF THE STATE OF CALIFORNIA

CHUCK CAKE

department of industrial helations

Potorvil

* Revocation of Certificate,—"A contificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a practice by such employer, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually said as a matter of practice and custom inducing claimants for compensation, to accept less than the compensation due or multing it necessary for them to resort to praceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonast manner; (c) Discharging his compensation obligations in a dishonast manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3700 of Labor Code.) The Certificate may be revoked for against the employer to secure the compensation due; (E) Direbarging his compensation obligations in a dishonest manner; obligations in such a manner as to cause injury to the public or those dealing with him." (Section 2702 of Labor Code,) Transcompliance with Title 8, Cultimate Administrative Code, Croup 2—Administration of Self-Institutes.

MARK B. ASHCRAFT

FORH A.A. 10 A

1.57 1

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Notice Section Item: C

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

Medallion Holder	Medallion	Change:
Name:	#:	
1. Philip Welch	690	Regents to Yellow Cab
2. Philip Welch	690	Regents to Green Cab

NEW	COLOR	SCHEME

Complete front side only)

RPG	۳-	45	

(Complete both sides) (Complete Note side only)	~
*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURA	ANCE CARD WITH THIS APPLICATION.
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	VI
Applicant's Name (First, Middle, Last)	Phone
Philip H. Welch IV	(,,-,,-,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,
Residence Address (Street Address, City, State, Zip)	
Joint Applicant's Name (First, Middle, Last)	71
Joint Applicant's Name (First, Middle, Last)	Phone
	()
Residence Address (Street Address, City, State, Zip)	
le this a Cornerate permit? No.	
Is this a Corporate permit? No Yes If yes, Name of Corporation:	
If this calculations are used in grounded by the Taylord Commission like what we have been also	
If this color scheme request is granted by the Taxicab Commission, list what your business name, address Business Name Business Address (Street Address, City, State, Zip)	Business Phone
Tellow (26 6000) 1200 Mississippi, 5F 94107	(4/5) 282-3737
Medallion Number(s)	Owner / Operator
/ Co. co	Gas & Gate
690	Long Term Lease
1	Cong Tenn Lease
Please list the reason(s) why you are requesting this change:	
	1/ /
To change permit operation from Regents to Fell	Ister, to carrect
appresting issues arrising at Regents.	ŕ
The state of the s	/
Simultaneous application is conditional. I am Simultaneous application to change the permit oper (ab. Re application to chance to Green has privily and this application applies only if the change to Green is (We) certify (or declare) under penalty of perjury under the laws of the State of California that the for	making a
Champion and Committee and Com	1: 1 (
SIMULTANTOUS application to change The permit ope	exting to exern
Cab. Re application to chance to Green has private a	y- Di confiction
and this shalication enalies only if the change to Green	s de codo
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the for	egoing is true and correct.
Executed this 160 day of hay 2005 at S	
executed this / 6 day of / 12/G at S	San Francisco, California
	/ % /\
Print Name of Apolicant Stigns	ture of Applicant
y Francisca Straphount 2 Olyma	tics e of Applicant
, TO BE COMPLETED BY ACCEPTING COLOR SCHEME ON	LY .
	Title:
KlaTHHN SwiRi	1/00-11/62
10/1 ± 9 2000) so Operated
, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for	
\$ Not the second of the second	cab Color Scheme
nereby give consent to the applicant named to use my color scheme.	27/ 10
certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and of	correct.
17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CCUIC Ceure 3/19/0	1000
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Date
GERICE USE ONLY Genda Notice Date - A Hearing Date - A Posicion of Taylord Commission	May Declaration Comme
genda Notice Date 7.00 Hearing Date 6.10.00 Decision of Taxicab Commission	New Declaration Signed
desired Oracle Colored Aller C	

Insurance Submitted Paint Chips Submitted Photos Submitted Amount 29/

TAXICAB CO	San Francisco Taxicab Commissio
□ NEW COLOR SCHEME (Complete both sides) (Complete front side only)	Regents
*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURA	NCE CARD WITH THIS APPLICATION
PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM	ı
Applicant's Name (First, Middle, Last) (h) / / / / / / / / / / / / / / / / / / /	Phone (<
Joint Applicant's Name (First, Middle, Last)	472 Phone
	()
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	s and phone number will be
D : All (0) 1411 (0) 1711	Ph. 1
Business Name EVEN (26 (2016) 49 Pennsylvania, Alle SF 9416 Medallion Number(s)	17- (8/5) 552 - 588/
Medallion Number(s)	E3 Owner Operator
6 90	€2K Gas & Gate
	Li Long Term Lease
Please list the reason(s) why you are requesting this change:	
To change permit operation to Green Gb Co, to	wreet potentie
To change permit operation to Green Gb Co, to operating issues arising at Regents.	J
NOTE: Dis application has pristrily over the simul	tarous application.
NOTE: Dis application has prisority over the simulibring subsitted for color change to Yellow. IF This	spolicition is
approved, Reapplication for change to rellow is	s withdream
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the fore	egoing is true and correct.
Executed this	an Francisco, California
Philip H. Well II () Co	M
Print Name of Applicant Signat	ure of Applicant
TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONL	100.00
Name of person authorized to sign for Color Scheme Holder:	itle:
MARK GRUBERG C	OLOR SCHEME HOLDEN
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for GREEN Contract to the applicant named to use my color scheme.	4-3 ab Color Scheme 20 2008
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and c	
Male Auber	(% CONTROL
Signature of Color Scheme-Holder / gerson 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 VV	Paint Chips Submitted	Photos Submitted		
Received by:	Receipt No. 315901	Amount 251	Date 5/20/036		
C. My Fiter/Former Tayleah Colors Scheme Application doc	· · · · · · · · · · · · · · · · · · ·		# (Pay 11/20/06)		



MEMORANDUM

Date:

April 1, 2008

To:

The City and County of San Francisco Taxicab Commission

From:

Tom Griffin

RE:

SF Green Cab, L.L.C.

Medallion #690 / Amy Welch

Dear Commission Members,

Y.A. Tittle & Associates is prepared to provide Auto Liability insurance for S.F. Green Cab, L.L.C. with Lincoln General Insurance Company for Medallion #690 pending the approval of transfer from the Taxi Commission. Insurance documents will be forwarded immediately to the Commission pending the transfer approval.

Sincerely

Tom-Griffin-

Y.A. Tittle & Associates

RECEIVED MAY X 2000

WANTO CANTELLICAN

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

TYPE LIC TYPE VEH VLF CLASS YR 1ST SOLD YR MODEL MAKE

LICENSE NUMBER 32X 31 EY

2007 TOYT 2007 VEHICLE ID NUMBER WC

UNLADEN/G/CGW MP MO BODY TYPE MODEL ΑX

02834 2 O ${\bf B}$ TXDT FEE RECVD PIC DATE ISSUED TYPE VEHICLE USE

CC/ALCO 38 04/04/08 4 04/04/08 COMMERCIAL PR EXP DATE: 06/30/2008 PR/HIST: TAXI

AMOUNT PAID REGISTERED OWNER

SNFEE SF GREEN CAB LLC AMOUNT DUE AMOUNT RECVD GRUBERG MARK

\$ NONE CASH : CHCK:

MAY 1/3 ZUUG CRDT: SAN FRANCISCO 94103 CA

OND RWE Walconstantia LIENHOLDER TOYOTA MTR CRDT CORP

PO BX 105386

ATLANTA 30348 GA

STATE
COMPENSATION
INSURANCE
LUND

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-25-2008

GROUP:
POLICY NUMBER:
CERTIFICATE ID:
CERTIFICATE EXPIRES: 04-25-2009
04-25-2008/04-25-2009
THIS CERTIFICATE SUPERSEDES AND CORRECTS
CERTIFICATE # 1 DATED 04-25-2008

SAN FRANCISCO TAXI COMMISSION 25 VAN NESS AVE STE 420 SAN FRANCISCO CA 94102-6055 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 #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 2008-04-25 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. NAME OF ADDITIONAL INSURED: SAN FRANCISCO TAXI COMMISSION

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-25-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

CONTENES.

SF GREEN CAB LLC DBA: GREEN CAB 98 PENNSYLVANIA AVE SAN FRANCISCO CA 94107 NA

[FCC,CN]

PRINTED : 04-21-2008

Notice Section Item: D

Consideration to change dispatch companies:

Color Scheme	Change:	
1. Delta Cab	Town Taxi to B&W Dispatch	



TAXICAB DISPATCH APPLICATION

San Francisco Taxicab Commission

☐ NEW DISPATCH ☑ CHANG	3E OF DISPATCH – From	Town Taxi	To: Black & White	
		R SCHEME- PLEASE PR	NT OLEADI V	
Color Scheme Manager Name (Firs	t, Last)	IK SCHEME- PLEASE PR	Direct Phone #	
Martin B. S			(415)	
Color Scheme Name			Business Phone #	
Business Address (Street Address,	reet		(415) 987· 4674	
		oh Machkou	ski Not godd	
Reason for change:	<i>A A</i> 1	R1. 1 W.	.1 :	
ProfeTional A	nd. And	DIECK & WN	ATE IS & MORE	
TroteTionAl A	nda good o	dispatch ser	vic.	
	/		Varter B Joseph	
		-		
			1548	
Address of Dispatch Location: (Stree	f Address City State Zin	FOR NEW DISPATCH ON	ī, X	
(4.10-	in actions, only, orallo, zipy			
Business Number:		Dispatch Number:		
()		()		
Will your new dispatch company agre	e to be in compliance with	the Taxi Commission Rules a	nd Regulations? □Yes □ No	
Name of Dispatch Service:	THE ACCEPTING DIST Address:	PATCH SERVICE FOR CH	ANGE OF DISPATCH ONLY	
BLACK & WHITE CHEC		99 PENNSYLVANI	A AVE S.F. CA 9107	
I, GRATCHIA MAKAF Print Name of Authorized Per	CIAN		ign for the Dispatch Service hereby give	
consent to the applicant named to use	this dispatch service.			
I certify (or declare) under penalty of p	erjury under the laws of the	e State of California that the fo	regoing is true and correct.	
t des				
Signature of Authorized Person	in i	ianager	05-12-2-08	
	riue		Date	
	OFFICE	USE ONLY		
_ 3. A 7. OO _	ing Date 6 · 10.08	Decision of Taxicab Commission	Date	
Received by: Received	ipt No.	Amount	MAY 1 2 2008	

Black and White Checker Cab 999 Pennsylvania Avenue San Francisco, CA 94107 Phone: 415-285-3800

Fax: 415-285-3605



To San Francisco Taxi Commission:

We would like to inform you that we except Delta Cab Company to use our dispatching service effective July 01, 2008.

Gennady Epshteyn.

Gratchia Makarian.

Delta Cab Company 1340 25TH Street San Francisco, Ca. 94107 Phone: 415-920-9097

Fax: 415-920-9317

Email: delta cab@msn.com

May 12, 2008

MAY 1 2 ZUUS

From: Martin B. Smith

Owner/manager Delta Cab Company

To: Taxi Commission:

Delta Cab Company will be transferring their radio dispatch service from Town Taxi dispatch service to Black and White Checker dispatch service as of July 1, 2008.

Thank you

Owner/manager

Marti Smith 5-12-08