

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 Name:	Medallion #:	Change:
1. Albert Behravesch	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: yellow CABS
(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>ALBERT BEHRUVESH</u>		Phone () - - -
Residence Address (Street Address, City, State, Zip) <u>FOSTER CITY CA 94404</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>DE SOTO CABS</u>	Business Address (Street Address, City, State, Zip) <u>599 SELBY ST. SF. 94124 94</u>	Business Phone <u>920-1405</u>
Medallion Number(s) <u>709</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I NEED A CHANGE. ALSO NO AUDIO BUSINESS AT YELLOW

I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 8 day of APRIL, 2008 at San Francisco, California

ALBERT BEHRUVESH

Print Name of Applicant

Albert Behrvesh

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>CINDY L. WARD</u>	Title: <u>GENERAL MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>DESOTO CAB COMPANY</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Cindy L. Ward</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>3/26/08</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>4/22/08</u>	Hearing Date <u>5/13/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>RECEIVED</u>
Worker's Comp Submitted <u>yes</u>	Insurance Submitted	Paint Chips Submitted <u>N/A</u>	Photos Submitted <u>APR 03 2008</u>
Received by: <u>[Signature]</u>	Receipt No. <u>757398</u>	Amount <u>29100</u>	Date

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2007

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

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

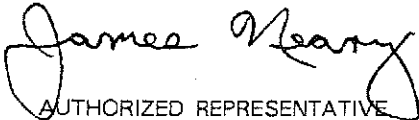
NG

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

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

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

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


AUTHORIZED REPRESENTATIVE


PRESIDENT

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

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

RECEIVED

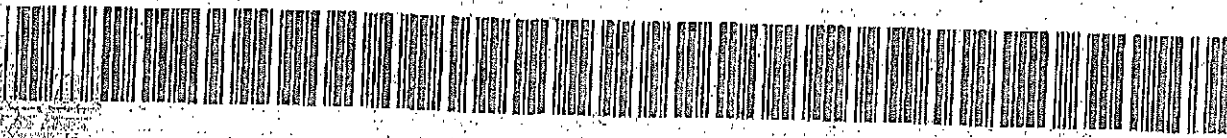
APR 08 2007

SAN FRANCISCO
TAXI COMMISSION

EMPLOYER

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

att: Tamarra



A Public Service Agency

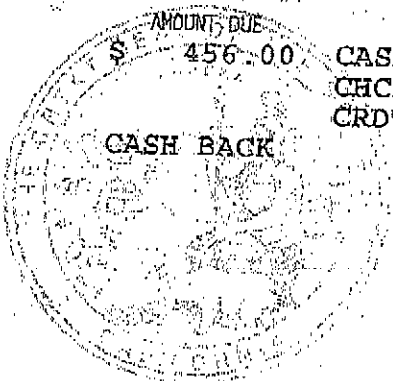
REGISTRATION CARD VALID FROM: 12/31/2007 TO: 12/31/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
TOYT	2004	2003	BE	2008	32X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	G	PS	2	C	03120		
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	USE TAX	STICKER ISSUED
COMMERCIAL		05/12/08	38	05/12/08	3	425	N3499369
		PR/HIST: TAXI					PR EXP DATE: 12/16/2008

REGISTERED OWNER
DESOTO CAB CO
555 SELBY ST

SAN FRANCISCO
CA 94124

LIENHOLDER



AMOUNT PAID	\$ 456.00
AMOUNT RECVD	
CASH :	461.00
CHCK :	
CRDT :	5.00

F00 503 H9 0045600 0022 CS F00 051208 31 8K44376 021

INSURANCE IDENTIFICATION CARD
CALIFORNIA

COMPANY NUMBER	COMPANY
POLICY NUMBER	NATIONAL INTERSTATE INSURANCE COMPANY
YEAR	EFFECTIVE DATE
2004	10/12/07
AGENCY/COMPANY ISSUING CARD	EXPIRATION DATE
	10/12/08
	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

SEE IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED
MAY 13 2008
SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Michael Louis Wilson</u>		Phone () - () - ()
Residence Address (Street Address, City, State, Zip) <u>5121 Evans Ave San Francisco, Ca 94124</u>		
Joint Applicant's Name (First, Middle, Last)		Phone () - () - ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>ROYAL TAXI</u>	Business Address (Street Address, City, State, Zip) <u>2121 EVANS AVE # G S.F. CA 94124</u>	Business Phone <u>(415) 643-9500</u>
Medallion Number(s) <u># 1112</u>	<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:

More fuel efficient Car.

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 9th day of MAY, 2008 at San Francisco, California

Michael L Wilson
Print Name of Applicant

Michael L Wilson
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>NISHAN SWEIS</u>	Title: <u>PRESIDENT</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>ROYAL TAXI</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Nishan Sweis</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>05/09/08</u> Date

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <u>RECEIVED</u>
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted <u>MAY 15 2008</u>
Received by: <u>[Signature]</u>	Receipt No. <u>3500090</u>	Amount <u>291-</u>	Date

112

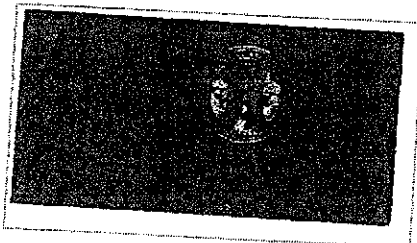
RECEIVED
MAY 15 2008
SAN FRANCISCO
TAXI COMMISSION

COML 04/30/2007 TO 04/30/2008 31 TAXI

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL TX
DATE ISSUED 05/09/2007

CYLS.	DATE FIRST SOLD	CLASS	MARK	Yr. Model
	00/00/2002	BZ	MERC	2002
TYPE VEH.	MP	AX	WC	UNLADEN/GCW
32X	6	2	C	03940
				TOTAL FEES PAID
				\$131
				3800



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

- INSTRUCTIONS FOR APPLYING STICKER TO LICENSE PLATE
1. CLEAN SURFACE THOROUGHLY. SCRAPE OFF ACCUMULATED STICKERS (STICKER WILL NOT STICK IF WET OR DIRTY).
 2. PUT STICKER ON REAR LICENSE PLATE AS SHOWN BELOW:

MOTORCYCLES: Right Half of This Well



ALL OTHERS: In Top Right Corner



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

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

W0024
R0041
L0044

148042720074170

M6404153



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

REGISTERED OWNER
L I E N H O L D E R

65

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR TG
ROYALCJ

DATE (MM/DD/YYYY)
01/23/08

PRODUCER
Y. A. Tittle Insurance
& Financial Services
1890 N. Shoreline Blvd., 2nd F
Mountain View CA 94043
Phone: 650-856-2120 Fax: 650-856-3971

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
Nishan Sweis / C & J Leasing
dba / Royal Taxi Company Inc.
Nishan Sweis
2121 Evans Avenue, STE G
San Francisco CA 94124

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Mount Vernon Fire Ins. Co.	
INSURER B:	National Interstate	32620
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	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		01/23/08	01/23/09	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$50,000/YY MED EXP (Any one person) \$ \$5,000/08 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ \$1,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED
B		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		10/12/07	10/12/08	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 BODILY INJURY (Per person) \$ 32620 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 DEDUCTIBLE \$ RETENTION \$ 				EACH OCCURRENCE \$ \$1,000,000 AGGREGATE \$ \$50,000/YY \$ \$1,000,000 \$ \$1,000,000 \$ \$1,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> INCLUDED E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ \$1,000,000 E.L. DISEASE - POLICY LIMIT \$
		OTHER				\$ 32620

RECEIVED
MAY 15 2008
SAN FRANCISCO
CALIFORNIA

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

SAN FRANCISCO TAXICAB COMPANY.
CITY & COUNTY OF SAN FRANCISCO, ITS OFFICERS, AGENTS AND EMPLOYEES, MEMBERS OF COMMISSIONS, VEOLIA TRANSPORTATION, ATC, ATC VANCOM, THE FUNDING ENTITY AND ANY SUBCONTRACTOR OR AGENT OF THE PROVIDER ENGAGED IN ANY WORK UNDER THIS AGREEMENT ARE INCLUDED AS ADDITIONAL INSURED ON SAID POLICY.

CERTIFICATE HOLDER

CANCELLATION

SFPARAT

SAN FRANCISCO PARATRANSIT
RICHARD LESSER
68 12TH STREET
SAN FRANCISCO CA 9102-6055

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
Paul Batmale



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

RECEIVED

MAY 15 2008

SAN FRANCISCO
TAXICAB COMMISSION

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.

James Neary
AUTHORIZED REPRESENTATIVE

Janet Frank
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 05-02-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

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

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

*CHANGE OF COLOR SCHEME - From: Desoto cpb
(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>RICK JEFFREY JOHANSEN</u>		Phone <u>(415) 333-1223</u>
Residence Address (Street Address, City, State, Zip) <u>1200 MARKET ST. SF. CA. 94116</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>YELLOW CAB COOP</u>	Business Address (Street Address, City, State, Zip) <u>1200 MARKET ST. SF. CA. 94116</u>	Business Phone <u>(415) 333-1223</u>
Medallion Number(s) <u>325</u>		<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

To much corruption and Favoritism AT Desoto Yellow has computerized Voiceless Dispatch and A much nicer Fleet.

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 13 day of MAY, 2008 at San Francisco, California

RICK JOHANSEN
Print Name of Applicant

Rick Johansen
Signature of Applicant

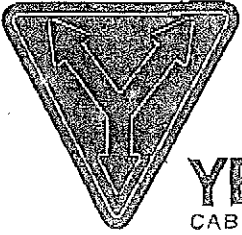
TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>ANTHONY JOHANSEN</u>	Title: <u>ASST. MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>YELLOW CAB COOP</u> hereby give consent to the applicant named to use my color scheme. Taxicab 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>Anthony Johansen</u>	Date <u>MAY 9, 2008</u>

RECEIVED

OFFICE USE ONLY

Agenda Notice Date <u>5.27.08</u>	Hearing Date <u>6.10.08</u>	Decision of Taxicab Commission	New Declaration Signed <u>MAY 13 2008</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. <u>520087</u>	Amount <u>291</u>	Date <u>SAN FRANCISCO TAXICAB COMMISSION</u>



YELLOW
CAB COOPERATIVE

5/16/2008

RECEIVED

MAY 16 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

1200 Mississippi Street, San Francisco, CA 94107
(415) 282-3737 www.yellowcabsf.com



FORM A-4.10A

NUMBER 2282

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

MAY 1 6 2008

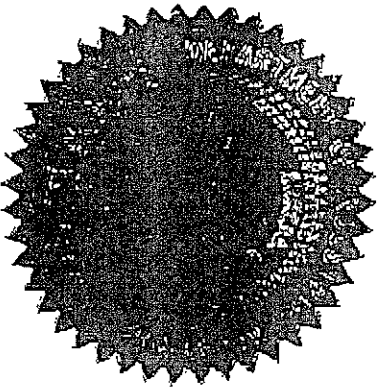
SAN FRANCISCO
TAXI COMMISSION

CERTIFICATE OF CONSENT TO SELF-INSURE

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That (a California corporation) has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

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



EFFECTIVE:

THE 16th DAY OF June 19 2003

Mark B. Ashcraft
MARK B. ASHCRAFT
MANAGER

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

Chuck Cake
CHUCK CAKE

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 cause after a hearing. Good cause includes, 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 and as a matter of course and custom inducing claimants for compensation, to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him.” (Section 3702 of Labor Code.) The Certificate may be revoked for non-compliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

5/16/08 Mul 382



TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

*CHANGE OF COLOR SCHEME - From: DE SOTO CAB
(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>RAYMOND M. ROSO</u>		Phone () - - -
Residence Address (Street Address, City, State, Zip) <u>SAVANNAH ST., SAN FRANCISCO, CA. 94110</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>YELLOW CAB COOP</u>	Business Address (Street Address, City, State, Zip) <u>1200 MISSISSIPPI ST., SF, CA. 94107</u>	Business Phone <u>(415) 333-3333</u>
Medallion Number(s) <u>382</u>		<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

WANT TO GO TO A COMPUTURIZED DISPATCH COMPANY
DISPATCHERS ARE NOW RUNNING THE COMPANY
AT DESOTO.

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 13th day of MAY, 2008 at San Francisco, California

RAYMOND ROSO [Signature]
Print Name of Applicant Signature of Applicant

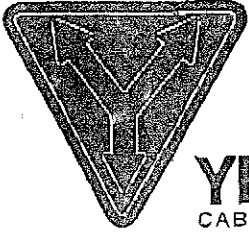
TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>JAMES GILLESPIE</u>	Title: <u>ASSIT MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>YELLOW CAB COOP</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>MAY 9, 2008</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>5.27.08</u>	Hearing Date <u>6.10.08</u>	Decision of Taxicab Commission	New Declaration Signed <u>MAY 13 2008</u>
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. <u>2100078</u>	Amount <u>291</u>	Date <u>SAN FRANCISCO TAXICAB COMMISSION</u>

RECEIVED



YELLOW
CAB COOPERATIVE

5/16/2008

RECEIVED

MAY 16 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

1200 Mississippi Street, San Francisco, CA 94107
(415) 282-3737 www.yellowcabsf.com



5/16/08 Ned 325

NUMBER 2282

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

RECEIVED

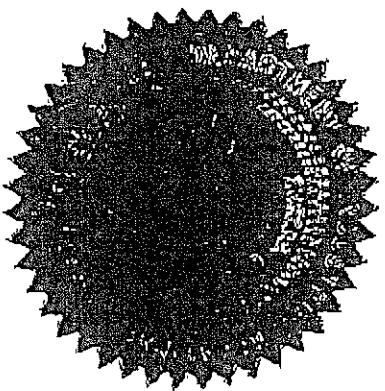
MAY 16 2008
SAN FRANCISCO
TAXI COMMISSION

CERTIFICATE OF CONSENT TO SELF-INSURE

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That (a California corporation)
has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

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



EFFECTIVE:

THE 16th DAY OF June 16 2003

Mark B. Ashcraft
MARK B. ASHCRAFT
MANAGER

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

Chuck Cake
CHUCK CAKE
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 cause after a hearing. Good cause includes, 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 and as a matter of course against the employer to secure the compensation due; (b) Discharging his compensation obligation in a dishonest manner; (c) Discharging his compensation obligation in such a manner as to cause injury to the public or those hearing with him.” (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 9, Administration of Self-Insurance.

Notice Section Item: C

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

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

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

291

NEW COLOR SCHEME

(Complete both sides)

CHANGE OF COLOR SCHEME - From: Regents

(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>Philip H. Welch II</u>		Phone () - () - ()
Residence Address (Street Address, City, State, Zip) <u>1, Sebastopol, CA 95472</u>		
Joint Applicant's Name (First, Middle, Last)		Phone () - () - ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.

Business Name <u>Yellow Cab Corp</u>	Business Address (Street Address, City, State, Zip) <u>1200 Mississippi, SE 94107</u>	Business Phone <u>(415) 282-3737</u>
Medallion Number(s) <u>690</u>	<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:

To change permit operation from Regents to Yellow, to correct operating issues arising at Regents.

NOTE: This application is conditional. I am making a simultaneous application to change the permit operation to Green Cab. The application to change to Green has priority over this application, and this application applies only if the change to Green is denied.
 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 16th day of May, 2008 at San Francisco, California

Philip H. Welch II

Print Name of Applicant

[Signature]

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>NATHAN DEWIZ</u>	(RECEIVED) MAY 19 2008	Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____, 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>5/19/2008</u> Date	

OFFICE USE ONLY

Agenda Notice Date <u>5.27.08</u>	Hearing Date <u>6.10.08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>Yes</u>	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by <u>T.O.</u>	Receipt No. <u>366099</u>	Amount <u>291</u>	Date <u>5.19.08</u>

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

NEW COLOR SCHEME

(Complete both sides)

CHANGE OF COLOR SCHEME - From: Regents

(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>Philip H. Welch II</u>		Phone () - - -
Residence Address (Street Address, City, State, Zip) <u>Sebastopol, CA 95472</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>Green Cab Company</u>	Business Address (Street Address, City, State, Zip) <u>98 Pennsylvania Ave, SF 94107</u>	Business Phone <u>(415) 552-5881</u>
Medallion Number(s) <u>690</u>	<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:

To change permit operation to Green Cab Co, to correct potential operating issues arising at Regents.

NOTE: This application has priority over the simultaneous application being submitted for color change to Yellow. If this application is approved, the application for change to Yellow is withdrawn

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 16th day of May, 2008 at San Francisco, California

Philip H. Welch II
Print Name of Applicant

[Signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>Mark Gruberg</u> MARK GRUBERG	Title: <u>COLOR SCHEME HOLDER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>GREEN 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.	
<u>Mark Gruberg</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>5/19/08</u> Date

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. <u>375901</u>	Amount <u>291-</u>	Date <u>5/20/08</u>



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

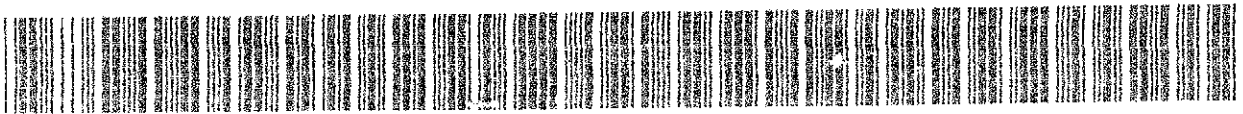
RECEIVED
 20 70
 MAY 19 2008
 SAN FRANCISCO
 TAXI COMMISSION

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

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

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

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



REGISTRATION CARD VALID FROM: 06/30/2007 TO: 06/30/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
TOYT	2007	2007	BY	32X	31	
BODY TYPE MODEL	MP	NO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
TX	Q	PR	2	B	02834	
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC	
COMMERCIAL	04/04/08		38	04/04/08	4	
	PR/HIST: TAXI					PR EXP DATE: 06/30/2008

REGISTERED OWNER
SF GREEN CAB LLC
GRUBERG MARK

AMOUNT DUE
\$ NONE

AMOUNT RECVD
CASH :
CHCK :
CRDT :

RECEIVED
MAY 13 2008

SAN FRANCISCO
DMV COMMISION

SAN FRANCISCO
CA 94103

LIENHOLDER
TOYOTA MTR CRDT CORP
PO BX 105386

ATLANTA
GA 30348

K00 503 27 0000000 0065 CM K00 040408 31 8H21310 756



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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-25-2008

GROUP:
POLICY NUMBER:
CERTIFICATE ID: 7
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.

James Neary
AUTHORIZED REPRESENTATIVE

Janet Frank
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

RECEIVED
MAY 20 2008
SAN FRANCISCO
CALIFORNIA

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 CHANGE OF DISPATCH - From: Town Taxi To: Black & White

TO BE COMPLETED BY COLOR SCHEME- PLEASE PRINT CLEARLY

Color Scheme Manager Name (First, Last) <u>Martin B. Smith</u>	Direct Phone # <u>(415) - - - ?</u>
Color Scheme Name <u>1340. 25th Street</u>	Business Phone # <u>(415) 987-4674</u>
Business Address (Street Address, City, State, Zip) <u>Not happy with Ralph Machkouski not good</u>	
Reason for change: <u>with Lost + Found. And Black & White is a more professional and a good dispatch service.</u>	
<u>Martin B Smith</u>	

TO BE COMPLETED FOR NEW DISPATCH ONLY

Address of Dispatch Location: (Street Address, City, State, Zip)	
Business Number: ()	Dispatch Number: ()
Will your new dispatch company agree to be in compliance with the Taxi Commission Rules and Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TO BE COMPLETED BY THE ACCEPTING DISPATCH SERVICE FOR CHANGE OF DISPATCH ONLY

Name of Dispatch Service: <u>BLACK & WHITE CHECKER DISPATCH</u>	Address: <u>999 PENNSYLVANIA AVE S.F. CA 94107</u>
I, <u>GRATCHIA MAKHARIAN</u> , 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 this 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.	
<u>[Signature]</u> Signature of Authorized Person	<u>manager</u> Title
	<u>05-12-2008</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>5.27.08</u>	Hearing Date <u>6.10.08</u>	Decision of Taxicab Commission	Date
Received by: <u>[Signature]</u>	Receipt No. <u>[Signature]</u>	Amount <u>[Signature]</u>	<u>MAY 12 2008</u>

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 05/12/08
Gennady Epshteyn.

Gratchia Makarian 05-12-08
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 12 2008

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
 5-12-08
Marti Smith
Owner/manager