

## 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 January 22, 2008 hearing.

## Notice Section: Item A

Consideration to reverse Commissions decision to grant a time waiver to Negash Tesfasilasie, list # 7-002, since the applicant submitted a letter to withdraw his Time Waiver Request. See memo.



**MEMORANDUM**

**To:** Honorable Commissioners

**From:** Heidi Machen *AM*  
Executive Director

**Date:** January 3, 2008

**Re:** Negash Tesfasilasie, List# 7-002

Negash Tesfasilasie, List# 7-002, submitted a letter on December 6, 2007 withdrawing his request for a time waiver. Due to a clerical error, his name was kept on the list of time waiver requests and he was granted a time waiver. He should not have been on the list of names to receive a time waiver as he no longer wished to receive one.

The Taxi Commission recommends that the Commission vote to reverse the decision and allow Negash Tesfasilasie, List# 7-002, to be eligible for one time waiver in the future.

Notice Section: Item E

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

<b>Medallion Holder Name:</b>	<b>Medallion #:</b>	<b>Change:</b>
1. Louis Peppars	337	Metro Cab to DeSoto Cab
2. Ray R. Yaghmour	547	Yellow Cab to Delta Cab
3. Leon Veysman	877	United Cab to Luxor Cab
4. Mary McGuire	474	Metro to National/Veterans

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>Louis Peppers</u>		Phone ( ) - - - -
Residence Address (Street Address, City, State, Zip) <u>... ave. Petaluma, CA. 94954</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>DeSoto Cab Coop.</u>	Business Address (Street Address, City, State, Zip) <u>555 SELBY ST. S.F. CA. 94124</u>	Business Phone <u>(415) 970-1300</u>
Medallion Number(s) <u>#337</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:

BETTER BUSINESS WITH RADIO.

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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at San Francisco, California

Louis Peppers  
Print Name of Applicant

Louis Peppers  
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 DESOTO CAB CO.  
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.

Cindy L. Ward  
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

11/5/07  
Date

OFFICE USE ONLY

RECEIVED

Agenda Notice Date <u>1/01/08</u>	Hearing Date <u>1/22/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted <u>DEC 18 2007</u>
Received by: <u>[Signature]</u>	Receipt No. <u>044119</u>	Amount <u>295</u>	Date <u>SAN FRANCISCO (Rev. 11/30/05)</u>

**STATE  
COMPENSATION  
INSURANCE  
FUND**

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

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 04-01-2007

 GROUP:  
 POLICY NUMBER: 07  
 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

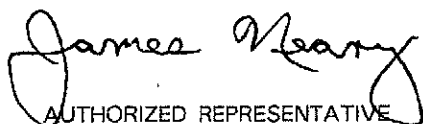
NG

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 04-01-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

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



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555 SELBY STREET • SAN FRANCISCO, CALIFORNIA 94124 • (415) 970-1300

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December 14, 2007

San Francisco Taxi Commission  
25 Van Ness Avenue  
Room 420  
San Francisco, CA 94102

To Whom It May Concern:

It is the policy of DeSoto Cab Company not to purchase a vehicle for a color transfer until the Taxi Commission has approved the transfer.

Therefore, there is no vehicle at this time for Cab #337.

Sincerely,

A handwritten signature in cursive script that reads "Cindy L. Ward". The signature is written in black ink and includes a horizontal line at the end.

Cindy L. Ward  
General Manager

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <b>RAY RIZCALLAH YAGHMOUR</b>		Phone (4) - - - - -
Residence Address (Street Address, City, State, Zip) <b>... .. CITY, CA 94014</b>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <b>Delta Cab Company</b>	Business Address (Street Address, City, State, Zip) <b>1340 25th Street</b>	Business Phone <b>(415) 920-9097</b>
Medallion Number(s) <b>547</b>	<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:

Financial situation

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 18 day of December, 2007 at San Francisco, California

RAY RIZCALLAH YAGHMOUR  
Print Name of Applicant

Ray Yaghmour  
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <b>Martin Smith</b>	Title: <b>owner / manager</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Delta</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.	
<u>Martin B. Smith</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>12-18-07</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>1/8/08</u>	Hearing Date <u>1/22/08</u>	Decision of Taxicab Commission	New Declaration Signed <input checked="" type="checkbox"/>
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>044120</u>	Amount <u>291.00</u>	Date <u>DEC 08 2007</u>





# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID UR  
DELTA12

DATE (MM/DD/YYYY)  
07/20/07

<b>PRODUCER</b>  (SF) Heffernan Insurance Brkrs 120 Howard Street, Suite 550 San Francisco CA 94105 Phone: 415-778-0300 Fax: 415-778-0301	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.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Delta Cab Company Marty Smith 1340 25th Street San Francisco CA 94107	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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NOT APPLICABLE			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <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	NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	NOT APPLICABLE			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	DCP001	07/20/07	07/20/08	<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

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

\*10 day notice of cancellation for non-payment of premium.

## CERTIFICATE HOLDER

SANFRTA

San Francisco Taxi Commission  
 25 Van Ness Avenue Ste 420  
 San Francisco CA 94102

## 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

**INSURANCE IDENTIFICATION CARD**

(STATE) CA

COMPANY NUMBER NATIONAL INTERSTATE INSURANCE COMPANY  
POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE  
S0000068 10/12/07 10/12/08  
AR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER  
33 FORD 2FDFF

**AGENCY/COMPANY ISSUING CARD**

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

SURED  
YELLOW CAB #547  
SEITA & AUTOS FOR HIRE  
.200 MISSISSIPPI ST  
SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

IN CASE OF ACCIDENT: Report all accidents  
to your Agent/Company as soon as possible.  
Obtain the following information:

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

ACORD 50 (1/83)

**INSURANCE IDENTIFICATION CARD**

(STATE) CA

COMPANY NUMBER NATIONAL INTERSTATE INSURANCE COMPANY  
POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE  
S0000068 10/12/07 10/12/08  
AR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER  
33 FORD 2FDI

AGENCY/COMPANY ISSUING CARD  
PUBLIC LIVERY INS SERVICES, INC  
.380 EL CAJON BLVD, SUITE 212  
EL CAJON, CA 92020

SURED  
YELLOW CAB #547  
SEITA & AUTOS FOR HIRE  
.200 MISSISSIPPI ST  
SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

IN CASE OF ACCIDENT: Report all accidents  
to your Agent/Company as soon as possible.  
Obtain the following information:

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

ACORD 50 (1/83)



Client#: 6212

LUXORCAB

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/01/2007

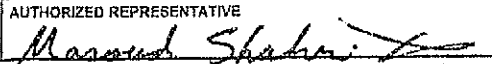
<b>PRODUCER</b> John Burnham SD 1610 750 B Street, Suite 2400 San Diego, CA 92101 800 421-6744	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Luxor Cab Company 2230 Jerrold Avenue San Francisco, CA 94124	INSURER A: American Home Assurance Company	19380
	INSURER B: By Authority of AIG Co.	
	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	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
		<b>AUTOMOBILE LIABILITY</b> <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) \$	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$	
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC5	05/01/07	05/01/08	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Certificate is subject to all policy limits, conditions and exclusions.

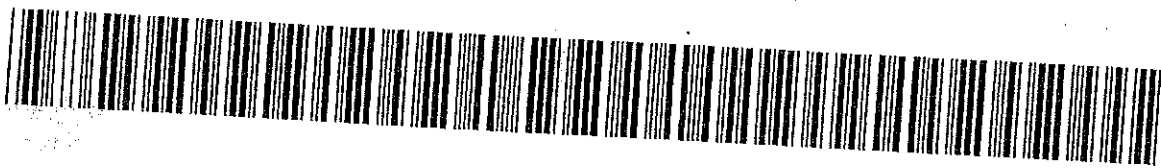
<b>CERTIFICATE HOLDER</b> San Francisco Taxi Commission 25 Van Ness Avenue Rm 420 San Francisco, CA 94102	<b>CANCELLATION Ten Day Notice for Non-Payment of Premium</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 
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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: 11/30/2007 TO: 11/30/2008

MAKE FORD	YR MODEL 2006	YR 1ST SOLD 2005	VLF CLASS CV	*YR 2007	TYPE VEH 32X	TYPE LIC 31	LICENSE NUMBER
BODY TYPE MODEL TX	MP G	MO NY	AX 2	WC C	UNLADEN/G/CGW 03640	VEHICLE ID NUMBER 1FAJ	STICKER ISSUED
TYPE VEHICLE USE COMMERCIAL	DATE ISSUED 11/28/07	CC/ALCO 38	DT FEE RECVD 11/28/07	PIC 9	PR EXP DATE: 11/30/2007	AMOUNT PAID \$ 166.00	
REGISTERED OWNER UNITED CAB CO 20 HERON ST	AMOUNT DUE \$ 166.00	AMOUNT RECVD CASH : 166.00 CHCK : CRDT :					
SAN FRANCISCO CA	94103						

RENHOLDER

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

POLICY NUMBER

LINCOLN GENERAL

INSURANCE COMPANY

CA00002100417

EXPIRES DATE

EXPIRATION DATE

YEAR

10/12/07

13/12/08

2006

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

FORD

AGENCY/COMPANY ISSUING CARD

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

INSURED

UNITED CAR # 877  
FRITA & AUTOS FOR HIRE  
20 HERON ST  
SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

IN CASE OF ACCIDENT: Report all accidents  
to your Agent/Company as soon as possible.  
Obtain the following information:

1. Name and address of each driver,  
passenger and witness.

2. Name of Insurance Company and policy  
number for each vehicle involved.

ACORD 50 (1/83)

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

CHANGE OF COLOR SCHEME - From: METRO  
(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>MARY MARTYN MCGUIRE</u>		Phone <u>415 6... 12</u>
Residence Address (Street Address, City, State, Zip) <u>... SAN FRANCISCO, CA 94109</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>NATIONAL/VETERANS</u>	Business Address (Street Address, City, State, Zip) <u>2270 McKinnon, SF 94124</u>	Business Phone <u>(415) 552-1300</u>
Medallion Number(s) <u>474</u>	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I decided to transfer to National/Veterans because I like the company, and they offered me and the other drivers of #474 a new Ford Escape Hybrid.

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

Executed this 20 day of DECEMBER, 2007 at San Francisco, California

MARY MARTYN MCGUIRE Mary Martyn McGuire  
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>Dan Hinos</u>	Title: <u>PRESIDENT</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>VETERANS COLOR SCHEME</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>Dan Hinos</u>	Date <u>12/26/07</u>

OFFICE USE ONLY

Agenda Notice Date <u>01/02/08</u>	Hearing Date <u>01/22/08</u>	Decision of Taxicab Commission	NEW Declaration Signed <b>RECEIVED</b>
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted <u>DEC 28 2007</u>
Received by: <u>Danielle</u>	Receipt No. <u>649131</u>	Amount <u>9291</u>	Date





STK# 31936

APPLICATION FOR REGISTRATION OF NEW VEHICLE

18577621

DATE FIRST SOLD AS A NEW VEHICLE (MO./DAY/YR.) 12/27/07 DATE FIRST OPERATED (MO./DAY/YR.) 12/27/07 NRM/IND MAKE FORD YEAR MODEL 2008 BODY TYPE TX MOTIVE POWER Q NUMBER OF AXLES 2 UNLADEN WEIGHT 3546

VEHICLE IDENTIFICATION NUMBER M/C ENGINE NUMBER OR ADDITIONAL IDENTIFICATION NUMBER

FOR CAMP TRAILERS AND TRAILER COACHES LENGTH IN INCHES WIDTH IN INCHES COUNTY OF RESIDENCE SAN FRANCISCO

SOLD TO: PRINT TRUE FULL NAME AS IT APPEARS ON THE DRIVER LICENSE OR ID CARD IN THE ORDER SHOWN BELOW (1) NATIONAL CAB COMPANY INC EQUIPMENT NUMBER DRIVER LICENSE/ID CARD NO.

AND OR (2) BUSINESS OR RESIDENCE ADDRESS APT. NUMBER CITY SAN FRANCISCO STATE CA ZIP CODE 94124

MAILING ADDRESS--IF DIFFERENT FROM ABOVE OR LOCATION (FOR TRAILER COACH/VESSEL) APT. NUMBER CITY STATE ZIP CODE

LIENHOLDER OR LEGAL OWNER--PRINT TRUE FULL NAME one pay ELECTRONIC LIENHOLDER ID.#

BUSINESS OR RESIDENCE ADDRESS APT. NUMBER CITY STATE ZIP CODE

LESSEE ADDRESS--REQUIRED WHEN DIFFERENT FROM REGISTERED OWNER ABOVE APT. NUMBER CITY STATE ZIP CODE

If a passenger vehicle, will it be used for hire or to provide a service of transporting passengers in conjunction with a business? Yes No

APPLICANT'S CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.

DATE 12/27/07 BUYER'S SIGNATURE(S) NATIONAL CAB COMPANY INC (1) X (2) X

CERTIFICATE OF COST--The dealer signing the certification certifies under penalty of perjury under the laws of the State of California that the cost of the vehicle entered in the Certificate of Cost includes the cost of any equipment that is physically attached to the vehicle, plus any trade-in allowances (exclude state or local taxes, insurance and finance charges).

DATE PURCHASED/ACQUIRED 12/27/07 COST 26421.00 A-- Cost of vehicle purchased as a Complete vehicle Chassis only Cab and chassis B-- Cost of trailer coach including all permanently attached items (wall to wall carpeting, factory air conditioning, built-in appliances, etc.).

ODOMETER DISCLOSURE STATEMENT

Federal and state law requires that you state the mileage upon transfer of ownership. Failure to complete or making a false statement may result in fines and/or imprisonment. The odometer reading is (no tenths) miles and to the best of my knowledge reflects the actual mileage unless one of the following statements is checked.

WARNING -- Is not the actual mileage. Mileage exceeds the odometer mechanical limits.

I/we certify under penalty of perjury under the laws of the State of California that the information entered on this form is true and correct.

DATE 12/27/07 SIGNATURE OF SELLER OR COMPANY AGENT R David PRINT SELLER'S TRUE FULL NAME/COMPANY AGENT SAN FRANCISCO FORD L/M ADDRESS 2001 MARKET SAN FRANCISCO, CA 94114 DATE 12/27/07 SIGNATURE OF BUYER OR COMPANY AGENT NATIONAL CAB COMPANY INC PRINT BUYER'S TRUE FULL NAME/COMPANY AGENT NATIONAL CAB COMPANY INC ADDRESS 2270 MCKINNON AVE SAN FRANCISCO, CA 94124

REG 397 (REV. 7/2005)

DMV copy



NEW VEHICLE DEALER NOTICE TEMPORARY IDENTIFICATION (Must be affixed to the vehicle before delivery to the purchaser)

18577621

MAKE FORD BODY TYPE TX VEHICLE IDENTIFICATION NUMBER STK# 31936

DATE FIRST SOLD AS A NEW VEHICLE (MO./DAY/YR.) 12/27/07 DEALER'S NUMBER 64582 SALESPERSON'S NUMBER S308085

SOLD TO: PRINT TRUE FULL NAME(S) NATIONAL CAB COMPANY INC

ADDRESS 2270 MCKINNON AVE SAN FRANCISCO, CA 94124

NOTE: UPON TRANSFER OR SALE, DEALER MUST ENTER ODOMETER READING HERE. IMPORTANT! ENTER BOTH DEALER'S AND SALESPERSON'S NUMBERS. This is a notice of purchase of vehicle. Do not use as an application for registration or title.

REG 397 (REV. 7/2005)

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/28/2007

PRODUCER (415)564-4400 FAX (415)564-4494  
DiNicola Insurance Services  
License# OB29457  
1635 Irving Street  
San Francisco, CA 94122

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 National Cab Company, Inc.  
DBA: Veterans Cab Company  
2270 McKinnon Avenue  
San Francisco, CA 94124

INSURERS AFFORDING COVERAGE	NAIC #
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	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Per occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
		<b>AUTOMOBILE LIABILITY</b> <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)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		5/01/2007	05/01/2008	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
Medallion #474

**CERTIFICATE HOLDER**  
  
City & County of San Francisco  
Taxi Commission  
25 Van Ness Avenue  
Suite 420  
San Francisco, CA 94102

**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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
  
AUTHORIZED REPRESENTATIVE  
Nick DiNicola/MARCO

INSURANCE IDENTIFICATION CARD

STATE CA  
COMPANY NUMBER 27553  
COMPANY Mercury Insurance Company

POLICY NUMBER AC11081824  
EFFECTIVE DATE 10/07/07  
EXPIRATION DATE 10/07/08

MAKE/MODEL SCHEDULE VEHICLES  
VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

Y. A. Tittle Insurance  
Paul Batmale  
650-856-2120  
INSURED

National Cab Company, Inc.

2270 McKinnon Avenue  
San Francisco

CA 94124

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

CSR TG

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

IN CASE OF ACCIDENT: Report all accidents  
to your Agent/Company as soon as possible.  
Obtain the following information:

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

ACORD 50 WM(2/95)

Notice Section: Item F

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

<b>Color Scheme:</b>	<b>Change:</b>
1. Delta Cab	Black & White Checker to Town Taxi

Applicant's Name Delta Cab - Marty Smith

**TO BE COMPLETED FOR NEW COLOR SCHEME DESIGN**

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 DISPATCH SERVICE**

Name of Dispatch Service:

Town Taxi, Inc

Address:

999 Pennsylvania Ave., SF CA 94107

I, Jacob M. Yzel the person authorized to sign for the Dispatch Service hereby give  
First 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 M. Yzel  
Signature of Authorized Person

Manager  
Title

12/31/07  
Date

RECEIVED

DEC 31 2007

SAN FRANCISCO  
TAXI COMMISSION



Delta Cab Company  
1340 25<sup>TH</sup> Street  
San Francisco, Ca. 94107  
Phone: 415-920-9097  
Fax: 415-920-9317  
Email: [delta\\_cab@msn.com](mailto:delta_cab@msn.com)  
December 21, 2007, 10:49 AM

RECEIVED

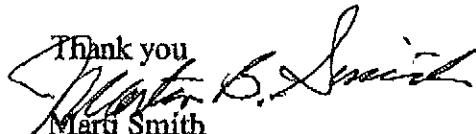
DEC 31 2007

SAN FRANCISCO  
TAXI COMMISSION

From: Martin B. Smith  
Owner/manager Delta Cab Company

To: Taxi Commission

Delta Cab Company will be moving from black and white dispatch to Town taxi dispatch for there radio dispatch as of January 1, 2008.

Thank you  
  
Martin Smith  
Owner/manager

TownTaxi, Inc.  
999 Pennsylvania Avenue  
San Francisco, CA 94107  
Tel: 415.401.8900 Fax: 415.401.8734

12/24/2007

RE: Delta Cab Co. Radio Dispatch

RECEIVED

DEC 26 2007

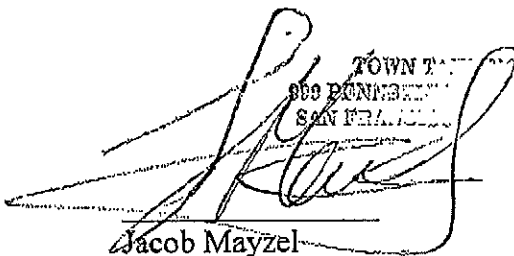
SAN FRANCISCO  
TAXI COMMISSION

Dear Heidi!

This letter is to inform you that Delta Cab Co. management expressed an interest of having us, Town Taxi, Inc. as their Radio Dispatching Service. Effective January 1<sup>st</sup>, 2008 Town Taxi, Inc. will take over Delta Cab Co. radio dispatching needs including handling of their "lost and found" and other dispatching duties.

Please call us at 415.401.8900 if we can further assisted you on that matter.

Thank you,

  
TOWN TAXI  
999 PENNSYLVANIA  
SAN FRANCISCO  
Jacob Mayzel