

## 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 July 22, 2008 hearing.

Notice Section Item: A

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

<b>Medallion Holder Name:</b>	<b>Medallion #:</b>	<b>Change:</b>
1. Chad Rokeach	1199	Metro to B&W Checker
2. Long V Ngo	467	Bay to Yellow Cab
3. Grigory Andarasnik	822	Luxor to SF Taxi Cab
4. Armand Moulia	266, 267, 268	Arrow to DeSoto Cab

**TAXICAB COLOR SCHEME APPLICATION**  
San Francisco Taxicab Commission

**NEW COLOR SCHEME**  
(Complete both sides)

**CHANGE OF COLOR SCHEME - From:** Metpro 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>CHAD ROKEACH</u>		Phone <u>415 285 1111</u>
Residence Address (Street Address, City, State, Zip) <u>OAKLAND CA 94607</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>B &amp; W CHEEKER</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE</u>	Business Phone <u>(415) 285-3710</u>
Medallion Number(s) <u>1199</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:

Better management for my medallion

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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 1 day of MAY, 2008 at San Francisco, California

CHAD ROKEACH Chad Rokeach  
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>Genniferly Eshstein</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>B &amp; W CHEEKER</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>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>05-01-08</u> Date

OFFICE USE ONLY			
Agenda Notice Date <u>07/08/08</u>	Hearing Date <u>07/09/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted <u>2008</u>
Received by: <u>DANIEL</u>	Receipt No. <u>375900</u>	Amount <u>\$291-</u>	Date

**RECEIVED**



Farmers Insurance Group of Companies

Dmitry Erenkov Insurance Agency

3450 Geary Blvd, Ste 100  
San Francisco CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

19 June 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that Medallion #1199, held by Chad Rokeach, can be added to Black & White Checker Cab's Auto Liability and Workers Compensation insurance policies upon transfer approval by the Taxicab Commission. Coverage is provided by our Agency through National Interstate Insurance Company (for liability) and Lincoln General Insurance Company (for workers compensation).

Sincerely,

A handwritten signature in black ink, appearing to read "Dmitry Erenkov".

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED

JUN 19 2008

SAN FRANCISCO  
TAXI COMMISSION



REGISTRATION CARD VALID FROM: 06/30/2008 TO: 06/30/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
TOYT	2006	2005	AE	2008	32X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
TX	G	PR	2	C	03240		
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC	USE TAX	STICKER ISSUED
COMMERCIAL	04/08/08		38	04/08/08	3	60	R0716175
	PR/HIST: SALVAGED					PR EXP DATE: 06/16/2008	

REGISTERED OWNER  
 BLACK AND WHITE CHECKER CAB  
 999 PENNSYLVANIA ST  
 AMOUNT PAID \$ 181.00

AMOUNT DUE	AMOUNT RECVD
\$ 181.00	CASH : 200.00
	CHCK :
	CRDT :
CASH BACK	: 19.00

SAN FRANCISCO  
 CA 94107

LIENHOLDER

F00 599 09 0018100 0022 CS F00 040808 31 8P63037 197

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JUN 19 2008

SAN FRANCISCO TAXI COMMISSION

**TAXICAB COLOR SCHEME APPLICATION**

San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

\*CHANGE OF COLOR SCHEME - From: BAY 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>LONG V. NGO</u>		Phone <u>                    </u>
Residence Address (Street Address, City, State, Zip) <u>                    SF. Cal 94112</u>		
Joint Applicant's Name (First, Middle, Last) <u>                    </u>		Phone <u>( )</u>
Residence Address (Street Address, City, State, Zip) <u>                    </u>		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes    If yes, Name of Corporation: <u>                    </u>		

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 Co-op</u>	Business Address (Street Address, City, State, Zip) <u>1200 Mississippi St</u>	Business Phone <u>(415) 382-3737</u>
Medallion Number(s) <u>407 (70)</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 Opportunity

**RECEIVED**

JUL 01 2008

SAN FRANCISCO  
TAXI COMMISSION

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 22 day of April, 2008 at San Francisco, California

LONG V. NGO  
Print Name of Applicant

Long V. Ngo  
Signature of Applicant

**TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY**

Name of person authorized to sign for Color Scheme Holder: <u>Hal Mellegard</u>	Title: <u>GM</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow CAB Co-op</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Hal Mellegard</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>4/22/08</u> Date

**OFFICE USE ONLY**

Agenda Notice Date <u>7.8.08</u>	Hearing Date <u>7.22.08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>Y</u>	Insurance Submitted <u>Y</u>	Paint Chips Submitted	Photos Submitted
Received by: <u>T.O.</u>	Receipt No. <u>376030</u>	Amount <u>\$291.00</u>	Date <u>7.1.08</u>

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER	COMPANY	
	NATIONAL INTERSTATE INSURANCE COMPANY	
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
	10/12/07	10/12/08
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
2003	MERC	
AGENCY/COMPANY ISSUING CARD		

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

INSURED

BAY CAB # 467  
SFITA & AUTOS FOR HIRE  
999 PENNSYLVANIA ST  
SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED

JUL 01 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: 04/20/2008 TO: 04/30/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
TOYT	2008	2008	FJ	31S	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
SW	Q	PR	2	C	03590	
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED	
COMMERCIAL	04/28/08	38	04/28/08	4	R2116997	

REGISTERED OWNER  
NGO LONG VINH

MISC#: 205572      AMOUNT PAID \$ 227.00

AMOUNT DUE \$ 227.00

AMOUNT RECVD  
CASH :  
CHCK : 227.00  
CRDT :

SAN FRANCISCO  
CA 94112

**RECEIVED**

LIENHOLDER  
TOYOTA MTR CRDT CORP  
PO BX 105386

JUL 01 2008

ATLANTA  
GA 30348

SAN FRANCISCO  
TAXI COMMISSION

A00 V31 4H 0022700 0002 CS A00 042808 31 8M32635 527



NUMBER 2282

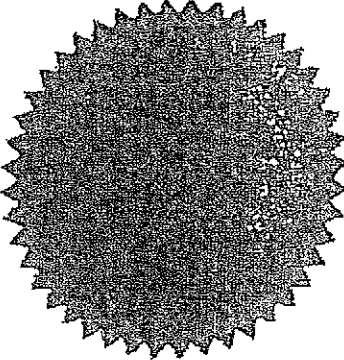
STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
OFFICE OF THE DIRECTOR

# CERTIFICATE OF CONSENT TO SELF-INSURE

## YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That (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 12 2003

*Mark B. Ashmcraft*  
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 or 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 on a regular basis and without excuse to secure the compensation due or owing; (b) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (c) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (d) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (e) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (f) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (g) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (h) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (i) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (j) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (k) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (l) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (m) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (n) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (o) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (p) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (q) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (r) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (s) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (t) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (u) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (v) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (w) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (x) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (y) Habitually and on a regular basis and without excuse to secure the compensation due or owing; (z) Habitually and on a regular basis and without excuse to secure the compensation due or owing." (Section 3705 of Labor Code.) This Certificate may be revoked for non-compliance with Title 8, California Administrative Code, Group 5, Administration of Self-Insurance.

Form A-4-10A

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

\*CHANGE OF COLOR SCHEME - From: LUXOR CAB CO.  
(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) GREGORY ANDRASHNIK Phone \_\_\_\_\_

Residence Address (Street Address, City, State, Zip) \_\_\_\_\_

Joint Applicant's Name (First, Middle, Last) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Residence Address (Street Address, City, State, Zip) SAN FRANCISCO CA 94122

Is this a Corporate permit?  No  Yes If yes, Name of Corporation: \_\_\_\_\_

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

Business Name S.F. TAXI-CAB CO Business Address (Street Address, City, State, Zip) 2121 EVANS ST. S.F. 94124

Business Phone (415) 9200709 Medallion Number(s) 822

Owner / Operator  
 Gas & Gate  
 Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

I would like to work with my friends in more friendly and professional environment

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 30 day of June, 2008 at San Francisco, California

GREGORY ANDRASHNIK Gregory Andrashnik  
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: JACK E. TRAD Phone: (415) 571-1351 Title: SOLE PROPRIETOR/SHR

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for S.F. TAXI-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.

[Signature] 06-30-08  
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Agenda Notice Date <u>07/08/08</u>	Hearing Date <u>7/22/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photo Submitted <u>JUL 01 2008</u>
Received by: <u>Danette</u>	Receipt No: <u>76034</u>	Amount: <u>0.291</u>	Date

SAN FRANCISCO TAXI COMMISSION



Farmers Insurance Group of Companies

Dmitry Erenkov Insurance Agency

3450 Geary Blvd, Ste 100  
San Francisco CA 94118  
Tel (415) 752-4442  
Fax (415) 752-4054

1 July 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that Medallion #822 will be added to S F Taxi Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by the Taxicab Commission. Coverage is provided by our Agency through the National Interstate Insurance and Lincoln General Insurance companies.

Sincerely,

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED

JUL 01 2008

SAN FRANCISCO  
TAXI COMMISSION

CAB 822



REGISTRATION CARD VALID FROM: 05/31/2008 TO: 05/31/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
NISS	2002	2003	BR	2006	32V	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
VN	G	PP	2	D	04100		
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED		
COMMERCIAL	03/26/08	38	03/26/08	9	R0396940		
					PR EXP DATE: 05/31/2008		
REGISTERED OWNER					AMOUNT PAID		
ANDARASNIK GRIGORY					\$ 168.00		

AMOUNT DUE	AMOUNT RECVD
\$ 168.00	CASH :
	CHCK : 168.00
	CRDT :

SAN FRANCISCO  
CA 94122

LIENHOLDER

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JUL 01 2008

SAN FRANCISCO  
TAXI COMMISSION



**STATE  
COMPENSATION  
INSURANCE  
FUND**

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

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 04-01-2008

GROUP:

POLICY NUMBER:

CERTIFICATE ID:

3

CERTIFICATE EXPIRES: 04-01-2009

04-01-2008/04-01-2009

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

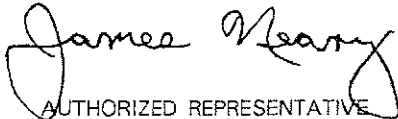
NG

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.

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JUL 03 2008

SAN FRANCISCO  
TAXI COMMISSION

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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July 3, 2008

San Francisco Taxi Commission:

DeSoto Cab Company is unable to provide you with the registration of a vehicle for medallion number 266.

It is the policy of our company to secure vehicles after the color transfer has been okayed by the Taxi Commission.

If you have any questions or concerns, please contact me.

Sincerely,

Cindy L. Ward  
General Manager  
DeSoto Cab Company

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JUL 03 2008

SAN FRANCISCO  
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

\*CHANGE OF COLOR SCHEME -- From: ARROW 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>Armand Thomas Moulia</u>		Phone ( ) - - - -
Residence Address (Street Address, City, State, Zip) <u>Drive, Novato, CA, 94945</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 Cab</u>	Business Address (Street Address, City, State, Zip) <u>555 Selby St San Francisco CA 94124</u>
Business Phone <u>415 970 1300</u>	Medallion Number(s) <u>267</u>
<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

Better Business Opportunity

**RECEIVED**  
JUL 03 2008

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

Executed this 3<sup>rd</sup> day of July, 2008 at San Francisco, California

Armand Thomas Moulia  
Print Name of Applicant

Armand Thomas Moulia  
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>GEN. MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>DESOTO CAB CO.</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>7/3/08</u> Date

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Agenda Notice Date <u>7.8.08</u>	Hearing Date <u>7.22.08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>X</u>	Insurance Submitted <u>X</u>	Paint Chips Submitted	Photos Submitted
Received by: <u>T.O.</u>	Receipt No. <u>370037</u>	Amount <u>291.-</u>	Date <u>7.3.08</u>



**STATE  
COMPENSATION  
INSURANCE  
FUND**

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

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 04-01-2008

GROUP:  
POLICY NUMBER:  
CERTIFICATE ID: 3  
CERTIFICATE EXPIRES: 04-01-2009  
04-01-2008/04-01-2009

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.

*James Neary*  
AUTHORIZED REPRESENTATIVE

*Janet Frank*  
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**

JUL 03 2008

SAN FRANCISCO  
TAXI COMMISSION

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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July 3, 2008

San Francisco Taxi Commission:

DeSoto Cab Company is unable to provide you with the registration of a vehicle for medallion number 267.

It is the policy of our company to secure vehicles after the color transfer has been okayed by the Taxi Commission.

If you have any questions or concerns, please contact me.

Sincerely,

Cindy L. Ward  
General Manager  
DeSoto Cab Company

RECEIVED

JUL 03 2008

SAN FRANCISCO  
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

NEW COLOR SCHEME  
(Complete both sides)

\*CHANGE OF COLOR SCHEME - From: ARROW 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>Armand Thomas Moulia</u>		Phone
Residence Address (Street Address, City, State, Zip) <u>... in Pr., Novato, CA 94945</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</u>	Business Address (Street Address, City, State, Zip) <u>555 Selby St SAN FRANCISCO CA 94124</u>
Business Phone <u>415 970-1300</u>	Medallion Number(s) <u>268</u>
<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

Better Business Opportunity

**RECEIVED**  
JUL 03 2008  
SAN FRANCISCO TAXI COMMISSION

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 3rd day of July, 2008 at San Francisco, California

Armand Thomas Moulia      Armand Thomas Moulia  
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>CINDY L. WARD</u>	Title: <u>GEN. MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>DESOTO 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>Cindy L. Ward</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>7/3/08</u> Date

**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

Agenda Notice Date <u>7.08.08</u>	Hearing Date <u>7.22.08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>Y</u>	Insurance Submitted <u>Y</u>	Paint Chips Submitted	Photos Submitted
Received by: <u>T.O.</u>	Receipt No. <u>376037</u>	Amount <u>291.-</u>	Date <u>7.3.08</u>

**STATE  
COMPENSATION  
INSURANCE  
FUND**

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

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 04-01-2008

GROUP:  
POLICY NUMBER:  
CERTIFICATE ID: 3  
CERTIFICATE EXPIRES: 04-01-2009  
04-01-2008/04-01-2009

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.

*James Neary*  
AUTHORIZED REPRESENTATIVE

*Janet Frank*  
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

JUL 03 2008

SAN FRANCISCO  
TAXI COMMISSION

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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July 3, 2008

San Francisco Taxi Commission:

DeSoto Cab Company is unable to provide you with the registration of a vehicle for medallion number 268.

It is the policy of our company to secure vehicles after the color transfer has been okayed by the Taxi Commission.

If you have any questions or concerns, please contact me.

Sincerely,

Cindy L. Ward  
General Manager  
DeSoto Cab Company

RECEIVED

JUL 03 2008

SAN FRANCISCO  
TAXI COMMISSION