

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 August 26, 2008 hearing.

Notice Section Item: D

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

Medallion Holder Name:	Medallion #:	Change:
1. Wondwossen Mekbeb	277	DeSoto to Arrow Cab
2. Melaku Girma	585	DeSoto to Bay Cab
3. Getachew Yadeta	9017	DeSoto to Comfort Cab
4. Levon Daniltan	9075	DeSoto to SF Taxi
5. Ronald Wolter	1252	Arrow to Green Cab
6. Yen Ngoo Le	1209	Royal to Bay Cab

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

NEW COLOR SCHEME

(Complete both sides)

*CHANGE OF COLOR SCHEME – From: Desoto to Arrow

(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>WOND WOSSEN MEKBER</u>		Phone (415) <u>3 311 2</u>
Residence Address (Street Address, City, State, Zip) <u>DALY CITY, CA 94015</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>ARROW CAB</u>	Business Address (Street Address, City, State, Zip) <u>2575 MARIN ST.</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease
Business Phone (415)	Medallion Number(s) <u>277</u>	

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

PREVIOUS COMPANY SUDDENLY INCREASED RADIO FEE BY 40%

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 JULY 24 day of JULY, 2008 at San Francisco, California

WOND WOSSEN MEKBER
Print Name of Applicant

Wond Wossen
Signature of Applicant

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

Name of person authorized to sign for Color Scheme Holder: <u>Tyler Speck</u>	Title: <u>General Manager</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Arrow Taxicab 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>Tyler Speck</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>7-24-08</u> Date

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

Agenda Notice Date <u>8.12.08</u>	Hearing Date <u>8.26.08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>sd operator</u>	Insurance Submitted <u>Y</u>	Paint Chips Submitted	Photos Submitted <u>JUL 24 2008</u>
Received by: <u>TO</u>	Receipt No. <u>370069</u>	Amount <u>291.00</u>	Date

RECEIVED
JUL 24 2008
SAN FRANCISCO
TAXI COMMISSION

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? RATE FOR COLOR SCHEME
INCREASE 40%
2. How have you been operating your medallion at your current color scheme? Circle one:
a. Gas and Gates
 b. Color Scheme Only
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:
a. Gas and Gates
b. Color Scheme Only
 c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
 Yes No
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? 10 AM - 8 PM

RECEIVED

JUL 24 2008

SAN FRANCISCO
TAXI COMMISSION

I, WEND WOSSEN MEMBER, acknowledge that in making this color scheme transfer to ARROW, I will operate my medallion # 277 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. WM
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). WM
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. WM
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. WM
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. WM
6. If I received my permit after 1978, I will comply with the 800 hours or 150 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. WM
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. WM

I have read and understood all of the above. I declare that I will operate my taxicab permit number 277 in full compliance with the above stipulations.

Signature: Wend Wossen

Date: 7/24/08

Department Witness: J. Ochoa

Date: 7.24.08

RECEIVED

JUL 24 2008

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: 04/30/2008 TO: 04/30/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
DODG	2002	2002	BE	2005	32X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	G	PR	2	C	03920		
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED
COMMERCIAL		04/08/08	41	03/30/08	9		R3812980
		PR/HIST: TAXI					PR EXP DATE: 04/30/2008
REGISTERED OWNER							AMOUNT PAID
MEKBEB WONDWOSSEN							\$ 102.00
				AMOUNT DUE	AMOUNT RECVD		
				\$ 102.00	CASH :		
					CHCK :		
					CRDT :		
DALY CITY							
CA	94015						
LIENHOLDER							

INSURANCE IDENTIFICATION CARD

OP ID JK

STATE CA

COMPANY NUMBER

COMPANY

33855

Lincoln General Insurance Co.

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

C

10/12/07

10/12/08

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2002 Dodge

7R88922

1B4GP25382B566081

AGENCY/COMPANY ISSUING CARD

Y. A. Tittle Insurance

Paul Batmale

650-856-2120

INSURED

Mekbib Wondewossen

Desoto Cab #277

Daly City

CA 94015

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

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.

RECEIVED

JUL 24 2008

SAN FRANCISCO
TAXI COMMISSION

ACORD 50 WM(2/95)

TAXICAB COLOR SCHEME CHANGE APPLICATION
San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: DeSoto Cab To: Bay Cab

*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>MELAKU GIRMA</u>		Phone <u>(415) 206-1908</u>
Residence Address (Street Address, City, State, Zip) <u>San Ramon, CA 94583</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>Bay Cab Co</u>	Business Address (Street Address, City, State, Zip) <u>999 Pennsylvania Ave</u>
Business Phone <u>(415) 206-1908</u>	Medallion Number(s) <u>585</u>
<input checked="" type="checkbox"/> Owner / Operator <input 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):

Disagreement over a new contract with
over 90% increase.

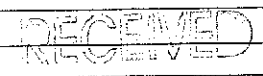
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 31 day of July, 2008 at San Francisco, California

MELAKU GIRMA Melaku Girma
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>ROGER CARDENAS</u>	Title <u>MRG.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAY CABS</u> 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>Roger Cardenas</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>7-31-08</u> Date



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

Agenda Notice Date <u>8/12/08</u>	Hearing Date <u>8/26/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>11/30/2008</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by <u>Danelle</u>	Receipt No. <u>374085</u>	Amount <u>\$291</u>	Date <u>11/30/2008</u>

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? Disagreement over a new contract, with over 40% increase in fees
2. How have you been operating your medallion at your current color scheme? Circle one:
a. Gas and Gates
 b. Color Scheme Only
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:
a. Gas and Gates
 b. Color Scheme Only
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
 Yes No
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? I will be driving various shifts

I, MELAKU GIRMA acknowledge that in making this color scheme transfer to BOY, I will operate my medallion # 585 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. yes
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). yes
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. yes
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. yes
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. yes
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. yes
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. yes

I have read and understood all of the above. I declare that I will operate my taxicab permit number 585 in full compliance with the above stipulations.

Signature: Melaku Girma

Date: 7/31/08

Department Witness: [Signature]

Date: 7/31/08



tittle

Insurance &
Financial Services

MEMORANDUM

Date: July 29, 2008
To: Melaku Girma
Medallion #585
227 Chestnut Court
San Ramon, CA 94583
From: Tom Griffin
RE: Workers Compensation

RECEIVED

JUL 30 2008

SAN FRANCISCO
TAXI COMMISSION

Dear Melaku,

Y. A. Tittle & Associates is prepared to offer Workers Compensation insurance in the amount of \$1,000,000 each occurrence for your San Francisco Taxicab Medallion #585. This insurance will be placed with the same carrier, Lincoln General Insurance Company that you currently have for your Automobile Liability insurance. This insurance will afford coverage for all scheduled drivers currently operating your taxicab.

Lincoln General will assign the same expiration date as that of your current Automobile Liability expiration date of 10/12/08. The San Francisco Taxicab Commission will be named as Additional Insured's to your Workers Compensation policy.

Simply let me know when you have your confirmed starting date with Bay Cab Company and we will proceed with the application process. Please contact me if you have any questions regarding this proposed insurance coverage.

Sincerely,

Tom Griffin
Y.A. Tittle & Associates

INSURANCE IDENTIFICATION CARD

CSR TG

585

STATE **CA**
 COMPANY **Lincoln General Insurance Co.**
 COMPANY NUMBER **33855**
 POLICY NUMBER
 EFFECTIVE DATE **10/12/07**
 EXPIRATION DATE **10/12/08**
 YEAR **07**
 MAKE/MODEL **2005 Dodge Caravan**
 AGENCY/COMPANY ISSUING CARD
Y. A. Tittle Insurance
Paul Batmale
650-856-2120
 INSURED

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.

Melaku Girma
Desoto Cab #585
San Ramon **CA 94583**

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

ACORD 50 WM(2/95)

REGISTRATION VALID FROM **03/31/2008 TO 03/31/2009** TYPE **31 TAXI** LICENSE NUMBER
00ML

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL

TX
 DATE ISSUED **02/29/2008**

CYLS.	DATE FIRST SOLD	CLASS	MAKE	Yr. Model
	00/00/2005	JK	DODG	2005
TYPE VEH.	MP	AX	WC	UNLADEN/G/GW
32X	G	2	C	03856
TOTAL FEES PAID				\$234
				0700

REGISTERED OWNER

GIRMA MELAKU
CT
SAN RAMON CA 94583-3538

RECEIVED

MAR 30 2008
SAN FRANCISCO TAXI COMMISSION

LIEN HOLDER

BOBILYA CHRYSLER PLYMOUTH
DODGE JEEP
144 E CHICAGO RD
COLDWATER MI



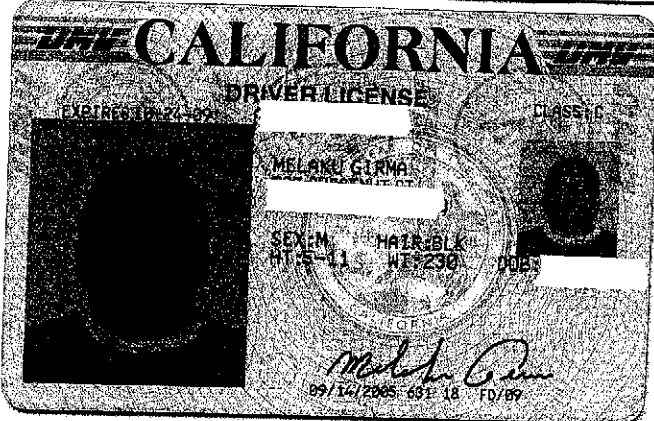
W0024
R0041
L0147

49036
142022120083001

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

S3137824

415-279-4916



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

EXPIRES: DECEMBER 31, 2008

MELAKU GIRMA

P44

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1, Sections 2.26.1 and 2.27.1



TAXICAB COLOR SCHEME CHANGE APPLICATION
San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME -- From: DESOTO CAB To: COMFORT CAB

*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>GETACHEW YADETA</u>		Phone -
Residence Address (Street Address, City, State, Zip) <u>10100 - EL SOBRAANTE, CA 94803</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>COMFORT CAB</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA SF, CA 94107</u>		
Business Phone <u>(415) 641-1611</u> <u>(415) 641-1711 (FAX)</u>	Medallion Number(s) <u>9017</u>	<input checked="" type="checkbox"/> Owner / Operator <input 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):

I FOUND OUT THAT COMFORT CAB CO. IS A BETTER COMPANY TO WORK WITH AND THEY ARE VERY REASONABLE IN COST AND HAVE GOOD REPUTATION WITH THE PUBLIC.

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

Executed this 4th day of AUGUST, 2008 at San Francisco, California

GETACHEW YADETA [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>SATBI JELCHA DURA</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>COMFORT 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>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>08/04/08</u> Date

***** OFFICE USE ONLY *****			
Agenda Notice Date <u>08/12/08</u>	Hearing Date <u>08/26/08</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>AUG 04 2008</u>
Received by: <u>Danelle</u>	Receipt No. <u>376088</u>	Amount <u>\$2911-</u>	Date <u>SAN FRANCISCO TAXICAB COM</u>

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? I DECIDED TO JOIN COMFORT CAB COMPANY; FOUND OUT IT IS A BETTER CO.
2. How have you been operating your medallion at your current color scheme? Circle one:
 - a. Gas and Gates
 - b. Color Scheme Only
 - c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:
 - a. Gas and Gates
 - b. Color Scheme Only
 - c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
 Yes No
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? I WILL DRIVE MY TAXICAB SINGLE SHIFT

I, GETACHEW YADETA, acknowledge that in making this color scheme transfer to COMFORT CAB CO, I will operate my medallion # 9017 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. JS
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). JS
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. JS
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. JS
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. JS
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. JS
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. JS

I have read and understood all of the above. I declare that I will operate my taxicab permit number 9017 in full compliance with the above stipulations.

Signature: [Signature]
Department Witness: [Signature]

Date: 8/4/08
Date: 08/04/08

8/4/08

I GETACHEW YADETA WHO OPERATES
A TAXI; MEDALIAN # 9017 STATE THAT
I WILL DRIVE BY MYSELF AND I
WILL NOT HAVE A WORKMAN COMPENSATION.

GETACHEW YADETA

G. Yadeta

RECEIVED

AUG 14 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: 08/31/2008 TO: 08/31/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
DODGE	2003	2003	JR	32V	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
VN	G	PU	2	C	03860	
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED	
COMMERCIAL	07/11/08	07	07/02/08	8		

PR EXP DATE: 08/31/2008

REGISTERED OWNER
 YADETA GETACHEW
 OR ASRAT GENET

AMOUNT PAID
 \$ 342.00

AMOUNT DUE	AMOUNT RECVD
\$ 342.00	CASH :
	CHCK :
	CRDT :

EL SOBRANTE
 CA 94803

LIENHOLDER
 DAIMLERCHRYSLER LLC
 400 HORSHAM RD

HORSHAM
 PA 19044

RECEIVED

AUG 04 2008

SAINT ANTHONY
 TAHOE

H05 180 02 0034200 0050 PS H05 071108 31 7D07679 203

INSURANCE IDENTIFICATION CARD

OP ID JK

STATE CA
 COMPANY NUMBER 33855 COMPANY Lincoln General Insurance Co.
 POLICY NUMBER EFFECTIVE DATE 10/12/07 EXPIRATION DATE 10/12/08
 YEAR 2003 MAKE/MODEL Dodge Caravan VEHICLE IDENTIFICATION NUMBER
 AGENCY/COMPANY ISSUING CARD
 Y. A. Tittle Insurance
 Paul Batmale
 650-856-2120
 INSURED

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.

Getachew Yadeta
Desoto # 9017

El Sobrante CA 94803

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

ACORD 50 WM(2/95)

RECEIVED
 AUG 9 4 2008
 SAN FRANCISCO
 TAX COMMISSION

REGISTRATION VALID FROM
COML 01/31/2008 TO 01/31/2009 31
TAXI

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL

TX
DATE ISSUED
03/10/2008

DATE FIRST SOLD

00 00/00/0000 DC
TYPE VEH. MP AX WC UNLADEN WT GVW

CLASS

MAKE
FORD
YR Yr, Model
2008 2004
TOTAL FEES PAID
\$237
3800 4

RECEIVED

AUG 01 2008

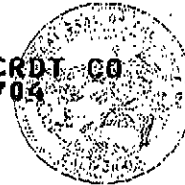
SAN FRANCISCO
TAXI COMMISSION

REGISTERED OWNER
LEASEHOLDER

ARROW CAB CO
2551 MARIN
SAN FRANCISCO CA 94124

2575 Marin

FORD MTR CRDT CO
PO BX 105704
ATLANTA
GA



30348
67120080305A70450C

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

S3647839

INSURANCE IDENTIFICATION CARD

CSR TG

STATE CA
COMPANY NUMBER 33855
POLICY NUMBER
EFFECTIVE DATE 02/14/08
EXPIRATION DATE 02/14/09
VEHICLE IDENTIFICATION NUMBER
YEAR 2004 MAKE/MODEL Ford Freestar
AGENCY/COMPANY ISSUING CARD
Y. A. Tittle Insurance
Paul Batmale
650-856-2120
INSURED
Marika Yugas
Arrow Cab #9038
Daly City CA 94015

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.

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

*CHANGE OF COLOR SCHEME - From: DESOTO 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) LEVON DANILYAN Phone _____

Residence Address (Street Address, City, State, Zip) _____ CA 94121

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

Residence Address (Street Address, City, State, Zip) _____

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

RECEIVED

AUG 05 2008

SAN FRANCISCO TAXI COMMISSION

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>S.F. TAXI-CAB CO.</u>	Business Address (Street Address, City, State, Zip) <u>2121 EVANS ST., S.F. CA. 94124</u>	Business Phone <u>(415) 920-0909</u>
Medallion Number(s) <u>9075</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:

GREAT DISPATCH SERVICE FROM CITYWIDE DISPATCH.
AT DESOTO CAB CO THE FEES WENT UP TO \$1050.00

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 JULY 27, 20 at San Francisco, California

Print Name of Applicant LEVON DANILYAN Signature of Applicant _____

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: JACK G. TRAD Title: SOLE PROPRIETORSHIP

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 of Color Scheme Holder / person authorized to sign for Color Scheme Holder _____ Date 07-27-08

OFFICE USE ONLY

Agenda Notice Date <u>Aug 12, 2008</u>	Hearing Date <u>Aug 26, 2008</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>Y</u>	Insurance Submitted <u>Y</u>	Pain Chips Submitted	Photos Submitted <u>AUG 05 2008</u>
Received by: <u>T.O.</u>	Receipt No. <u>376092</u>	Amount <u>291.00</u>	Date

SAN FRANCISCO TAXI COMMISSION

RECEIVED

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? BECAUSE IT IS GETTING TOO EXPENSIVE TO OPERATE AT DESOPD. THE FEES ARE \$050.

2. How have you been operating your medallion at your current color scheme? Circle one:
a. Gas and Gates
 b. Color Scheme Only
c. Single Shift operated

3. How will you operate your medallion at the new color scheme? Circle one:
a. Gas and Gates
 b. Color Scheme Only
c. Single shift operated

4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
 Yes No
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.

5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?
4 MORNING SHIFTS/WEEK

I, LEVON, DANILYAN acknowledge that in making this color scheme transfer to S.F. TAXI-CAB CO. I will operate my medallion # 9075 in compliance with the following stipulations:

- 1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. L D
- 2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). L D
- 3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. L D
- 4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. L D
- 5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. L D
- 6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. L D
- 7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. L D

I have read and understood all of the above. I declare that I will operate my taxicab permit number 9075 in full compliance with the above stipulations.

Signature: [Signature]

Date: 08-04-08

Department Witness: [Signature]

Date: 0808

RECEIVED

AUG 05 2008

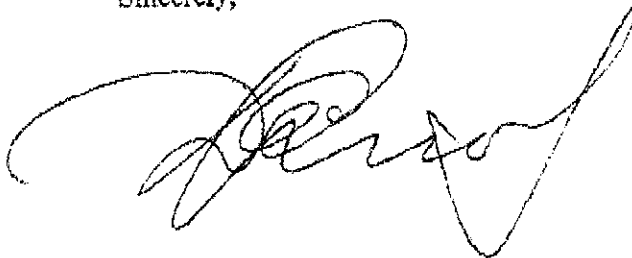
SAN FRANCISCO
TAXI COMMISSION

5 August 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #9075 will be added to SF Taxi Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through National Interstate Insurance and Lincoln General Insurance companies.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Erenkov", with a large, sweeping flourish at the end.

Dmitry Erenkov
Agent/Broker

DIE/ece

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: 02/28/2008 TO: 02/28/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
DODG	2003	0000	DY	2005	37S	31	
BODY TYPE MODEL	MP	NO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
SW	G	PN	2	D	04060		
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED
COMMERCIAL		02/20/08	38	02/20/08	9		

PR EXP DATE: 02/28/2008

REGISTERED OWNER
DANILYAN LEVON

AMOUNT PAID
\$ 221.00

AMOUNT DUE	AMOUNT RECVD
\$ 221.00	CASH :
	CHCK :
	CRDT : 221.00

SAN FRANCISCO
CA 94121

RECEIVED

LIENHOLDER

AUG 05 2008

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: ARROW CAB To: GREEN CAB

*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>RONALD JAMES WOLTER</u>		Phone () - - - - -
Residence Address (Street Address, City, State, Zip) <u>BERKELEY, CA 94704</u>		
Joint Applicant's Name (First, Middle, Last)		Phone () - - - - -
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

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

Business Name <u>GREEN CAB</u>	Business Address (Street Address, City, State, Zip) <u>98 PENNSYLVANIA AVE, SF, CA 94107</u>	
Business Phone <u>(415) 552-5881</u>	Medallion Number(s) <u>1252</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):

WOULD LIKE TO OPERATE HYBRID CAB

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 FIFTH day of AUGUST, 2008 at San Francisco, California

RONALD J. WOLTER Ronald J. Wolter
 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>MARK GRUBERG</u>	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> <small>Taxicab Color Scheme</small> 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>8/5/08</u> Date

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

Agenda Notice Date <u>8/12/08</u>	Hearing Date <u>8/20/08</u>	Decision of Taxicab Commission	New Declaration RECEIVED
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>3760910</u>	Amount <u>291-</u>	Date <u>AUG 05 2008</u>

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? I WOULD LIKE TO OPERATE HYBRID CAB
2. How have you been operating your medallion at your current color scheme? Circle one:
 a. Gas and Gates
b. Color Scheme Only
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:
 a. Gas and Gates
b. Color Scheme Only
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
 Yes No
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? I WILL BE WORKING TUES THROUGH FRIDAY APPROX 2PM TO MIDNIGHT. I WILL TAKE SOME TIME OFF FOR VACATION.

I, RONALD WALTER acknowledge that in making this color scheme transfer to

GREEN CAB, I will operate my medallion # 1252 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. RW
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). RW
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. RW
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. RW
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. RW
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. RW
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. RW

I have read and understood all of the above. I declare that I will operate my taxicab permit number 1252 in full compliance with the above stipulations.

Signature: Ronald J. Walter

Date: 5 AG '08

Department Witness: [Signature]

Date: 8/5/08



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: 04-25-2008
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 94102-5055

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.

RECEIVED

AUG 05 2008

SAN FRANCISCO TAXI COMMISSION

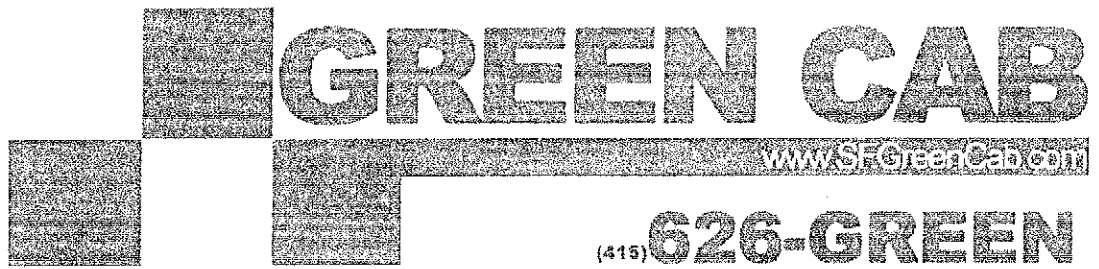
EMPLOYER

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

NA

[FCC,CN]

PRINTED : 04-21-2008



98 Pennsylvania Avenue * San Francisco, CA 94107

August 5, 2008

Jordanna Thigpen, Executive Director
San Francisco Taxi Commission
25 Van Ness Avenue, Suite 420
San Francisco, CA 94102

Dear Director Thigpen:

Please be advised that Green Cab has on order a new Toyota Camry hybrid to be operated under medallion #1252. We will furnish a copy of the vehicle registration upon its receipt.

Yours,

Mark Gruberg
Color scheme holder

RECEIVED

AUG 05 2008

SAN FRANCISCO
TAXI COMMISSION



MEMORANDUM

Date: July 31, 2008
To: SF Green Cab, L.L.C.
 Joseph Mirabile
 98 Pennsylvania Avenue
 San Francisco, CA 94107
From: Tom Griffin
RE: New Medallion #1252
 Commercial Auto Policy #CAC0002100634
 Term: 04/12/08 to 04/12/09

Dear Joe,

Y. A. Tittle & Associates is prepared to provide \$1,000,000 Combined Single Limit Auto Liability insurance coverage to S.F. Green Cab for your proposed new medallion that you are attempting to add to your current fleet. You currently have insurance with Lincoln General Insurance Company for existing medallions. It will be no problem at all to simply add the new medallion to your current insurance policy. Please contact me when you receive the medallion and vehicle information and I will make sure that everything is processed. Please call me if you have any questions.

Sincerely,

Tom Griffin
Y.A. Tittle & Associates

RECEIVED

AUG 05 2008

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME CHANGE APPLICATION
San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: ROYAL TAXI To: BAY CAB

*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>YEN NGOC LE</u>		Phone
Residence Address (Street Address, City, State, Zip) <u>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>BAY CAB</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE. SAN FRANCISCO, CA. 94107</u>
Business Phone <u>(415) 206-1908</u>	Medallion Number(s) <u>1209</u>
<input checked="" type="checkbox"/> Owner / Operator <input 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):

I feel more comfortable with many of my friends in Bay cab.

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 17th day of AUG, 2008 at San Francisco, California

Print Name of Applicant YEN NGOC LE Signature of Applicant [Signature]

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

Name of person authorized to sign for Color Scheme Holder: <u>ROGER CARDENAS</u>	Title: <u>MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAY CAB</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date <u>8-6-08</u>

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

Agenda Notice Date <u>8/12/08</u>	Hearing Date <u>8/26/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>no</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted <u>AUG 27 2008</u>
Received by: <u>[Signature]</u>	Receipt No. <u>376098</u>	Amount <u>416-</u>	Date

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? I have some of my friends in Bay Cabs and I feel more comfortable
2. How have you been operating your medallion at your current color scheme? Circle one:
a. Gas and Gates
 b. Color Scheme Only
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:
a. Gas and Gates
 b. Color Scheme Only
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
 Yes No
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? Monday - Friday 6 am - 4 pm
Day Driver

I, YEN NGOC LE, acknowledge that in making this color scheme transfer to BAY CAB, I will operate my medallion # 1209 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. yy
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). yy
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. yy
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. yy
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. yy
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. yy
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. yy

I have read and understood all of the above. I declare that I will operate my taxicab permit number 1209 in full compliance with the above stipulations.

Signature: [Signature]

Date: AUG 04-08

Department Witness: _____

Date: _____

INSURANCE IDENTIFICATION CARD

1209

STATE CA
 COMPANY NUMBER 32620
 POLICY NUMBER
 EFFECTIVE DATE 10/12/07
 EXPIRATION DATE 10/12/08
 YEAR
 MAKE/MODEL 2003 Ford Crown Vi
 VEHICLE IDENTIFICATION NUMBER

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

AGENCY/COMPANY ISSUING CARD
 Y. A. Tittle Insurance
 Paul Batmale
 650-856-2120
 INSURED

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.

Royal Taxi Company, Inc.
 MEDALLION #1209
 2121 Evans Street, STE G
 San Francisco CA 94124

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

50 (1/83)

REGISTRATION CARD VALID FROM: 10/31/2007 TO: 10/31/2008

MAKE FORD	YR MODEL 2003	YR 1ST SOLD 0000	VLF CLASS EM	*YR 2007	TYPE VEH 37X	TYPE LIC. 31	LICENSE NUMBER
BODY TYPE MODEL TX	MP N	MO NV	AX 2	WC D	UNLADEN/G/CGW 04620	VEHICLE ID NUMBER	
TYPE VEHICLE USE COMMERCIAL	DATE ISSUED 08/29/07	CC/ALCO 38	DT FEE RECVD 08/29/07	PIC 8	STICKER ISSUED		
REGISTERED OWNER LE YEN DBA ROYAL CAB	PR/HIST: TAXI				PR EXP DATE: 10/31/2007		

AMOUNT DUE	AMOUNT RECVD
\$ 270.00	CASH : CHCK : CRDT : 270.00

AMOUNT PAID
\$ 270.00

SAN FRANCISCO
 CA 94102

LIENHOLDER
 CLEAN ENERGY FIN LLC
 3020 OLD RANCH BLVD STE 200

SEAL BEACH
 CA 90740

H01 503 03 0027000 0057 CS H01 082907 31 7Z52112 847



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

7 August 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #1209 will be added to Bay Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through National Interstate Insurance and Lincoln General Insurance companies.

Sincerely,

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

Dmitry Erenkov
Agent/Broker

DIE/ece