

Agenda: Item 6

Consent Calendar

Consent Calendar: Item A

Consideration of the Minutes for the November 13, 2007
Taxicab Commission Meeting



COMMISSIONERS TELEPHONE (415) 554-7737

PAUL GILLESPIE, PRESIDENT, ext. 3
PATRICIA BRESLIN, VICE PRESIDENT
RICHARD BENJAMIN, COMMISSIONER, ext. 1
MALCOLM HEINICKE, COMMISSIONER, ext. 4
BRUCE OKA, COMMISSIONER, ext. 5
TOM ONETO, COMMISSIONER, ext. 6
MIN PAEK, COMMISSIONER, ext. 7

HEIDI MACHEN, EXECUTIVE DIRECTOR

MINUTES
Commission Chambers
November 13, 2007 at 6:30 p.m.
City Hall, 1 Dr. Carlton B. Goodlett Place
Room 400

Present: Gillespie, Breslin, Benjamin, Oka, Paek, Heinicke (late), Oneto

Absent: 0

President Gillespie called the meeting to order at 6:33 P.M.

STAFF IN ATTENDANCE: Executive Director Heidi Machen, Deputy Director Jordanna Thigpen, Executive Secretary Tamara Odisho – Taxi Commission, City Attorney Tom Owen, Sergeant Reynolds

Heidi Machen, Executive Director: Turn-off cell-phones, interferes with phone systems and we get feedback.

1. Call to Order/Roll Call

2. Staff Report and Commissioner Announcements [INFORMATION]

- **Director Machen:** Update on weekly meetings and announcements.
- **Sgt Reynolds:** Update on 3rd quarter activity report. 311 is overwhelming giving a lot more statistics gathered but not much else done with the report. Short staffed with not much time to work on everything.
- **Com Breslin:** Thank you for bringing this forward. Are there differences between illegal limos picking up on the streets versus at a hotel?
- **Sgt Reynolds:** Yes but the doormen are soliciting the rides so we cannot ticket them.
- **Com Breslin:** I would like the same law applied to everyone. If we aren't impounding the vehicles then can't the money be recouped by the limo owner for the cost as opposed to the taxi detail? Look forward to seeing the 2nd part of the report.

Commissioner Announcements:

- **Com Breslin:** Min Paek and I were at State of City and we enjoyed it. Serious issue hotels are facing and cannot go into detail at this meeting since it is not agendaized. Treasurer's office has changed rules for people who stay in hotels for more than 30 days, language no longer allows airlines in this exemption. They take 1,050 per night and that would lose many taxi rides. Meeting this Monday 10am in City Hall. Received a letter in packet about a driver receiving ticket for dropping off someone in a bus zone. Tickets should be given in common sense when issuing especially since the passenger was disabled.
- **Com Benjamin:** Three complaints with Commission office staff. Brings it up because of last years events to not reoccur. If notice goes out in 2007 then the applicant should be required to receive their medallions under this years requirement.
- **Com Breslin:** Yes especially since we will only have one meeting in December.

- **Director Machen:** When the notice went out staff was very clear in the letter of the requirements. Informally we tried giving some allowances to companies. This is not a problem if the driver has the 4 years to take the extra time. We wanted to extend the courtesy by offering the medallions this year.
- **Com Paek:** Is there any evaluation for the paratransit program? We have not received an update report on the paratransit service.
- **Director Machen:** We are working with Veolia on a ramp survey which should be coming before the Commission in the wintertime.
- **Com Heinicke:** Last Friday in October father-in-law visiting needed a cab and got into a long line and 3 limos approached the taxi stand and told the bellman that he would not take the limo because it was illegal. Issue he cares about and takes seriously. Realizes the frustration out there and needs to be a taxi industry wide issue.
- **Com Benjamin:** How do we make drivers fall under manager's exemption?
- **Director Machen:** MPC code would have to be amended. It also limits small companies. It is drafted as a limited exemption. If the Commission wishes to expand that then Commission could send a Resolution to the Board of Supervisors.

Public Comment:

- **Tom Stanghellini:** The applicants didn't receive the letters from the Commission until one week before the deadline.
- **Barry Taranto:** Appreciates Com Heinicke's comments. Wishes the Commission would pass Resolution to the DPT and Police Commission. Sgt Reynolds excellent staff report, however 95% of officers he interviewed during Halloween said that they didn't know the laws.
- **Chuffa:** You have to teach people how to fill out way bills, and how to run their companies.
- **Mike Spain:** A lot of people competing for medallions and is happening in SF or Soviet Union. Limo problem is peak-time limos. They are filling the demand.
- **Mark Gruberg:** Regarding Daly/Ma legislation UTW was in favor of a more flexible standard and prior experience should be substituted for current experience. This legislation should be looked at again.
- **Charles Rathbone:** Luxor arranged for 92 drivers to pick-up at the 49ers game. Grasshopper is very blatant and is a frequent player.
- **Com Heinicke:** Questions about Grasshopper driving taxi. Things are happening because Commission staff and others pressured DA's office to hear this case.
- **Sgt Reynolds:** Crew is usually following him around trying to catch him picking up since they must catch him in the act. Was removed from court today in handcuffs.
- **Peter Witt:** Sgt Reynolds should refer to his documents as limo stats.
- **Ruah Graffis:** Reading from Taxi Detail memo to DPT. Drivers are being cited in all zones.
- **Tariq Mehmood:** Livery on limo plates have certain privileges. Registration card says they are taxis. DPT white zones should be enforced.
- **Jim Gillespie:** Drove home a doorman from Ritz Carlton and he asked what the limo protocol was. Was told visitors are referred to the concierge for a limo.

SPECIAL ORDER 7:00 – 7:30 PM

3. Public Comment (Please limit public comment to items NOT on the agenda)

- **Mohammed Boya:** Gas prices are increasing and should increase meter at this time. Limo problem
- **Mike Spain:** Prop A is another SF political established agenda item with too many other items. Great that the Commission will be relieved of their duties. Especially because of the Green Fleet Subcommittee since DOE already has a list.
- **Peter Witt:** Study of taxi service and commission over 10 years. No Commissioner has taken this seriously. None of the issues have been addressed over the years.
- **Eric Hatten:** Thanks Commissioner Breslin for calling him back. Thanks everyone who supported him at the last meeting. Follow-up question on disability waiver has sent in ADA forms. Also sent a letter regarding legal issue with Yellow Cab.

- **David Trotmen:** Consider taxi schools on Craigslist.com. Cab College bounced off, too many strong responses. Willing to work with other schools to present one package on the list.
- **Chuffa:** Oct 24th Board of Appeals hearing of David Basada you wonder how those voting members decide. He was revoked because he failed audit but was not audited previous years. Commissioner said that City is recommended to teach small companies how to run their business.
- **Emil Lawrence:** Submitted letters to the Commission and none seemed have received it.
- **Tom Stanghellini:** Bank robber is in jail after car jacking a taxi because of Luxor's gps tracking. Full service cab company helping out the drivers not to the companies' pockets.
- **Barry Taranto:** Oracle and the Mayor said this was good economical benefit to drivers. I could go without it because of traffic, lack of cab stands and limos. All limos parked at W hotel. Police Commission report for Halloween, should use 1/20th of the officers and would not have the limo problem.
- **Joanne:** Received medallion offer. Has a disability and cannot drive a taxi. Through exercise can walk but cannot drive full requirement. Will become ineligible because of disability.
- **Pres Gillespie:** Cannot discuss your case since do not have the details of your medical condition, you have to speak with staff.
- **Andy Sinayko:** Radio dispatcher at DeSoto for 24 years. Waiting list for 14 years has not driven. Managers told him that he would be exempt from driving. Until the Commission passed the Manager's exemption. When it was passed in 2006 began driving but is one year short and will be disqualified.
- **Tariq Mehmmod:** Issue right now gas prices. Very expensive.
- **Com Heinicke:** Are you in favor of a meter increase for drivers?
- **Tariq Mehmood:** Yes
- **Jim Gillespie:** Francis Gonzales drives a lot and was denied by the Commission because he did not know that Yellow only turned in his ramp waybills as opposed to the regular waybills. Staff says he had his chance. It's taken a few months for us to realize what is going on. He has driven over 2000 hours each year but we have only submitted 600 hours.
- **Pres Gilliespie:** I have no problem with that. We will need to look into this.
- **Hansu Kim:** He's a very strong proponent of Daly/Ma but there are a lot of people that have driven and are not being qualified because of the legislation. Legal action may be taken since there are enough people that are being disqualified because of this.
- **Com Breslin:** Confused about the Consent calendar. Do we get all the names who qualify and do not qualify?
- **Director Machen:** If someone comes into the office who does not meet the requirements the Commission will then place them on the Consent calendar as are others even if they partially meet the requirement.
- **Sylvia Johnson:** Drove a taxi for 6 years

4. Consent Calendar [ACTION]

- **Dir Machen:** Sever items C1 D 2-7
- **Pres Gillespie:** Continue D 4 Yuriy Gasparyan

Public Comment:

- **Barry Taranto:** Require D 4 to take the class again according to the PCC report. Has known Steven Keyes long time maybe should turn in way bills every few months after he is given his medallions.
- **Ruth Keys:** Turned in waybills that she has kept and she compared his waybills and staffs.
- **Carl Macmurdo:** Steven Keys and others as well are all legitimate people falling in the cracks because of Daly/Ma.
- **Mike Spain:** Congratulations to all medallion holders. Very slow process of issuing medallions.
- **Emil Lawrence:** Present way the waybills are done are chaotic. There should be a way drivers can keep records.
- **Dir Machen:** Mr. Lawrence should have turned the letter to staff and not to the Commissioners. There are

also applications that he needs to fill out.

- **Tariq Mehmood:** Staff not looking at documents.
- **Tom Stanghellini:** Steven Keys professional cab driver should get a medallion.
- **Mark Gruberg:** There is other evidence that should consider when driver's are up for medallions. Should have a better method of keeping waybills.
- **Peter Witt:** Ramp certificate is a scam. Fog City is on calendar for next week and they have issues that deal with public safety.
- **Mary McGuire:** If some of his waybills were not counted because of no time stamps because there is no requirement for time stamps on the waybills.
- **Chuffa:** Mr. Lawrence was confused on the process and made an error. He should not be punished because of this.
- **Pres Gillespie:** Director Machen can you explain agenda Item E, people who are requesting time waivers.
- **Director Machen:** Time waivers are being used to help drivers make up one extra year to meet the driving requirement. Driver's requesting time waivers for ramp taxi would be subject to Daly/ Ma with an additional requirement of driving a ramp taxi 6 months before the applicant receives the offer letter and at least 100 wheelchair pick-ups. The newly issued ramped medallions are also subject to PCC interview.
- **Com Heinicke:** Motion to approve Items A- 10.23.2007 Minutes, B- Public Passenger Vehicle drivers, D-1- Grant medallion to Arkadiy Dulman, E- Time Waiver, F 1- Luxor Taxi Wrap, F 2-Yellow Taxi Wrap & G1-29 G 31-39- Ineligible for Ramp
- **Oka:** 2nd Motion
- **Roll Call**
- **Vote**

AYES: Benjamin Oka, Breslin, Gillespie, Paek, Heinicke, Oneto **NOES:** 0
RECUSE: 0 **ABSENT:** 0

- **Heinicke:** Motion to grant medallions to Items D-3 Gordon Bell & D-6 William Wilkes
 - **Oka:** 2nd
 - **Vote**
- AYES:** Oka, Breslin, Gillespie, Paek, Heinicke, Oneto **NOES:** 0
RECUSE: Benjamin **ABSENT:** 0

- **Com Heinicke:** Approve D-5 Alula Woldeab
 - **Breslin:** 2nd
 - **Roll Call**
 - **Vote**
- AYES:** Benjamin Oka, Breslin, Paek, Heinicke, Oneto **NOES:** 0
RECUSE: Gillespie **ABSENT:** 0

- **Sgt Reynolds:** Continue Item C- Michael Roach color scheme change due to investigation at National Cab. Color scheme is not complying with the SFPD-Detail and Commission staff requests.
- **Com Heinicke:** Is the color scheme applicant part of this investigation? Can you give more information on this issue.
- **Sgt Reynolds:** He is not apart of the investigation but may be.
- **Joseph Breall:** This a clear attempt from Metro cab to hold off the color scheme change. Since this color scheme is unrelated to the investigation it should not be continued.
- **Sgt Reynolds:** Received a letter from Joseph Breall who has not responded to any letters or requests, he has been notified.
- **Com Heinicke:** If the applicant is here, please speak.
- **Michael Roach:** Four months since received medallion, he cannot get contracts from Metro. He lives under indentured servitude, since Mr. Hybels claims the Commission and staff has approved his medallion as a favor to him.
- **Com Benjamin:** How will this transfer of this medallion to National affect your investigation?
- **Sgt Reynolds:** It will not affect it. I wanted to let the Commission know.
- **Com Benjamin:** I think we should go ahead with the transfer and not hold it up. Since we are not apart of

the transfer. Motion to approve transfer

- **Com Breslin:** 2nd motion.
- **Pres Gillespie:** I cannot approve this to a color scheme that is not cooperating with our staff.
- **Com Heinicke:** This takes things to another level since the color scheme is not cooperating with Detail and staff.
- **Com Benjamin:** Withdraws motion
- **Com Heinicke:** Motion to continue this item
- **Com Breslin:** Continue for two weeks.
- **Roll Call**
- **Vote**
AYES: Benjamin Oka, Breslin, Gillespie, Paek, Heinicke, Oneto
RECUSE: 0
NOES: 0
ABSENT: 0

- **Sgt Reynolds:** Item D-2 Mikhail Lirisman complaint issued today and needs time to investigate. Possible criminal conduct.
- **Pres Gillespie:** Will continue this item to give you time to investigate?
- **Sgt Reynolds:** It depends since there are 3-4 other things that are pending investigation. No public safety risk.
- **Com Paek:** Continue this item to the next meeting.
- **Com Oka:** 2nd motion
- **Com Heinicke:** We should screen this complaint quickly.
- **Com Oneto:** Would this case hurt the color scheme?
- **Sgt Reynolds:** Always possible but they would better address this than I and I only saw this tonight so I do not have much information.
- **John Lazar:** What is happening is a violation of rules and regulations that Luxor does not want to be apart of.
- **Roll Call**
- **Vote**
AYES: Oka, Breslin, Gillespie, Paek, Heinicke, Oneto
RECUSE: Benjamin
NOES: 0
ABSENT: 0

- **Com Breslin:** Item D-7 Stephen Keys, would like Ruth Keys to speak on this.
- **Com Heinicke:** Quick overview from Director Machen.
- **Dir Machen:** Recounted waybills in questions and reviewed logs kept by Ruth Keys. Reviewed their dates with her note and found indiscrepancies. Second count showed less driving hours then the first count. There were 12 waybills that were not listed in Mrs. Keyes journal.
- **Ruth Keys:** Overview.
- **Com Benjamin:** Motion to grant medallion to Steven Keys.
- **Com Oka:** 2nd motion.
- **Roll Call**
- **Vote**
AYES: Benjamin Oka, Breslin, Gillespie, Paek, Oneto
RECUSE: Gillespie
NOES: Heinicke,
ABSENT: 0

- **Pres Gillespie:** Remove Emil Lawrence's name from the ineligible ramp list.
- **Com Breslin:** Does he maintain his position?
- **Pres Gillespie:** Our staff will review his applications.
- **Com Breslin:** Motion to reinstate him to the ramp waiting list.
- **Com Oka:** 2nd motion
AYES: Benjamin Oka, Breslin, Gillespie, Paek, Heinicke, Oneto
RECUSE: 0
NOES: 0
ABSENT: 0

5. Criminal Background Checks for Taxi Drivers and medallion Applicants [DISCUSSION and POSSIBLE ACTION]

- **Jordanna Thigpen, Deputy Director:** Overview of this item.
- **Com Heinicke:** This is an important issue that we should focus on especially if the MTA will be taking this Commission over. We should lay down standards on this issue, removing some of these listed would allow some folks to get in who shouldn't.
- **Pres Gillespie:** We can add more over the few months.
- **Com Heinicke:** Good idea. Let's continue other discussions on this and add-on if we need to later.
- **Com Breslin:** Current drivers, will these new parameters include the new drivers?
- **Deputy Director Thigpen:** That brings us into the next part of this where drivers and medallion holders do not undergo any background checks after they are initially approved. Commission could ask that with every A card renewal there's a background check conducted.
- **Pres Gillespie:** Will it be possible to conduct a national background check?
- **Sgt Reynolds:** There is no national database for employment checks but there is a DOJ state database.
- **Com Heinicke:** We should contact the City Attorney on this issue to make sure we get this right and notice the applicant sufficiently. Can we also add something as a "catch-all" to avoid a potential safety hazard. I don't want to delay this by continuing but it should be memorialized in the Resolution.
- **Com Oneto:** Can we approve the Resolutions and just make an amendment to the one section?
- **Pres Gillespie:** If we do not need to have the City Attorney review this, then we can.
- **Com Breslin:** We usually do not approve Resolutions the same day they are introduced.

Public Comment:

- **Tom Stanghellini:** Insurance companies check the driver records. What if someone does not have a good driving record only an annual basis, there's a lot of little points. Drivers should be checked before paying for taxi school.
- **Jim Gillespie:** Glad the items were moved on the resolution, must be careful of where to draw the lines of micromanaging companies.
- **Com Heinicke:** The plural of "convictions" does that mean more than one?
- **Deputy Director Thigpen:** It was intended although it was not included. For example, someone recently received 2 DUI's in one year period. So that will be up to you to decide.
- **Com Oneto:** Do they keep records as far back to 10 years? How do you feel about two DUI's in the last 10 years?
- **Charles Rathbone:** No objections but tactical delay of receiving an A-card takes a long period. The background check could result in an indefinite delay.
- **Emil Lawrence:** Thank you for reinstating me on the position. This is not a court and staff should not be doing this law work. 75% of drivers are not from the US and how are you going to check their backgrounds?
- **Mark Gruberg:** There should be time prohibitions on some of these. Things should not follow people around for their entire life. There are some indiscrepancies between the resolutions from today and the last Commission meeting. These go too far.
- **Hansu Kim:** We can avoid a lot of everyone's time if the Commission staff included color schemes when drafting resolutions. This item could have been crafted better if the community gave their input.
- **Carl Macmurdo:** Do not see the need to put in the specific points since the MPC language is inclusive.
- **Peter Witt:** Not one speaker has spoken for this resolution. Rehabilitation and jail are two sources to fix these violations. Staff is rushing to judgment.
- **Mike Spain:** Known a few murders and some drug dealers. Also knows drivers who carry weapon. Others who have convictions and served time.
- **Tariq Mehmood:** What prompts this Commission to rush these rules? The laws been drafted by someone who doesn't have much experience.
- **Mr. Singh:** Speaking on behalf of drivers. If a driver is convicted and served time, why should this be a problem? This is a waste of everyone's time.
- **Sgt Reynolds:** People are not happy. Citizens have written letters of complaints of bad service. This will weed out a small group of people that harp the system. If we do not have the tools how do we know if we have sexual predators? There aren't only 1 or 2 problems. We are looking for heavy duty violators. We want this tool to make the City safer for everyone.

- **Mary McGuire:** Who will pay for this? Legislation is confusing because it talks about different things. Who does this apply too and does this apply retroactively?
- **John Lazar:** What about limo drivers? We should know who's driving but it happens without our knowledge. Personal information is difficult to find. Reaching out to the color schemes is important. Background checks on long time drivers doesn't make sense.
- **Deputy Director Thigpen:** This is not retroactive and only applies to new drivers. I believe in redemption but that does not mean that we should sit back and allow people that have convictions to drive the public around.
- **Pres Gillespie:** Do you know the recommendations we have suggested?
- **Deputy Director Thigpen:** Yes, I only ask the Commission pass the P-16 medallion Resolution since it will take more resources to revoke a medallion than to prevent one from going through.
- **Com Heinicke:** We presented some changes and members of the public have too. I continue to debate what the background check should be since I agree that there should be a background check. Should we allow the detail work their standards or should we have thoroughly listed criteria.
- **Com Oneto:** All companies do background checks on their employees. I don't see why taxi drivers shouldn't.
- **Com Paek:** Does not feel comfortable voting on this tonight. I would like to have included the companies' opinions. We should pause and think about a consensus on this issue with all the stake holders.
- **Deputy Director Thigpen:** We did consult with a few taxi company owners. Some companies do not cooperate with us to establish standards when they do not adhere to current standards.
- **Pres Gillespie:** We would like for you to make the proposed changes and come back to you at the next scheduled meeting.

6. Subpoena Authority and Hearing Rule Changes - Recommending Board of Supervisor Legislation [DISCUSSION and POSSIBLE ACTION]

*Continued to call of the Chair

7. Public Convenience and Necessity: Establishing Appropriate Number of Taxis, Including Possible Issuance of Peak Time Medallions [POSSIBLE ACTION]

*Continued to call of the Chair

8. Public Comment (Please limit public comment to items NOT on the agenda; also limited to public that did not speak during Special Order)

- **Carl Macmurdo:** MUNI and taxi allows for felons and gives other people a second chance. Possibly future agendas should cover this.
- **Charles Rathbone:** Agenda should be put together differently. Better effort to be made.
- **Rich Hybels:** Only have asked medallion holders to give him 30 days notice for color scheme.
- **Laurie Graham:** Parking drop-off in white/ blue zone issue that needs to be addressed.

9. Adjournment -11:05pm

Consent Calendar: Item C

Consideration of the Taxi Commission to grant a Taxicab or Ramp
Taxicab Medallion Holder Permit to:

Taxicab Permit Applicant:	List #:	Color Scheme:	Medallion Type:
1. Michael Gibbons	454	Arrow Cab	Regular
2. John M. Nickulus	539	Arrow Cab	Regular
3. Raymond Delgado	1315	Yellow Cab	Alt. Fuel
4. Georg J. Rasmussen	1307	Yellow Cab	Alt. Fuel
5. Ken Dao	9081	Luxor Cab	Ramp
6. Robert MacKenzie	1308	Luxor Cab	Alt. Fuel
7. Tai Yip	1309	Luxor Cab	Alt. Fuel
8. Yosef Habtemariam	1310	Yellow Cab	Alt. Fuel
9. Tam D. Nguyen	1311	Delta Cab	Alt. Fuel
10. Amilcar Pereira	9082	Luxor Cab	Ramp
11. Nikolay Busel	1312	Luxor Cab	Alt. Fuel
12. Frederick Lein	1313	Yellow Cab	Alt. Fuel
13. Reynaldo Magno	1314	Yellow Cab	Alt. Fuel
14. Mikhail Lirisman*	450	Luxor	Regular

**Continued from November 13, 2007 and would like a Color Scheme
change requiring the Commission to waive Notice*



MEMORANDUM

To: Honorable Commissioners

From: Heidi Machen
Executive Director

Date: November 7, 2007

Re: Medallion Applicants for Regular, Ramp and Alternative Fuel Medallions

1. Michael Gibbons, List# 6-470, Regular Medallion *add to agenda
 - o 2005: 800+ hours
 - o 2006: 800+ hours
 - o 2007: 800+ hours
2. John M. Nickulus, List# 6-484, Regular Medallion
 - o 2004: 800+ hours
 - o 2006: 800+ hours
 - o 2007: 800+ hours
3. Raymond Delgado, List# 6-475, Alternative Fuel Medallion
 - o 2006: 800+ hours
 - o 2007: 800+ hours
 - o No waybills turned in for 2004 or 2005. *See attached letter from Raymond Delgado.
4. Georg Rasmussen, List# 6-471, Regular Medallion
 - o 2004: 156+ shifts
 - o 2005: 156+ shifts
 - o 2006: 156+ shifts
5. Ken Dao, List# 6-957, RAMP
 - o 2005: 800+ hours
 - o 2006: 800+ hours
 - o 2007: 800+ hours

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.

- o Last 6 months: 400+ hours
- o Wheelchair Pick Ups: 100+

6. Robert MacKenzie, List# 6-510, Regular Medallion

- 2005: 800+ hours
- 2006: 800+ hours
- 2007: 800+ hours

7. Tai Yip, List# 6-489-A, Alternative Fuel Medallion

- 2005: 156+ shifts
- 2006: 156+ shifts
- 2007: 156+ shifts

8. Yosef Habtemariam, List# 6-473, Alternative Fuel Medallion

- 2004: 156+ shifts
- 2005: 156+ shifts
- 2006: 156+ shifts

9. Tam D. Nguyen, List# 6-492, Alternative Fuel Medallion

- 2005: 800+ hours
- 2006: 800+ hours
- 2007: 800+ hours

10. Amilcar Pereira, List# 6-927, RAMP

- 2005: 156+ shifts
- 2006: 156+ shifts
- 2007: 156+ shifts

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.

- Last 6 months: 400+ hours
- Wheelchair Pick Ups: 100+

11. Nikolay Busel, List# 6-494, Alternative Fuel Medallion

- 2004: 152 shifts
- 2005: 155 shifts
- 2006: 153 shifts

12. Frederick Lein, List# 6-513, Alternative Fuel Medallion

- 2005: 156+ shifts
- 2006: 156+ shifts
- 2007: 156+ shifts

13. Reynaldo Magno, List# 6-509, Alternative Fuel Medallion

- 2004: 156+ shifts
- 2006: 156+ shifts
- 2007: 156+ shifts

October 22, 2007

RECEIVED

OCT 30 2007

SAN FRANCISCO
TAXI COMMISSION

Ms. Heidi Machen, Exec. Director
San Francisco Taxicab Commission
25 Van Ness Avenue, Suite 420
San Francisco, CA 94102

Dear Ms. Machen,

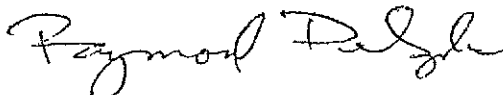
My name is Raymond Delgado and I have been a taxi driver in San Francisco since 1993. I drove full-time for Yellow Cab from 1993 until April of 2003. In 2003, health insurance costs were a big burden on my family as I have a wife and two children and we were also responsible for taking care of my mother-in-law at the time. She was very ill and needed regular care. I was forced to take a job with Office Depot so I could get health benefits for me and my family. I was unable to drive cab at that time while I was working for Office Depot full-time.

At the beginning of 2006, I was able to find health insurance at a reasonable cost through Kaiser and returned to driving cab full-time where I could make more money than I was making at Office Depot. I had over 160 shifts in 2006 and will have as many shifts in 2007.

As you can see, I have been a cab driver in San Francisco since 1993. In 2002, I drove approximately 180 shifts and logged over 1500 hours. I have over the required 156 shifts for 2006 and 2007. Please consider the hardship I incurred from 2003-2006 in needing to provide health care for my family at a reasonable cost and leaving to work for Office Depot.

Driving a cab and becoming a medallion holder has always been my goal. I was an order taker at Yellow Cab when I was 18 years old and too young to drive. My father drove cab For Yellow Cab from 1984 until 2000 when he passed away. My mother has been an employee of Yellow Cab for 22 years in their claims department.

Thank you for your consideration.



Raymond Delgado, Badge #45449

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) MICHAEL HENRY GIBBONS		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) ERRITO, CA 94530-3738			
Mailing Address (If different than residence address)			
Residence Phone Number: 97		Alternate Phone Number:	
Hours Available at this Number: BETWEEN 2 P.M. - 7 P.M.		Hours Available at this Number: MON - TH, 5 A.M. - 2 P.M.	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year 12		Date of Birth NOV 2, 1964	
Race (Optional) CAUCASIAN		Sex M	
Color Scheme / Business Name SPECK CAB CO., DBA ARROW CAB CO.		Business Number (415) 970-1103	
Color Scheme / Business Address (Street Address, City, State, Zip) 2575 MARIN STREET, SAN FRANCISCO, CA 94124			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: JAN 2007 Permit #: P44-062066	

Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)

I WILL ENSURE THAT THE PUBLIC, WHO DESIRE MY TAXI SERVICES, WILL BE GIVEN SAFE, PROMPT AND COURTEOUS SERVICE WHILE THEY ARE IN MY TAXI, REGARDLESS OF RACE CREED OR FINANCIAL STATUS. I HAVE DRIVEN A CAB IN SAN FRANCISCO FOR 25 1/2 YEARS, ALL WITH SPECK CAB CO, ORIGINALLY WHEN THEY WERE OPERATING VETERANS CAB CO, AND PRESENTLY ARROW CAB. MY EXPERIENCE AND KNOWLEDGE OF SAN FRANCISCO MAKES ME AN IDEAL DRIVER TO GIVE A TOUR OF THE CITY TO VISITORS, AS WELL AS GIVING "LOCALS" THE LEAST EXPENSIVE RIDE TO THEIR DESIRED DESTINATION.

OFFICE USE ONLY

RECEIVED

Received by:	Receipt No. 644030	Amount 638	Date NOV 17 2007
Notice Date 11/13/07	Hearing Date 11/27/07		
SANTO DOMINGO TAXI COMMISSION			

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1992	PRESENT	210, CA 94530

How long have you lived within a 30 mile radius of San Francisco? 26 years 1 months

How many years driving experience do you have in San Francisco? 25 years 7 months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1982	PRESENT	SPECK CAB CO.	2575 MARIN ST, SAN FRANCISCO	CAB DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below. (Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

Do you have any physical impairments? ☐ Yes ☒ No If yes, describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

Were you previously licensed as a taxi driver or chauffeur? ☒ Yes ☐ No

If yes, has the license been revoked? ☐ Yes ☒ No

If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

I HAVE BEEN WORKING FOR SPECK CAB CO. (FORMERLY DBA VETERANS CAB CO AND NOW ARROW CAB CO) FOR OVER 25 YEARS AND HAVE ALWAYS BEEN AN ACTIVE "RADIO PILOT" FOR THAT TIME AND WILL CONTINUE TO DO SO.

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

Read each section and sign initials to the left of each section if you agree and understand.

WJH I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

WJH I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

WJH I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 7th day of NOVEMBER, 20 07 at San Francisco, California.

Michael H. Gubben
Signature of Applicant

RECEIVED

NOV 07 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☒ NEW COLOR SCHEME
(Complete both sides)

☐ CHANGE OF COLOR SCHEME - From: _____
(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) MICHAEL HENRY GIBBONS		Phone () - - - - -
Residence Address (Street Address, City, State, Zip) CERRITO, CA 94530-3738		
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 SPECK CAB CO.	Business Address (Street Address, City, State, Zip) 2575 MARIN ST, SAN FRANCISCO, CA 94114	Business Phone (415) 970-1103
Medallion Number(s)		<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:

NO CHANGE. I HAVE WORKED FOR SPECK CAB CO. (DBA ARLOW CAB CO) FOR MORE THAN 25 YEARS AND WILL STAY WITH THEM AFTER OBTAINING MY MEDALLION. ALL MY FRIENDS IN THE CAB BUSINESS COME FROM AN ASSOCIATION WITH THIS COMPANY.

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 7th day of NOVEMBER, 2007 at San Francisco, California

MICHAEL HENRY GIBBONS
Print Name of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: Mary Speck	Title: President
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Arrow Cab 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.	
Mary Speck Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	10/23/07 Date

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date

RECEIVED

NOV 07 2007

RECEIVED

NOV 07 2007

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE


EXPIRES: [REDACTED] CLASS: C

MICHAEL HENRY GIBBONS

SEX: M HAIR: BRN EYES: HZL
HT: 6-00 WT: 215 DOB: [REDACTED]

RSTR: CORR LENS

08/18/2007 556 23 FD/12



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

EXPIRES: DECEMBER 31, 2007

MICHAEL H. GIBBONS




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

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) JOHN MARTIN NICKULAS		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) OAKLAND, CA. 94606-2109			
Mailing Address (If different than residence address) N/A			
Residence Phone Number: (415) 247-1111		Alternate Phone Number: ()	
Hours Available at this Number: 24/7: Cell Phone		Hours Available at this Number:	
Social Security Number		Other name(s) used N/A	
California Driver's License Number / Expiration Year / 2009		Date of Birth	
Place of Birth U.S.			
Race (Optional)	Sex (M) / F	Height	Weight 195 lbs.
			Eyes Color BLUE
			Hair Color GRAY
Color Scheme / Business Name SPECK CAB Co. Inc, dba ARROW CAB Co.		Business Number (415) 970-1100	
Color Scheme / Business Address (Street Address, City, State, Zip) 2575 MARIN ST., S.F., CA. 94124			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes -Date Permit was issued: Permit #: 44-026527	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) I HAVE BEEN A SAN FRANCISCO CAB DRIVER FOR OVER 29 YEARS. ALSO, I DO NOT CONSIDER THE TAXI LOT AT THE SAN FRANCISCO INTERNATIONAL AIRPORT AS MY SECOND HOME.			

RECEIVED

OFFICE USE ONLY			
Received by: 	Receipt No: 644026	Amount: 638	Date NOV 08 2007
Notice Date: NOV 13, 07	Hearing Date: NOV 27, 07		SAN FRANCISCO TAXI COMMISSION

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date To Date Residence Address (Street Address, City, State, Zip)

6-1-05 CURRENT 21 OAKLAND CA. 94606-2109

5-15-02 5-31-05 OAKLAND CA. 94612

How long have you lived within a 30 mile radius of San Francisco?

34 years 6 months

How many years driving experience do you have in San Francisco?

29 years 4 months

Are you physically qualified to drive a standard vehicle safely?

☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date To Date Company Name

Address (Street Address, City, State, Zip)

Type of Work

SUMMER 1978 - CURRENT SPECK CAB CO. * 2575 MARIO ST. S.F. CA. 94124 CAB DRIVER

* WHEN I ORIGINALLY BEGAN DRIVING THE COMPANY WAS CALLED VETERANS CAB. IT BECAME SPECK CAB CO. ABOUT 1980. ADDRESS WAS 1501 HARRISON ST. UNTIL A COUPLE YEARS BACK.

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.

(Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

Do you have any physical impairments? ☐ Yes ☒ No If yes, describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☒ Yes ☐ No

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

Were you previously licensed as a taxi driver or chauffeur? ☐ Yes ☒ No

If yes, has the license been revoked? ☐ Yes ☐ No

If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

Will continue to use existing radio dispatch service of Arrow Cab.

Co. as I have been doing since 1978.

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

Read each section and sign Initials to the left of each section if you agree and understand.

JMN I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

JMN I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

JMN I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 5TH day of NOVEMBER, 20 07 at San Francisco, California.

John M. Nicholas
Signature of Applicant

RECEIVED

NOV 08 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

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

☐ **CHANGE OF COLOR SCHEME** - From: _____
(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) JOHN MARTIN NICKULAS		Phone (415)
Residence Address (Street Address, City, State, Zip) OAKLAND, CA 94606-2109		
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:		RECEIVED NOV 08 2007 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 SPECTACULO INC, DBA ARROW 2525 MARIN ST SF CA	Business Address (Street Address, City, State, Zip) 94124	Business Phone (415) 970-1100
Medallion Number(s)		<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:
NEW MEDALLION ; NO CURRENT COLOR SCHEME

(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 **5TH** day of **NOVEMBER**, 20 **07** at San Francisco, California

JOHN M. NICKULAS Print Name of Applicant	John M. Nickulas Signature of Applicant
--	---

TO BE COMPLETED BY ACCEPTING COLOR SCHEME	
Name of person authorized to sign for Color Scheme Holder: Maryann Speck	Title: V.P.
the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Arrow - red Taxicab Color Scheme	
thereby 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 Maryann Speck	Date: 11/5/07

OFFICE USE ONLY			
Medallion Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date

RECEIVED

NOV 08 2007

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE

EXPIRES: CLASS: C

JOHN MARTIN NICKULAS

SEX: M HAIR: BLN EYES: BRN
HT: 6-03 WT: 180 DOB

John M. Nickulas

12/10/2003 504 11 FD/09

I.D. Card or
Driver License No. _____

Enter your new address below:

OAKLAND CA 94606

Carry this change of address card with your I.D. or driver license. Do not tape or staple it to your driver license or ID.

504 JUN 30 2007 A F
DL 43 (REV. 9/94)

DMV
A Public Service Agency



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

EXPIRES: DECEMBER 31, 2007

JOHN M. NICKULAS

P44-C

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



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) RAYMOND REPUYA DELGADO			Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp		
Residence Address (Street Address, City, State, Zip) RD HERCULES CA 94547					
Mailing Address (If different than residence address)					
Residence Phone Number: (5)			Alternate Phone Number: ()		
Hours Available at this Number: ANY TIME			Hours Available at this Number:		
Social Security Number		Other name(s) used			
California Driver's License Number / Expiration Year		Date of Birth		Place of Birth	
Race (Optional)		Sex M / F	Height	Weight	Eye Color BROWN
Color Scheme / Business Name				Hair Color BLACK	
				Business Number ()	
Color Scheme / Business Address (Street Address, City, State, Zip)					


Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number	Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes -Date Permit was issued: 1993 Permit #: 045445
--	--

Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)

I HAVE DRIVEN A TAXI SINCE 1993.
I SERVED THE DISABLED COMMUNITY FOR 4
years driving a Ramp TAXI.

RECEIVED

OFFICE USE ONLY

Received by: 	Receipt No. 041027	Amount 638	Date NOV 08 2007
Notice Date: 11/13/07		Hearing Date: 11/27/07	

SAN FRANCISCO

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
2001	DATG	2 RD 1+ FANCUS CA 94587

How long have you lived within a 30 mile radius of San Francisco? _____ years _____ months

How many years driving experience do you have in San Francisco? _____ years _____ months

Are you physically qualified to drive a standard vehicle safely? ☐ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
4/03	1/06	OFFICE DEPOT	50-3rd ST. SF, CA 94134	SALES

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.

(Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

Do you have any physical impairments? ☐ Yes ☒ No If yes, describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☐ No

Were you previously licensed as a taxi driver or chauffeur? ☒ Yes ☐ No

If yes, has the license been revoked? ☐ Yes ☒ No

If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

YELLOW CAB

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

Read each section and sign initials to the left of each section if you agree and understand.

MD I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

MD I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

MD I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 31 day of October, 20 07 at San Francisco, California.

Raymond D. Delgado
Signature of Applicant

RECEIVED

NOV 08 2007

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

NOV 08 2007

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission☐ NEW COLOR SCHEME
(Complete both sides)☐ CHANGE OF COLOR SCHEME - From: _____
(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>RAYMOND REPUYA DELGADO</u>		Phone <u>6</u> - <u>5</u>
Residence Address (Street Address, City, State, Zip) <u>3 RD HERCULES CA 94547</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>YELLOW CAB CO-OP</u>	Business Address (Street Address, City, State, Zip) <u>1200 MISSISSIPPI ST, SF CA 94114</u>	Business Phone <u>(415) 282-373</u>
Medallion Number(s)	<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:

BORN DURING FOR YELLOW STICK 1993,
BEST DISPATCH SYSTEM AVAILABLE

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 23rd day of October, 2007 at San Francisco, California

RAYMOND DELGADO Raymond Delgado
 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>[Signature]</u>	Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>YELLOW CAB COOP</u> Taxicab Color Scheme	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>Nov. 8 2007</u> Date

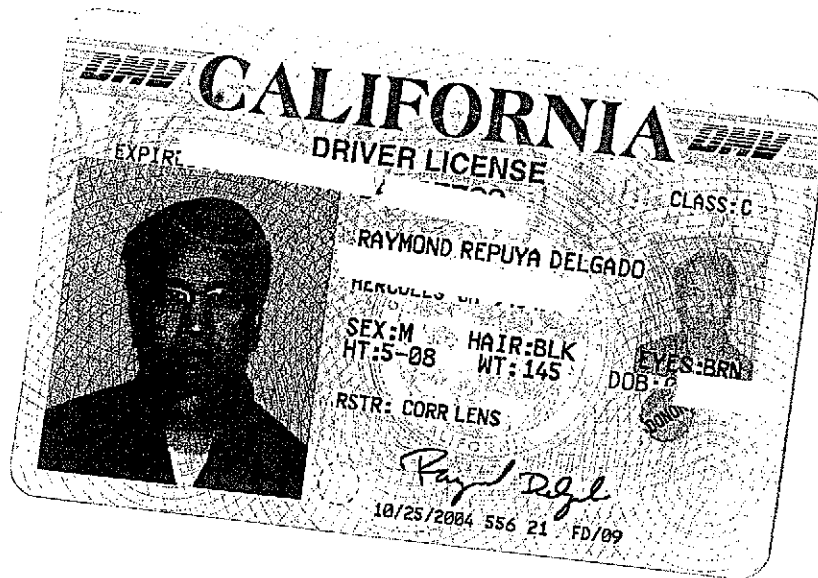
OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date

RECEIVED

NOV 08 2007

SAN FRANCISCO
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2007

RAYMOND R. DELGADO

P44-1

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



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) GEORG JOHANN RASMUSSEN				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 3421, SAN FRANCISCO, CA. 94107					
Mailing Address (If different than residence address) (SAME)					
Residence Phone Number: (415)			Alternate Phone Number:		
Hours Available at this Number: 24 hrs			Hours Available at this Number: 6:30AM-4:30PM M-F		
Social Security Number		Other name(s) used			
California Driver's License Number / Expiration Year		Date of Birth		Place of Birth	
Race (Optional)	Sex (M) / F	Height	Weight	Eye Color BLK	Hair Color BLK
Color Scheme / Business Name Yellow Cab Co-op				Business Number (415) 282-3737	
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI ST., S.F., CA. 94107					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: 11/18/06 Permit #: 57927			
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) I HAVE BEEN A FULL-TIME DRIVER WITH Yellow Cab Co-op FOR ALMOST 30 YEARS - I HAVE AN EXCELLENT RECORD OF SERVICE TO THE COMMUNITY AND AN UNBLEMISHED RECORD WITH Yellow Cab Co-op & THE DMM.					

OFFICE USE ONLY				RECEIVED	
Received by: Danielle	Receipt No.	Amount: \$638	Date: NOV 02 2007		
Notice Date: 11/13/07	Hearing Date: 11/27/07				

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
11/86	PRESENT	ST, S.F., CA 94107

How long have you lived within a 30 mile radius of San Francisco? 37 years 3 months

How many years driving experience do you have in San Francisco? 37 years 3 months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
4/79	PRESENT	YELLOW CAB CO-OP	1201 MISSISSIPPI ST, S.F., CA 94107	DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below. (Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☐ Yes ☒ No

Do you have any physical impairments? ☐ Yes ☒ No If yes, describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been, Addicted to the use of intoxicating liquor? ☐ Yes ☒ No Any Narcotic Drug? ☐ Yes ☒ No

Were you previously licensed as a taxi driver or chauffeur? ☒ Yes ☒ No If yes, has the license been revoked? ☐ Yes ☒ No If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

I INTEND TO CONTINUE DRIVING WITH YELLOW CAB CO-OP

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

Read each section and sign initials to the left of each section if you agree and understand.

GR I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

GR I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

GR I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 15 day of OCTOBER, 2007 at San Francisco, California.

Signature of Applicant

RECEIVED

NOV 02 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☐ CHANGE OF COLOR SCHEME - From: _____
(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) GEORGE J. REMUSSEN		Phone (415) 888-1111
Residence Address (Street Address, City, State, Zip) 1200 MISSISSIPPI ST, S.F., CA 94107		
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:

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

Business Name Yellow Cab Co	Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI ST, S.F., CA 94107	Business Phone ()
Medallion Number(s)		<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 deserve it after 30 years of taxi driving.
I've been w/ yellow cab for almost 30 years & they are an excellent company.

(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 2 day of NOVEMBER, 20 07 at San Francisco, California

George J. Remussen **George J. Remussen**
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: **Nathan Dwir** Title: **President**

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for **Yellow** 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.

Nathan Dwir **Oct 18, 2007**
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date

RECEIVED

OFFICE USE ONLY

Send Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed NOV 12 2007
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	SAN FRANCISCO TAXI COMMISSION Date


RECEIVED

NOV 02 2007

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE


EXPIRES: [REDACTED] CLASS: C

 **GEORG JOHANN RASMUSSEN**
SAN FRANCISCO 94107

SEX: M HAIR: BLK EYES: BLK
HT: 6-00 WT: 225 DOB: [REDACTED]

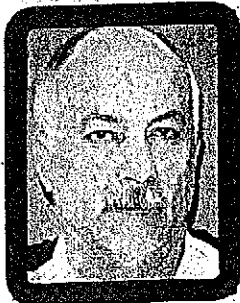
RSTR: CORR LENS

Georg J. Rasmussen
05/10/2007-239 RB FD/12

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

EXPIRES: DECEMBER 31, 2007
GEORGE J. RASMUSSEN
P44-4

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



Applicant's Name (First, Middle, Last) Ken Dan		Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) C.A 94134			
Mailing Address (if different than residence address)			
Residence Phone Number: (415)		Alternate Phone Number: (415)	
Hours Available at this Number:		Hours Available at this Number: 24 hrs	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth			
Race (Optional) chinese	Sex (M) F	Height 5' 10"	Weight 170
Eye Color BRN		Hair Color BLK	
Color Scheme / Business Name LUXOR CAB		Business Number (415) 282-1224	
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 JERROLD AVE S.F C.A 94124			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, Alien Resident Card Number)		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: 12-22-06 Permit #: p44-053897	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) I understand the needs of the Elderly and the disabled. they need to get to their doctor appointments, to work, and other activities. I am glad to serve them and the community.			

RECEIVED

OFFICE USE ONLY			
Received by: <u>Danelle</u>	Receipt No: <u>614400</u>	Amount: <u>\$119.00</u>	Date: <u>OCT 29 2007</u>
Issue Date: <u>10/2/07</u>	Hearing Date: <u>10/2/07</u>		SAN FRANCISCO TAXI COMMISSION

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
2/1/88	present	# S.F. C.A. 94134

How long have you lived within a 30 mile radius of San Francisco? 20 years _____ months

How many years driving experience do you have in San Francisco? 20 years _____ months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1997	present	Regents CAB CO.	98 Pennsylvania S.F. C.A. 94127	DRIVER
03-2007	present	Luxor CAB CO	2230 Terrold Ave S.F. C.A. 94124	DRIVER
03-2007	present	Yellow CAB CO	1200 Mississippi St S.F. C.A. 94107	DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.
(Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

Do you have any physical impairments? ☐ Yes ☒ No If yes, describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been, Addicted to the use of intoxicating liquor? ☐ Yes ☒ No Any Narcotic Drug? ☐ Yes ☒ No

Were you previously licensed as a taxi driver or chauffeur? ☒ Yes ☐ No If yes, has the license been revoked? ☐ Yes ☒ No If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No
If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

LUXOR CAB CO

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

Read each section and sign Initials to the left of each section if you agree and understand.

Ken DAO I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

Ken DAO I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

Ken DAO I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 27 day of October, 20 07 at San Francisco, California.

Ken DAO
Signature of Applicant

RECEIVED

OCT 29 2007

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

OCT 29 2007

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☐ CHANGE OF COLOR SCHEME - From: _____
(AYC 000 (01/10/04) (3rd 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>Ken DAO</u>		Phone (415) _____
Residence Address (Street Address, City, State, Zip) <u>2230 Jerrold Ave S.F. CA 94124</u>		
Joint Applicant's Name (First, Middle, Last)		Phone () _____
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>LUXOR CAB</u>	Business Address (Street Address, City, State, Zip) <u>2230 Jerrold Ave S.F. CA 94124</u>	Business Phone (415) 282-1224
Medallion Number(s)	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gala <input type="checkbox"/> Long Term Lease	

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

Excellent computer system Luxor the most ^{pick-up} wheelchair.

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 27 day of OCTOBER, 20 07 at San Francisco, California

KEN DAO
Print Name of Applicant

Kensu
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>LUXOR CAB, JOHN LAZAR</u>	Title: <u>PRESIDENT</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR 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>10/29/07</u>

OFFICE USE ONLY

Agenda/Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted



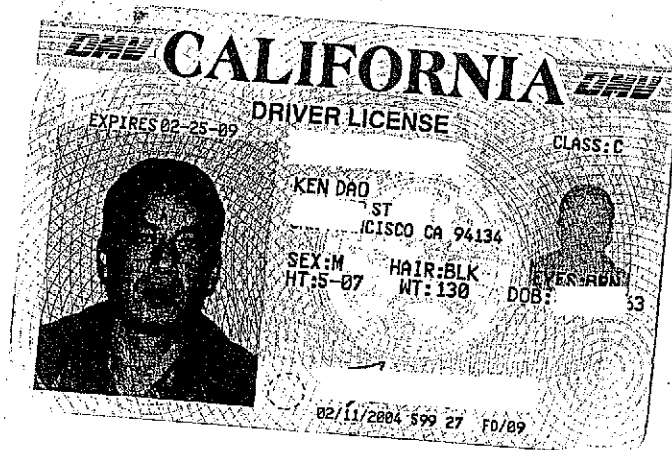
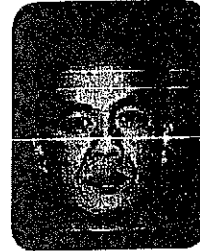
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

KEN DAO

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



RECEIVED

OCT 29 2007

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

NOV 01 2007

SAN FRANCISCO
TAXI COMMISSION

RAMPTAXI OPERATORS TRAINING CLASS

This certifies that

KEN DAO

has successfully completed the requirements for Sensitivity/
Ramp Taxi Operators Training on this date

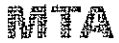
Ramp Taxi Operators Training on this date

JUNE 9 2007

Mark T. Powell
Mark Powell

Certified Ramp Taxi/Sensitivity Trainer





November 13, 2007

Heidi Machen, Executive Director
SF Taxi Commission
25 Van Ness, Suite 420
San Francisco CA 94102

Gavin Newsom | Mayor
Rev. Dr. James McCray Jr. | Chairman
Tom Nolan | Vice-Chairman
Cameron Beach | Director
Shirley Brayer Black | Director
Wil Din | Director
Peter Mazey | Director
Leah Shahum | Director
Nathaniel P. Ford, Sr. | Executive Director/CEO

Dear Ms. Machen:

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On November 9, 2007, the PCC Advisory committee to the SF Taxi Commission interviewed Ken Dao.

Summary of Review Categories:

Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers:

Satisfactory

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

Commitment to use the ramp taxi medallion in a manner that will serve the disabled community:

Satisfactory

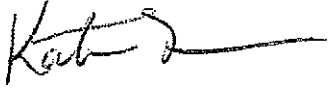
Comments/Concerns:

Recommendation:

The PCC Advisory committee is recommending Ken Dao for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Kate', followed by a long horizontal flourish.

Kate Toran, Paratransit Coordinator

cc: Patricia Lovelock, PCC Advisory Committee Chair
Dee Ann Hendrix, PCC Advisory Committee Vice Chair

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) Robert Wallace Mackenzie		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 1111 Q, Calif. 94611			
Mailing Address (If different than residence address)			
Residence Phone Number:		Alternate Phone Number:	
Hours Available at this Number: 10-24		Hours Available at this Number: 30	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year 2008		Date of Birth	
Place of Birth Calif. (USA)		Race (Optional) CAUCASIAN	
Sex (M) F		Height, " Weight	
Eyes Color Blue		Hair Color Grey	
Color Scheme / Business Name		Business Number	
Color Scheme / Business Address (Street Address, City, State, Zip)			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Alien Resident Card Number		If Yes - Date Permit was issued: 2007 Permit #: P/4045591	

Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)

This month, October, I am going into my 32nd year of driving a taxi in the City and County of San Francisco. I have spent my time wisely while working as a taxi driver, for, I study street maps, and constantly read about the history of San Francisco, thereby, giving the paying public not only a good ride, the shortest routes, but, also a bit of history with tidbits collected from my ever expanding education.

This City of San Francisco needs to retain qualified, professional and passionate drivers like myself to promote the City not only to tourists, but locals, too.

This City should not be deprived of professional cab drivers like myself.

RECEIVED

OCT 29 2007

OFFICE USE ONLY			
Received by: T.C.	Receipt No. #1	Amount 658.00	Date 10/29/07
Hearing Date		Hearing Location	
Hearing Date		Hearing Location	

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
9/1995	Present	1109 Oakland, Ca 94611

How long have you lived within a 30 mile radius of San Francisco? 42 years _____ months

How many years driving experience do you have in San Francisco? 31 years _____ months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1982	Present	Luxor Cab Co.	2230 Serrolo San Francisco 94124	Taxi

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ Yes ☐ No If yes, provide the information required below.

(Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition
	1985		

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

Do you have any physical impairments? ☐ Yes ☒ No If yes, describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

Were you previously licensed as a taxi driver or chauffeur? ☒ Yes ☒ No

If yes, has the license been revoked? ☒ Yes ☒ No

If yes, explain for what cause?

Over 30 yrs AM

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

Luxor Cab Company Dispatch

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

Read each section and sign Initials to the left of each section if you agree and understand.

RM I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

RM I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

RM I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 29 day of October, 20 07 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

OCT 29 / 07

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

OCT 29 2007

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☐ CHANGE OF COLOR SCHEME - From: _____
SAN FRANCISCO TAXI COMMISSION (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>ROBERT WALLACE MACKENZIE</u>		Phone
Residence Address (Street Address, City, State, Zip) <u>DR, OAKLAND CA 94611</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>LUXOR CAB</u>	Business Address (Street Address, City, State, Zip) <u>2230 TERROLO AVE, SF 94127</u>	Business Phone <u>(415) 282-1224</u>
Medallion Number(s) <u>NEW</u>	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

LUXOR IS ONLY COMPANY FOR ME.

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 29 day of October, 2007 at San Francisco, California
Robert W. Mackenzie _____
 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>JOHN LAZAR</u>	Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR 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>10/29/07</u> Date

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

RECEIVED

OCT 29 2007

SAN FRANCISCO
TAXI COMMISSION



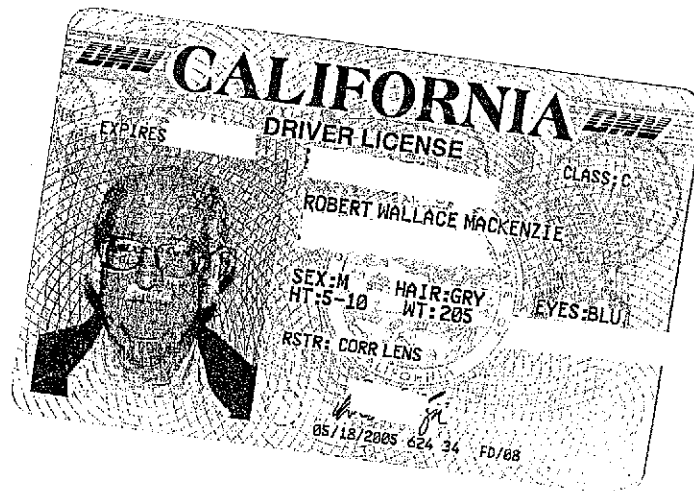
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

ROBERT MACKENZIE

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



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) TAI YIP		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 1TH SAN FRANCISCO, CA 94080			
Mailing Address (If different than residence address) SAME AS ABOVE			
Residence Phone Number: () 73		Alternate Phone Number: ()	
Hours Available at this Number:		Hours Available at this Number: ANY TIME	
Social Security Number		Other name(s) used TAI DIEP	
California Driver's License Number / Expiration Year		Date of Birth	
Race (Optional)		Sex <input checked="" type="radio"/> M / <input type="radio"/> F	Height Weight Eye Color Hair Color BROWN BLACK
Color Scheme / Business Name LUXOR CAB CO		Business Number (415) 282-4141	
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 JERROLD SAN FRANCISCO, CA 94124			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: Permit #: 44447	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) I agree that the public will not be adequately served unless this permit is granted. The fact is when I am driving, I picked up customers, I have heard that I had to wait for a long time and there are hardly cabs around here. They were so happy to see me to stop to pick them up.			

RECEIVED

OFFICE USE ONLY			
Received by: TO	Receipt No. 644019	Amount \$38.00	Date OCT 29 2007
Notice Date: 10-2-07	Hearing Date: 10-27-07		

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
6/1/1999	Present	515 SOUTH SAN FRANCISCO, CA 94080

How long have you lived within a 30 mile radius of San Francisco? 27 years 11 months

How many years driving experience do you have in San Francisco? 18 years months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
6/1/1999	Present	LUXOR CAB CO	2230 Jemol St, CA 94124	Driving

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.

(Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

Do you have any physical impairments? ☐ Yes ☒ No If yes, describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been, Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

Were you previously licensed as a taxi driver or chauffeur? ☒ Yes ☐ No

If yes, has the license been revoked? ☐ Yes ☒ No

If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

LUXOR Cab Company Computerized dispatch (GPS). ALSO, Radio Dispatch when the (GPS) Computerized dispatch is down

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

Read each section and sign initials to the left of each section if you agree and understand.

yt I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

yt I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

yt I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 26 day of October, 2007 at San Francisco, California.

ti yep
Signature of Applicant

RECEIVED

OCT 29 2007

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

OCT 29 2007

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☐ CHANGE OF COLOR SCHEME - From: _____
(Complete for Color Scheme Change)

*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) TAI YIP Phone (415) 282-4141

Residence Address (Street Address, City, State, Zip) 1e Dr. SSF, CA 94080

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: _____

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

Business Name Luxor Cab Business Address (Street Address, City, State, Zip) 2230 JERROLD, SF Business Phone (415) 282-4141

Medallion Number(s) _____ ☒ Owner / Operator ☐ Gas & Gate ☐ Long Term Lease

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

Since I have worked for Luxor Cab Company for 8 years, Luxor is a good company to be working with. Luxor has GPS (Computerized) dispatch which I like the most because there are no chasing after the orders among drivers

(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 29 day of October, 2007 at San Francisco, California

TAI YIP ti yip
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: THOMAS J. STANGHERNINI Title: Operations Manager

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for LUXOR CAB
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.

Thomas J. Stanghermini 10-26-07
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date

OFFICE USE ONLY

Applicant's Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date



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

EXPIRES: DECEMBER 31, 2007

TAI YIP

P44-

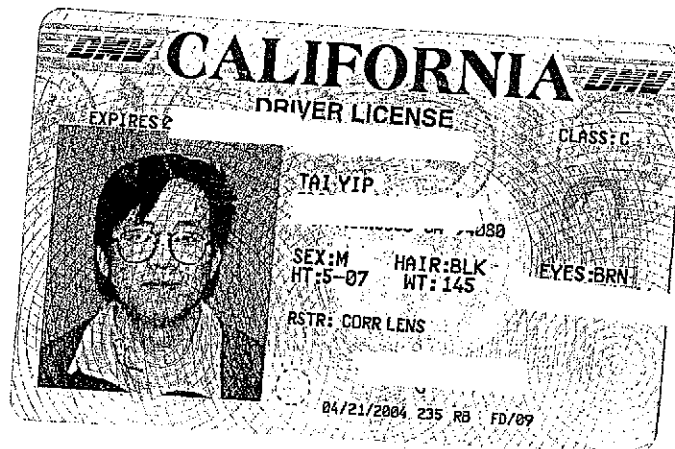
The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article I. Sections 2.26.1 and 2.27.1



RECEIVED

OCT 29 2007

SAN FRANCISCO
TAXI COMMISSION



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) YOSEF HABTEMARIUM		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) OAKLAND, Ca. 94609			
Mailing Address (If different than residence address)			
Residence Phone Number: (510)		Alternate Phone Number: ()	
Hours Available at this Number:		Hours Available at this Number:	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year f		Date of Birth	
Place of Birth ASMARA, EritREA			
Race (Optional) Black	Sex (M) F	Height 5-09	Weight 180
Eye Color BWN		Hair Color BLK	
Color Scheme / Business Name		Business Number ()	
Color Scheme / Business Address (Street Address, City, State, Zip)			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: Permit #:	

Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)

I have been working as cab driver for 20 yrs. The public were suffering for not been served, especially during Friday, Saturday. If there is conviction in town the public were not served. That is why a lot limousine working as taxi. The limousine industry filling the void that creating the shortage of taxi. That for sure granting taxi served the public. It is self evident that taxi needed.

OFFICE USE ONLY				RECEIVED
Received by: Dorelle	Receipt No. 044398	Amount \$1028.00	Date OCT 25 2007	
Notice Date 11/2/07	Hearing Date 11/27/07		SAN FRANCISCO	

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
Since 1989	—	3AK, Ca. 94609

How long have you lived within a 30 mile radius of San Francisco? 28 years _____ months

How many years driving experience do you have in San Francisco? 20 years _____ months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
Since 1987		YELLOW CAB.	1200 Mississippi St. S.F. 94107	Cab. Driver

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.
(Attach additional pages if needed)
Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

Do you have any physical impairments? ☐ Yes ☒ No If yes, describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been, Addicted to the use of intoxicating liquor? ☐ Yes ☒ No Any Narcotic Drug? ☐ Yes ☒ No

Were you previously licensed as a taxi driver or chauffeur? ☒ Yes ☐ No If yes, has the license been revoked? ☐ Yes ☒ No If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

Yellow company

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

Read each section and sign initials to the left of each section if you agree and understand.

YH I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

YH I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

YH I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 10-25 day of ~~25~~ 25, 2007 at San Francisco, California.

YH Yusef Huer
Signature of Applicant

10-25-07

RECEIVED

OCT 25 2007

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

OCT 25 2007

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

SAN FRANCISCO
TAXI COMMISSION

☒ CHANGE OF COLOR SCHEME - From: _____
(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) YOSEF HABTEMARIUM		Phone ()
Residence Address (Street Address, City, State, Zip) ... OAK, Ca. 94609		
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 Yellow cab.	Business Address (Street Address, City, State, Zip) 1200 Mississippi San Francisco	Business Phone ()
Medallion Number(s)	<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:

Yellow has the best radio dispatch, now GPS, and also well recognition. It is his name yellow.

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

Executed this **25** day of **(25) 10**, 20**07** at San Francisco, California

YOSEF HABTEMARIUM

Print Name of Applicant

Yosef Hab

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: Nathan Swiri	Title: President
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Yellow 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 Nathan Swiri	Date Oct 25, 2007

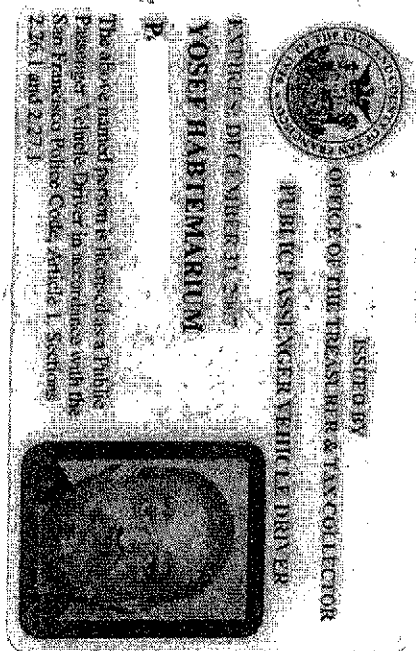
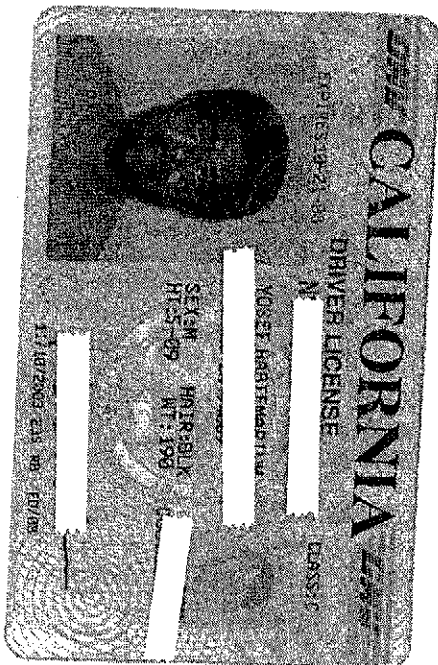
OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date

RECEIVED

OCT 25 2007

SAN FRANCISCO
TAXI COMMISSION



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) TAM DINH NGUYEN				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 94134					
Mailing Address (if different than residence address) P.O. BOX S.F. CA, 94142					
Residence Phone Number: ()			Alternate Phone Number: ()		
Hours Available at this Number: 8 AM to 3 PM			Hours Available at this Number: 24 HRS		
Social Security Number		Other name(s) used NONE			
California Driver's License Number / Expiration Year			Date of Birth		Place of Birth VIETNAM
Race (Optional)	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height	Weight	Eye Color BLK	Hair Color BLK
Color Scheme / Business Name DELTA CAB CO				Business Number (415) 920-9097	
Color Scheme / Business Address (Street Address, City, State, Zip) 999 PENNSYLVANIA AVE S.F. CA 94107					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If No, Alien Resident Card Number		If Yes - Date Permit was issued: 1992		Permit #: 44085	

Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)

The people of San Francisco will benefit from my driving experience. I have been driving Taxi in San Francisco for fifteen years. I know how to play the Radio, hotels, airport, and fairs. I never had a complain about my driving or about the way I drive. I am always cautious with my passengers. I have a good knowledge of San Francisco from the North to the South, from Seal rock to Double Rock.

RECEIVED

OFFICE USE ONLY			
Received by: Danille	Receipt No. 2	Amount 4638	Date 3-8-2007
Hearing Date: 10/10/07		San Francisco	

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
9-1-06	NOW	211 ... S.F. CA 94134
1-1-01	9-1-06	... S.F. CA 94112

How long have you lived within a 30 mile radius of San Francisco? 17 years 10 months	How many years driving experience do you have in San Francisco? 15 years 10 months	Are you physically qualified to drive a standard vehicle safely? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
April-2007	NOW	DELTA CAB CO	999 PENNSYLVANIA S.F. CA 94107	CAB DRIVER
1-1-2000	April-2007	BAY CAB CO	999 PENNSYLVANIA S.F. CA 94107	CAB DRIVER
2-15-92	1-1-2000	REGENT CAB CO	1301 6TH ST S.F. CA 94107	CAB DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below. (Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No
Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☐ Yes ☒ No

Do you have any physical impairments? ☐ Yes ☒ No If yes, describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been, addicted to the use of intoxicating liquor? ☐ Yes ☒ No Any Narcotic Drug? ☐ Yes ☒ No

Are you previously licensed as a taxi driver or chauffeur? ☒ Yes ☐ No If yes, has the license been revoked? ☐ Yes ☒ No If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

DELTA BLACK & WHITE

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

Read each section and sign initials to the left of each section if you agree and understand.

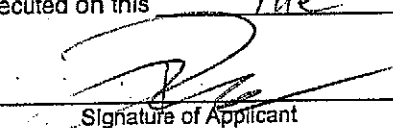
T.N I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

T.N I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

T.N I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this Tue day of Oct-30, 2007 at San Francisco, California.


Signature of Applicant

RECEIVED

OCT 30 2007

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

OCT 30 2007

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab CommissionSAN FRANCISCO
TAXI COMMISSION☐ NEW COLOR SCHEME
(Complete both sides)
☐ CHANGE OF COLOR SCHEME -- From: _____
(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) TAM DINH NGUYEN		Phone (415) _____
Residence Address (Street Address, City, State, Zip) _____ S.F. CA, 94134		
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 DELTA CAB CO	Business Address (Street Address, City, State, Zip) 999 PENNSYLVANIA AVE S.F. CA 94107	Business Phone (415) 920-9097
Registration Number(s) _____	<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:

GOOD SERVICE

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 Tue day of OCT-30-07, 2007 at San Francisco, California**TAM DINH NGUYEN**
Print Name of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: Martin B. Smith		Title: owner/Manager
The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____		Delta Taxicab Color Scheme
I 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 Martin B. Smith		Date 10.26.07

OFFICE USE ONLY

Anda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

RECEIVED

OCT 30 2007

SAN FRANCISCO
TAXI COMMISSION



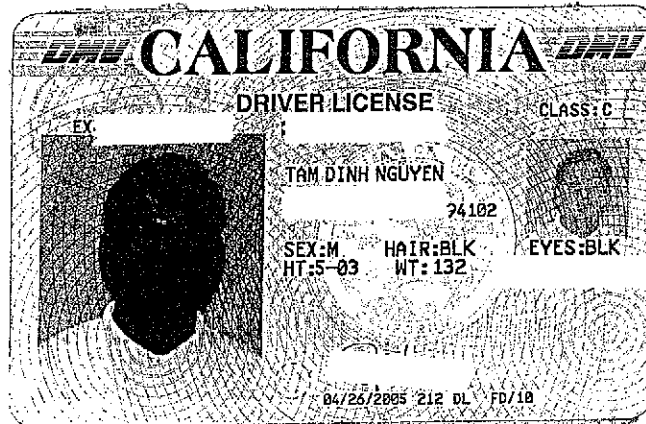
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

TAM D. NGUYEN

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



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) AMILCAR SALES PEREIRA		Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) UNATEO, CA 94401			
Mailing Address (If different than residence address)			
Residence Phone Number: (415)		Alternate Phone Number: ()	
Hours Available at this Number: 24		Hours Available at this Number:	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth 01	
Place of Birth		Race (Optional)	
Sex <input checked="" type="radio"/> M <input type="radio"/> F		Height	
Weight		Eye Color GREEN	
Hair Color GRAY		Color Scheme / Business Name LUXOR CAB	
Business Number (415) 282-4141		Color Scheme / Business Address (Street Address, City, State, Zip) 2230 SERROLD AVE, S.F. CA. 94124	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes -Date Permit was issued: 01/12/07 Permit #: 047734	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)			
I LIKE DRIVING RAMPED TAXIS, AND IT A REWARD TO ME SERVING WHEELCHAIR CUSTOMERS.			

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OFFICE USE ONLY			
Received by: 	Receipt No. 044010	Amount 119-	Date NOV 01 2007
Notice Date NOV 13, 07	Hearing Date NOV 27, 07		
SAN FRANCISCO TAXI COMMISSION			

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
10-01	2-05	CA 94110
2-05	3-06	Ave, 888 CA SAN BRUNO, CA 94066
3-06	PRESENT	3 SAN MATEO, CA 94401

How long have you lived within a 30 mile radius of San Francisco? 13 years months

How many years driving experience do you have in San Francisco? 12 years months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
10-01	02-05			
05-94	PRESENT	LUXOR CABS	2230 JERROLD AVE, SF CA 94124	DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.

(Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

Do you have any physical impairments? ☐ Yes ☒ No If yes, describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

Were you previously licensed as a taxi driver or chauffeur? ☒ Yes ☐ No

If yes, has the license been revoked? ☐ Yes ☒ No

If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

LUXOR RADIO

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

Read each section and sign initials to the left of each section if you agree and understand.

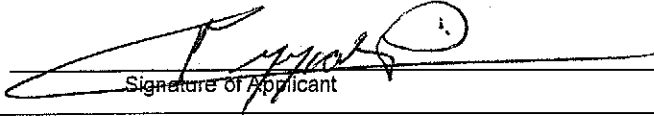
A I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

B I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

A I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 30 day of OCTOBER, 2007 **RECEIVED** at San Francisco, California.


Signature of Applicant

NOV 01 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

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

☐ ***CHANGE OF COLOR SCHEME – From:** _____
(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) AMILCAR SALES PEREIRA		Phone (415) 244 9358
Residence Address (Street Address, City, State, Zip) AVL SAN MATEO, CA 94401		
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 LUXOR CAB	Business Address (Street Address, City, State, Zip) 2230 Jerrind Ave, SFO CA 94124	Business Phone (415) 282-1224
Medallion Number(s)	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I'VE BEEN WITH LUXOR FOR 12 YEARS. I LIKE
WORKING WITH. TRAM LUXOR.

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 OCTOBER, 2007 at San Francisco, California

AMILCAR SALES PEREIRA
Print Name of Applicant

[Signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: JOHN LAZAR	Title: President
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR 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>11/1/07</u> Date

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date

RAMP TAXI OPERATORS TRAINING CLASS

RECEIVED

This certifies that

AMILCAR SALES PEREIRA

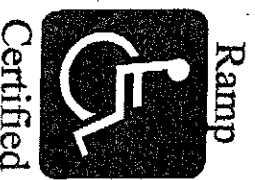
NOV 01 2007
SAN FRANCISCO
TAXI COMMISSION

has successfully completed the requirements for Sensitivity/
Ramp Taxi Operators Training on this date

JULY 21, 2007

Mark Powell
Mark Powell

Certified Ramp Taxi/Sensitivity Trainer





Gavin Newsom | Mayor

Rev. Dr. James McCray Jr. | Chairman

Tom Nolan | Vice-Chairman

Cameron Beach | Director

Shirley Breyer Black | Director

Wil Din | Director

Peter Mezey | Director

Leah Shahum | Director

Nathaniel P. Ford, Sr. | Executive Director/CEO

November 13, 2007

Heidi Machen, Executive Director
SF Taxi Commission
25 Van Ness, Suite 420
San Francisco CA 94102

Dear Ms. Machen:

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On November 9, 2007, the PCC Advisory committee to the SF Taxi Commission interviewed Amilcar Periera.

Summary of Review Categories:

Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers:

Satisfactory

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

Commitment to use the ramp taxi medallion in a manner that will serve the disabled community:

Satisfactory

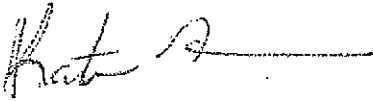
Comments/Concerns:

Recommendation:

The PCC Advisory committee is recommending Amilcar Periera for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Kate', followed by a horizontal line.

Kate Toran, Paratransit Coordinator

cc: Patricia Lovelock, PCC Advisory Committee Chair
Dee Ann Hendrix, PCC Advisory Committee Vice Chair

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NOV 08 2007

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE

EXPIRL CLASS: C M1

AMILCAR SALES PEREIRA

SEX: M HAIR: BRN EYES: GRN

HT

03/22/2007 239 RB FD/12



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

EXPIRES: DECEMBER 31, 2007

AMILCAR S. PEREIRA

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



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) Nikolay BUSEL				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 2, San Francisco, CA 94116					
Mailing Address (If different than residence address) same					
Residence Phone Number: (415)			Alternate Phone Number: (415)		
Hours Available at this Number: 8:00 a.m. - 3p.m.			Hours Available at this Number: any time		
Social Security Number		Other name(s) used N/A			
California Driver's License Number / Expiration Year			Date of Birth		Place of Birth
Race (Optional) Caucasian	Sex M / F	Height 5.8	Weight 200	Eye Color Brown	Hair Color gray
Color Scheme / Business Name LUXOR Cab Co				Business Number ()	
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 Jerrald Ave, San Francisco, CA 94124					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number			Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: 1992 Permit #: P44-044812		

Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)

The city of San Francisco is known for its immense amount of tourists that come to visit yearly. There are, certainly, a lot more tourists and residents of San Francisco are in great need of taxi services.

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OFFICE USE ONLY			
Received by Danella	Receipt No. 3	Amount 100	Date 10-30-2007
Hearing Date 11-23-07		San Francisco Taxicab Commission	

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1986	present	San Francisco, CA 94116

How long have you lived within a 30 mile radius of San Francisco? 25 years 0 months

How many years driving experience do you have in San Francisco? 25 years 0 months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
2001	present	Luxor Cab Co	2230 Jerrald Ave, SF, CA 94124	Cab driver

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below. (Attach additional pages if needed)
Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No
Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☐ Yes ☒ No

Do you have any physical impairments? ☐ Yes ☒ No If yes, describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been, Addicted to the use of intoxicating liquor? ☐ Yes ☒ No Any Narcotic Drug? ☐ Yes ☒ No

Were you previously licensed as a taxi driver or chauffeur? ☒ Yes ☐ No If yes, has the license been revoked? ☐ Yes ☒ No If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

Will use Luxor Cab dispatch service and computer service.

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

Read each section and sign initials to the left of each section if you agree and understand.

N.B. I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

N.B. I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

N.B. I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 27th day of October, 20 07 at San Francisco, California.

Nikolay BuseL
Signature of Applicant

RECEIVED

OCT 30 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

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

☐ **CHANGE OF COLOR SCHEME – From:** _____
(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) Nikolay BUSEL		Phone (415)
Residence Address (Street Address, City, State, Zip) San Francisco, CA 94116		
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 LUXOR CAB	Business Address (Street Address, City, State, Zip) 2230 FERROLO, SF	Business Phone (415) 282-4141
Medallion Number(s)	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

*I like to have LUXOR CO.
because I'm working there in
present.*

RECEIVED

OCT 30 2007

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 11/01/07 day of _____, 20____ at San Francisco, California

Nikolay Busel
Print Name of Applicant

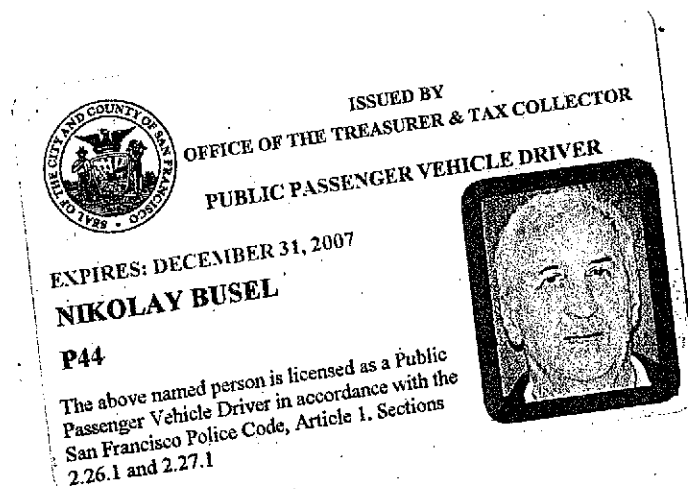
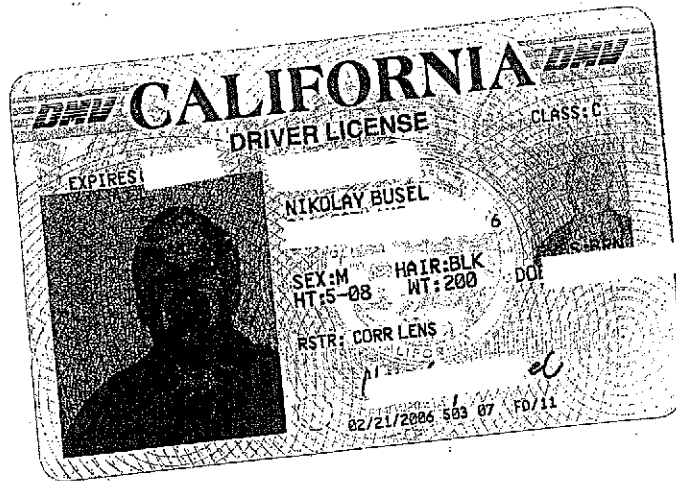
Nikolay Busel
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: Thomas J. STANGHELLINI		Title: OPERATIONS MANAGER
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR 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 <i>Thomas J. Stanghellini</i>		Date 10-30-07

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted



RECEIVED

OCT 30 2007

SAN FRANCISCO
TAXI COMMISSION

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) FREDERICK ARTHUR LEIN		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SAN RAFAEL, CA 94903			
Mailing Address (If different than residence address)			
Residence Phone Number: (415)		Alternate Phone Number: (415)	
Hours Available at this Number: EVENINGS		Hours Available at this Number: 24 HOURS	
Social Security Number 6-1-13		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	Place of Birth USA
Race (Optional)	Sex (M) F	Height	Weight
		Eyes Color BLUE	Hair Color BLOND
Color Scheme / Business Name YELLOW CAB COOPERATIVE		Business Number (415) 282-3737	
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI SAN FRANCISCO, CA 94110			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes -Date Permit was Issued: 12/06 Permit #: 062567	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) PUBLIC CONVENIENCE AND NECESSITY HEARINGS HAVE DETERMINED ADDITIONAL TAXIS ARE NEEDED			

RECEIVED

OFFICE USE ONLY			
Received by 	Receipt No. 044613	Amount 638	Date NOV 01 2007
Hearing Date			

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
11/99	present	1200 MISSISSIPPI ST, SAN RAFAEL, CA 94303

How long have you lived within a 30 mile radius of San Francisco? 28 years 0 months

How many years driving experience do you have in San Francisco? 24 years 11 months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1/83	present	Yellow Cab Coop	1200 MISSISSIPPI ST, SAN RAFAEL, CA 94303	TAXI DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below. (Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☐ Yes ☒ No

Do you have any physical impairments? ☐ Yes ☒ No If yes, describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been, addicted to the use of intoxicating liquor? ☐ Yes ☒ No Any Narcotic Drug? ☐ Yes ☒ No

Were you previously licensed as a taxi driver or chauffeur? ☒ Yes ☐ No If yes, has the license been revoked? ☐ Yes ☒ No If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

Yellow Cab Coop

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

Read each section and sign initials to the left of each section if you agree and understand.

JS I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

JS I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

JS I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 1st day of NOVEMBER, 2007 at San Francisco, California.

Frederic G. Gai
Signature of Applicant

RECEIVED

NOV 01 2007

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

NOV 01 2007

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☐ CHANGE OF COLOR SCHEME -- From: _____
(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) FREDERICK ARTHUR LEIN		Phone (415) 472-1366
Residence Address (Street Address, City, State, Zip) 11111111111111111111 SAN RAFAEL, CA 94903		
Joint Applicant's Name (First, Middle, Last) WILLIAM		Phone ()
Residence Address (Street Address, City, State, Zip)		

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

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name Yellow Cab Coop	Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI	Business Phone (415) 282-3737
Registration Number(s)		<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Sale <input type="checkbox"/> Long Term Lease

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

Good company

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 **31st** day of **Oct**, 20 **07** at San Francisco, California

FRED LEIN **Fredrick G Lein**
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: Hal Mellegard	Title: SM
The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Yellow Cab - Co-op Taxicab Color Scheme	
I 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 Hal Mellegard	Date 10/31/07

OFFICE USE ONLY

Send Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

RECEIVED

NOV 01 2007

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE CLASS: C

EXPI: [REDACTED]

FREDERICK ARTHUR LEIN

SEX: M HAIR: BLN EYES: BLU
HT: 5-11 WT: 175

JUL 24/2004 599 07 FD/09



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

EXPIRES: DECEMBER 31, 2007

FREDERICK A. LEIN

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



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION


San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) ROYALDO DECARA MAGNO				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp			
Residence Address (Street Address, City, State, Zip) 104 CITY CA. 94014							
Mailing Address (If different than residence address) SANJO AS ARBUC.							
Residence Phone Number: (415)				Alternate Phone Number: ()			
Hours Available at this Number: 12 HRS				Hours Available at this Number: 24 HRS			
Social Security Number 3			Other name(s) used NONO				
California Driver's License Number / Expiration Year				Date of Birth		Place of Birth	
Race (Optional) PHILIPINO		Sex (M) F		Height		Weight	
				Eye Color BROWN		Hair Color BLACK	
Color Scheme / Business Name YELLOW CAB COOP						Business Number (415) 533-3333	
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI ST. SAN FRANCISCO CA. 94007							
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number				Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: Permit #: P44-031809			

Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)

PEOPLE LEAVING IN SAN FRANCISCO DESERVE TO GET MORE CABS, FOR BETTER SERVICE.

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OFFICE USE ONLY			
Received by: 	Receipt No. <u>W44004</u>	Amount <u>638</u>	Date <u>OCT 31 2007</u>
Notice Date: <u>11/21/07</u>	Hearing Date: <u>11/27/07</u>		STAN FRANCISCO TEXT COMMISSION

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
6-1-04	2007	1414 CITY CA. 94014
9-15-01	2004	100 GATEWAY DRIVE PACIFICA CA. 94044

How long have you lived within a 30 mile radius of San Francisco? 42 years 3 months

How many years driving experience do you have in San Francisco? 28 years 5 months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
9-15-79	2007	YELLOW CAB COOP	1200 MISSISSIPPI ST. CA. 94007	TAXI DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.

(Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

Do you have any physical impairments? ☐ Yes ☒ No If yes, describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been, Addicted to the use of intoxicating liquor? ☐ Yes ☒ No Any Narcotic Drug? ☐ Yes ☒ No

Were you previously licensed as a taxi driver or chauffeur? ☒ Yes ☐ No If yes, has the license been revoked? ☐ Yes ☒ No If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

I THINK MORE HIGH TECH COMPUTER DISPATCH

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

Read each section and sign initials to the left of each section if you agree and understand.

h I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

h I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

h I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this OCT. 27 day of 27, 20 07 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

OCT 31 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

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

☐ **CHANGE OF COLOR SCHEME** -- From: _____
(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>REYNALDO D.P. MAGNO</u>		Phone <u>(415) 333-5553</u>
Residence Address (Street Address, City, State, Zip) <u>1011 ... MAY CITY CA. 94064</u>		
Joint Applicant's Name (First, Middle, Last) <u>N/C</u>		Phone <u>()</u>
Residence Address (Street Address, City, State, Zip) <u>N/C</u>		
Is this a Corporate permit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation: _____		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>YELLOW CAB COOP</u>	Business Address (Street Address, City, State, Zip) <u>1200 MISSISSIPPI ST. SF 94077</u>	Business Phone <u>(415) 333-5553</u>
Medallion Number(s)		<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:
NEW MEDALLION

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 OCTOBER, 2007 at San Francisco, California
REYNALDO D.P. MAGNO [Signature]
Print Name of Applicant Signature of Applicant

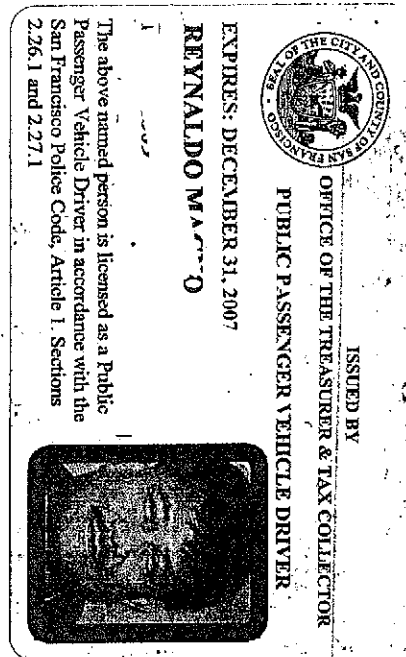
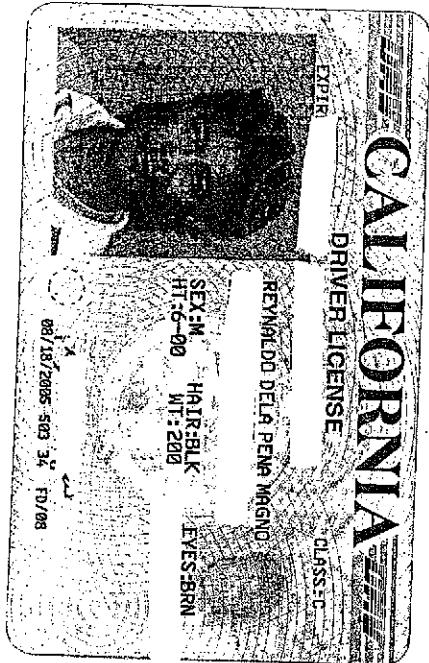
TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>RICHARD WIENEN</u>	Title: <u>OPERATION MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>YELLOW CAB COOP</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Date: <u>10-30-07</u>

RECEIVED

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <u>Oct 31 2007</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: _____			Amount _____
Receipt No. _____			Date <u>TAXI COMMISSION</u>



RECEIVED

OCT 31 2007

SAN FRANCISCO
TAXI COMMISSION

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <i>Likiswan, Uliphail</i>			Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <i>2 S.F. Ca 94118</i>				
Mailing Address (if different than residence address)				
Residence Phone Number: ()			Alternate Phone Number: ()	
Hours Available at this Number: <i>2:30 - 3:30 PM</i>			Hours Available at this Number:	
Social Security Number		Other name(s) used		
California Driver's License Number / Expiration Year <i>4.6.09</i>		Date of Birth		Place of Birth
Race (Optional) <i>white</i>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Weight	Eye Color <i>Brown</i>	Hair Color <i>Dark/grey</i>
Color Scheme / Business Name <i>Luxor Cab.</i>			Business Number <i>(415) 282-4141</i>	
Color Scheme / Business Address (Street Address, City, State, Zip) <i>2230 Zerzold. SF Ca</i>				
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If No, Alien Resident Card Number <i>A 22983986</i>		If Yes - Date Permit was issued: <i>Dec. 2006</i> , Permit #: <i>P44-039795</i>		

Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)

There is shortage of taxicabs in S.F.

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OCT 04 2007

SAN FRANCISCO
TAXI COMMISSION

OFFICE USE ONLY

Received by	Receipt No. <i>U41375</i>	Amount <i>620.00</i>	Date <i>10/4/07</i>
Office Date	Hearing Date		

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residences for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1990	till present	San Francisco Ca 94118

How long have you lived within a 30 mile radius of San Francisco? 28+ years _____ months

How many years driving experience do you have in San Francisco? 27 years 6 months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
April 1980	present	Luxor Cab.	2230 Jernold ave SF	Taxi driver

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.
(Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☐ Yes ☒ No

Do you have any physical impairments? ☐ Yes ☒ No If yes, describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been, Addicted to the use of intoxicating liquor? ☐ Yes ☒ No Any Narcotic Drug? ☐ Yes ☒ No

Were you previously licensed as a taxi driver or chauffeur? ☒ Yes ☐ No If yes, has the license been revoked? ☐ Yes ☒ No If yes, explain for what cause?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

I will use Luxor Cab. Co computerized dispatch system during my shift.

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

Read each section and sign initials to the left of each section if you agree and understand.

M.L. I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

M.L. I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

M.L. I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 1 day of October, 2007 at San Francisco, California.

M. L. Wiseman
Signature of Applicant

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OCT 04 2007

SAN FRANCISCO
TAXI COMMISSION

J. MIKHAIL LIRISMAN,
Requesting change of color from
Luxor to Yellow,

Reason is Yellow is
much better Co.

11.15.07 M. Lirisman
765 Arguello #2 SFCa 94118
Tel. 751-9374

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NOV 15 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

G NEW COLOR SCHEME
(Complete both sides)

G CHANGE OF COLOR SCHEME - From: LUXOR
(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Michael Larisman</u>		Phone <u>(415) 751-9374</u>
Residence Address (Street Address, City, State, Zip) <u>765 Arguello #2 SFGA 94118</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="radio"/> No <input type="radio"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>Yellow Cab.</u>	Business Address (Street Address, City, State, Zip) <u>1200 Mississippi</u>	Business Phone <u>() 3333333</u>
Medallion Number(s)		<input checked="" type="radio"/> Owner / Operator <input type="radio"/> Gas & Gate <input type="radio"/> Long Term Lease

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

Business opportunity

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NOV 15 2007

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 15 day of November 07, 20 at San Francisco, California

M. Larisman

Signature of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>NATHAN DWIZI</u>	Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____ hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Cecilia Rasmus</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>11/15/2007</u> Date

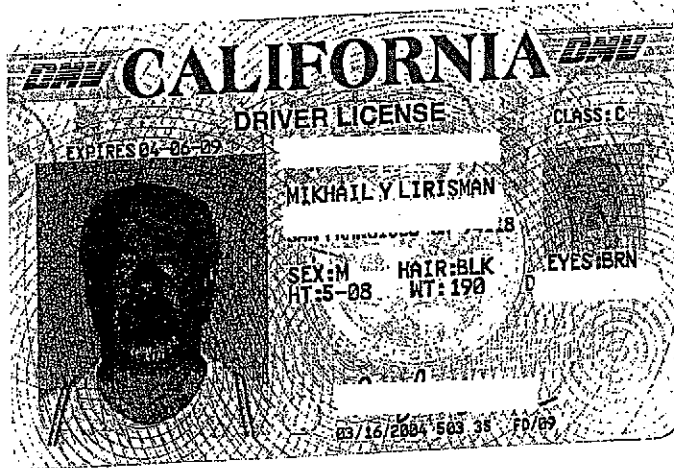
OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date

RECEIVED

OCT 04 2007

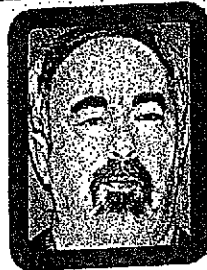
SAN FRANCISCO
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2007
MIKHAIL Y. LIRISMAN

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



Consent Calendar: Item G

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

Medallion Holder Name:	Medallion #:	Change:
1. William Patrick Jones	862	Worldwide to B&W Checker
2. John Vincent Donnelly	859	Worldwide to B&W Checker
3. Maximillian J David	960	Worldwide to B&W Checker
4. Chuck Bun Tong	787	Worldwide to Fog City
5. Edward Charles Bennet	707	Worldwide to Fog City
6. George Francis Blake	957	Worldwide to Fog City
7. Jack Shuck Hoey	386	Worldwide to Fog City
8. Michael TW Chong	1040	DeSoto to Town taxi
9. Mahinder Singh	67	United to Yellow Cab

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☒ *CHANGE OF COLOR SCHEME - From: World Wide 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>William Patrick Jones</u>		F ()
Residence Address (Street Address, City, State, Zip) <u>94606</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+W checker</u>	Business Address (Street Address, City, State, Zip) <u>999 Pennsylvania</u>	Business Phone ()
Medallion Number(s) <u>862</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:

World Wide Cab is closing its color scheme.

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

Executed this 16th day of October, 2007 at San Francisco, California

William Patrick Jones William Patrick Jones
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>GENNADY EPSHTEYN</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>B+W checker</u> hereby give consent to the applicant named to use my color scheme. Taxicab Color Scheme	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date: <u>10-18-07</u>

OFFICE USE ONLY

RECEIVED

Agenda Notice Date <u>11/13/07</u>	Hearing Date <u>11/27/07</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>11</u>	Insurance Submitted <u>11.04.07</u>	Paint Chips Submitted	Photos Submitted <u>NOV 02 2007</u>



INSURANCE BINDER

DATE (MM/DD/YYYY)
10/22/2007

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY Public Livery Insurance Services, Inc. 1380 El Cajon Blvd Ste 212 El Cajon CA 92020	COMPANY Lincoln General Insurance Company	BINDER # TWO0000160
EFFECTIVE DATE 10/12/2007 12:01		EXPIRATION DATE 12/12/2007 12:01 AM

PHONE (A/C, No. Ext.) (618) 702-7022 FAX (A/C, No.) (618) 583-2176

CODE: SUB CODE:

AGENCY CUSTOMER ID:

INSURED
Black & White Checker Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379☐ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #

DESCRIPTION OF OPERATIONS/VEHICLE/PROPERTY (including Location)

Taxi Cab Operation
Medallion #768, #1058, #1278

LIMITS

COVERAGES

TYPE OF INSURANCE	COVERAGES/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RECEIVED NOV 02 2007 SAN FRANCISCO TAXI COMMISSION			
VEHICLE LIABILITY <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	RETRO DATE FOR CLAIMS MADE:			
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE STATED AMOUNT		
GARAGE LIABILITY ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE		
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS		
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
SPECIAL CONDITIONS/OTHER COVERAGES		FEES TAXES ESTIMATED TOTAL PREMIUM		

NAME & ADDRESS

Black & White Checker Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

MORTGAGEE

LOSS PAYEE

ADDITIONAL INSURED

LOAN #

AUTHORIZED REPRESENTATIVE

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

LINCOLN GENERAL

INSURANCE COMPANY

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

FORD

ENCL/COMPANY ISSUING CARD

PUBLIC LIVERY INS SERVICES, INC

1380 EL CAJON BLVD, SUITE 212

EL CAJON, CA 92020

TORER

BLACK & WHITE CHECKER CAB # 862

999 PENNSYLVANIA ST

SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED

NOV 06 2007

SAN FRANCISCO

TAXI COMMISSION

ACORD 50 (1/83)

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.

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

LINCOLN GENERAL

INSURANCE COMPANY

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

FORD

AGENCY/COMPANY ISSUING CARD

PUBLIC LIVERY INS SERVICES, INC

1380 EL CAJON BLVD, SUITE 212

EL CAJON, CA 92020

INSURED

BLACK & WHITE CHECKER CAB # 862

999 PENNSYLVANIA ST

SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

ACORD 50 (1/83)

RECEIVED
NOV 06 2007
SAN FRANCISCO
TAXI COMMISSION

Howard White Cdo 862



USED VEHICLE DEALER NOTICE
(Must be affixed to the vehicle)

STK#

12638

TAXY IDENTIFICATION
by to the purchaser)

35888587

MAKE

FORD

DATE SOLD (MM/DD/YYYY)

06-27-07

YEAR MODEL

2007

BODY TYPE

TR

SOLD TO: PAINT TRUE CALL NAMES:

(1) HOWARD WHITE (M)

BUSINESS OR RESIDENCE ADDRESS

1504 MARLIN AVE

DEALER'S NUMBER

10. TITLE & VERIFICATION NUMBER

2FMSF 7913X210162

SALESPERSON'S NUMBER

5308085

NOTE: UPON TRANSFER OR SALE, DEALER MUST ENTER COMPUTER READING HERE

REC 51 (REV. 4-94)

APT. NUMBER CITY

STATE

ZIP CODE

IMPORTANT! ENTER BOTH DEALER'S AND SALESPERSON'S NUMBERS. This is a notice of purchase of vehicle. Do not use as application for registration or title

862

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☒ * CHANGE OF COLOR SCHEME -- From: World Wide 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)

John Vincent DONNELLY

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

CA CA 9404

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:

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&W checker

Business Address (Street Address, City, State, Zip)

999 Pennsylvania

Business Phone

()

Medallion Number(s)

859

☐ Owner / Operator

☐ Gas & Gate

☒ Long Term Lease

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

World Wide Cab is closing its doors!

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 16 day of Oct, 2007 at San Francisco, California

John Vincent DONNELLY

Print Name of Applicant

John V. Donnelly

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder:

Brenda Epstein

Title:

manager

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for

B&W checker

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.

Brenda Epstein

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

10-18-07

Date

OFFICE USE ONLY

RECEIVED

Agenda Notice Date

11/13/07

Hearing Date

11/27/07

Decision of Taxicab Commission

New Declaration Signed

Worker's Comp Submitted

yes

Insurance Submitted

Via Fax 11-08-07-

Paint Chips Submitted

Photos Submitted

NOV 02 2007



INSURANCE BINDER

DATE (MM/DD/YYYY)
10/31/2007

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY

Public Livery Insurance Services, Inc.
1380 El Cajon Blvd Ste 212
El Cajon CA 92020

COMPANY

Lincoln General Insurance Company

BINDER

20071031-002

EFFECTIVE

10/12/2007

12:01

X

AM

EXPIRATION

12/12/2007

X

12:01 AM

NOON

PHONE (A/C No. Ext): (619) 702-7022

FAX (A/C No.): (619) 693-2178

CODE

SUB CODE

AGENCY

CUSTOMER ID

INSURED

Black & White Checker Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379☐ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #.

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)

Taxi Cab Operation
Medallion #432

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	CORR %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				
VEHICLE LIABILITY <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				
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES				
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				
SPECIAL CONDITIONS/ OTHER COVERAGES				

RECEIVED
NOV 02 2007
SAN FRANCISCO
TAXI COMMISSION

LIMITS	
EACH OCCURRENCE	\$
DAMAGE TO RENTED PREMISES	\$
MED EXP (Any one person)	\$
PERSONAL & ADV INJURY	\$
GENERAL AGGREGATE	\$
PRODUCTS - COM/OP AGG	\$
COMBINED SINGLE LIMIT	\$
BODILY INJURY (Per person)	\$
BODILY INJURY (Per accident)	\$
PROPERTY DAMAGE	\$
MEDICAL PAYMENTS	\$
PERSONAL INJURY PROT	\$
UNINSURED MOTORIST	\$
ACTUAL CASH VALUE	\$
STATED AMOUNT	\$
AUTO ONLY - EA ACCIDENT	\$
OTHER THAN AUTO ONLY:	
EACH ACCIDENT	\$
AGGREGATE	\$
EACH OCCURRENCE	\$
AGGREGATE	\$
SELF-INSURED RETENTION	\$
WC STATUTORY LIMITS	
E.L. EACH ACCIDENT	\$ 1,000,000
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
FEES	\$
TAXES	\$
ESTIMATED TOTAL PREMIUM	\$

NAME & ADDRESS

Black & White Checker Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

MORTGAGEE

ADDITIONAL INSURED

LOSS PAYEE

LOAN

AUTHORIZED REPRESENTATIVE

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

LIC# NUMBER

LINCOLN GENERAL

INSURANCE COMPANY

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

AR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

04

FORD

ENCY/COMPANY ISSUING CARD

PUBLIC LIVERY INS SERVICES, INC

1380 EL CAJON BLVD, SUITE 212

EL CAJON, CA 92020

INSURED

BLACK & WHITE CHECKER CAB # 859

999 PENNSYLVANIA ST

SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED

NOV 06 2007

SAN FRANCISCO

VI COMMISSION

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

CALIFORNIA

COMPANY NUMBER

COMPANY

CLIC# NUMBER

LINCOLN GENERAL

INSURANCE COMPANY

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

EAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

004

FORD

AGENCY/COMPANY ISSUING CARD

PUBLIC LIVERY INS SERVICES, INC

1380 EL CAJON BLVD, SUITE 212

EL CAJON, CA 92020

INSURED

BLACK & WHITE CHECKER CAB # 859

999 PENNSYLVANIA 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)



Worldwide Cab 859



* INCOMPLETE APPLICATION ** SEE ABOVE ** THIS IS NOT AN OPERATING PERMIT *

NAME	YR MODEL	YR 1ST SOLD	YF CLASS	*YR	TYPE VEH	LICENSE NUMBER
FORD	2004	0000	AQ	2007	31X	00
BODY TYPE MODEL	MP	NO	AC	UNLADEN/G/CSH	VEHICLE/VESSEL ID NUMBER	
TX	G	NU	D	04500		
TYPE VEHICLE/VESSEL USE		DATE ISSUED	CG/ALCO	DT FEE REC'D	PIC	
COMMERCIAL		07/06/07	38	07/06/07	0	
		RDF REASONS: 0 5 F Z E Z 4				
WORLDWIDE CAB						AMOUNT PAID
R 2560 MARIN #A						\$ 120.00

AMOUNT DUE	AMOUNT REC'D
\$ 200.00	CASH :
	CHCK :
	CRDT :
	ADJUST-UNDER
	120.00
	80.00

94124
SAN FRANCISCO
CA

PR/HIST: SALVAGED

RECEIVED
NOV 06 2007
SAN FRANCISCO
TAXI COMMISSION

624 36 0012000 0039 CS 070607 515716T 786

L / O

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☒ CHANGE OF COLOR SCHEME -- From: Worldwide 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>Maximillian Joseph David</u>		Phone <u>(415) 793-8483</u>
Residence Address (Street Address, City, State, Zip) <u>432 Belvedere St., S.F., CA 94117</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>BW Checker</u>	Business Address (Street Address, City, State, Zip) <u>999 Pennsylvania</u>	Business Phone <u>(415) 285-3800</u>
Madallion Number(s) <u>960</u>	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gas <input type="checkbox"/> Long Term Lease	

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

World Wide Cab closing its doors

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 October, 2007 at San Francisco, California.

Maximillian David
Print Name of Applicant

Maximillian David
Signature of Applicant

TO BE COMPLETED BY A PERSON IN COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>GENNADY EPSHTEYN</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____ hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>Gennady Epshteyn</u>	Date <u>11-1-07</u>

OFFICE USE ONLY

Agency Notice Date <u>11/3/07</u>	Hearing Date <u>11/27/07</u>	Decision of Taxicab Commission	Now Declaration Signed
Worker's Comp Submitted <u>AD</u>	Insurance Submitted <u>AD</u>	Paint Chpt Submitted	Photos Submitted
Received by <u>AD</u>	Receipt No. <u>644614</u>	Amount <u>291-</u>	Date <u>11.02.07</u>

(Tax. 112204)



INSURANCE BINDER

DATE (MM/DD/YYYY)
10/31/2007

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY

Public Livery Insurance Services, Inc.
1380 El Cajon Blvd Ste 212
El Cajon CA 92020

COMPANY

Lincoln General Insurance Company

BINDER

20071031-008

EFFECTIVE DATE

10/12/2007

TIME

12:01

X

AM

EXPIRATION DATE

12/12/2007

TIME

12:01 AM

X

NOON

PHONE (A/C No, Ext): (619) 702-7022

FAX (A/C No): (619) 593-2176

CODE:

BIR CODE:

AGENCY

CUSTOMER ID:

INSURED

Worldwide Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379☐ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)

Taxi Cab Operation
Medallion #368, #707, #757, #845, #869, #862, #923, #953, #957, #960,
#1031, #1137

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGES/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				
VEHICLE LIABILITY <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				
VEHICLE PHYSICAL DAMAGE <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COLL: <input type="checkbox"/>	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			
DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO				
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				
SPECIAL CONDITIONS/ OTHER COVERAGES				

COVERAGES/FORMS	DEDUCTIBLE	COINS %	AMOUNT
EACH OCCURRENCE			\$
DAMAGE TO RENTED PREMISES			\$
MED EXP (Any one person)			\$
PERSONAL & ADJ INJURY			\$
GENERAL AGGREGATE			\$
PRODUCTS - COMP/OP AGG			\$
COMBINED SINGLE LIMIT			\$
BODILY INJURY (Per person)			\$
BODILY INJURY (Per accident)			\$
PROPERTY DAMAGE			\$
MEDICAL PAYMENTS			\$
PERSONAL INJURY PROT			\$
UNINSURED MOTORIST			\$
ACTUAL CASH VALUE			\$
STATED AMOUNT			\$
AUTO ONLY - EA ACCIDENT			\$
OTHER THAN AUTO ONLY			\$
EACH ACCIDENT			\$
AGGREGATE			\$
EACH OCCURRENCE			\$
AGGREGATE			\$
SELF-INSURED RETENTION			\$
WQ STATUTORY LIMITS			\$
E.L. EACH ACCIDENT			\$ 1,000,000
E.L. DISEASE - EA EMPLOYEES			\$ 1,000,000
E.L. DISEASE - POLICY LIMIT			\$ 1,000,000
FEE			\$
TAXES			\$
ESTIMATED TOTAL PREMIUM			\$

NAME & ADDRESS

Worldwide Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

MORTGAGEE

LOSS PAYEE

ADDITIONAL INSURED

LOAN

AUTHORIZED REPRESENTATIVE

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

POLICY NUMBER

LINCOLN GENERAL

INSURANCE COMPANY

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

303

MERC

AGENCY/COMPANY ISSUING CARD

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

INSURED

BLACK & WHITE CHECKER CAB #960
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED

NOV 06 2007

SAN FRANCISCO
TAXI COMMISSION

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

CALIFORNIA

COMPANY NUMBER

COMPANY

POLICY NUMBER

LINCOLN GENERAL

INSURANCE COMPANY

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

0003

MERC

AGENCY/COMPANY ISSUING CARD

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

INSURED

BLACK & WHITE CHECKER CAB 1960
999 PENNSYLVANIA 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)

NOV 06, 2007 03:34P

000-000-00000

page 1



960

REGISTRATION CARD VALID FROM: 09/30/2007 TO: 09/30/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
MERC	2003	0000	CC	2006	37X	31	
BODY TYPE MODEL	MP	HO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	G	NX	2	D	04060		
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED
COMMERCIAL		10/23/07	38	10/23/07	9		
		PR/HIST: TAXI					
REGISTERED OWNER						PR EXP DATE: 09/30/2007	
WORLDWIDE CAB NATL CORP						AMOUNT PAID	
2560 MARIN ST						\$ 373.00	

AMOUNT DUE	AMOUNT RECVD
\$ 373.00	CASH :
	CHCK :
	CRDT : 373.00

SAN FRANCISCO
CA 94124

LIENHOLDER

960

H00 573 12 0037300 0012 CS H00 102307 31 8B20450 859

World Wide Cab's #960

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☒ CHANGE OF COLOR SCHEME - From: World Wide
(Complete front side only)

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Chuck Bun Tong</u>		Phone <u>4</u>
Residence Address (Street Address, City, State, Zip) <u>SF CA 94121</u>		
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>Fog City Cab</u>	Business Address (Street Address, City, State, Zip) <u>979 Bayview ST SF 94103</u>	Business Phone <u>(415) 282-8749</u>
Medallion Number(s) <u>787</u>	<input checked="" type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder <u>Sunny Tam</u>	Title: <u>owner</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Fog City Cab</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.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>Tam</u>	Date <u>10-30-07</u>

Please list the reasons why you are requesting this change. Why are you moving from one color scheme to another?

~~Better Scheme~~
also world wide will close Business

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 30th day of 10, 2007 at San Francisco, California

Chuck B Tong Print Name of Applicant [Signature] Signature of Applicant

OFFICE USE ONLY

Agenda Notice Date <u>11/13/07</u>	Hearing Date <u>11/27/07</u>	Decision of Taxicab Commission	New Declaration Signed <u>[Signature]</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Danielle</u>	Receipt No. <u>64392</u>	Amount <u>\$291-</u>	<u>2007 10 100</u>

RECEIVED

ACORD <small>TM</small> CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/30/2007
PRODUCER Phone: (826) 800-9000 Fax: 826-570-0908 NEW CENTURY INS SERVICES, INC. 16 N. 2ND ST. ALHAMBRA CA 91801		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 FOG CITY CAB, INC. 979 BRYANT STREET SAN FRANCISCO CA 94103		INSURERS AFFORDING COVERAGE INSURER A: Delos Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:
Agency Lic#: 0807065		NAIC #

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 LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		GENERAL LIABILITY <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"/> PROJ-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. \$								
		AUTOMOBILE LIABILITY <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) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA AGG \$ AUTO ONLY: AGG \$								
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		08/15/07	08/15/08	<table border="1"> <tr> <td>WORKERS COMPENSATION LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE-EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE-POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	WORKERS COMPENSATION LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE-EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE-POLICY LIMIT	\$ 1,000,000
WORKERS COMPENSATION LIMITS	OTHER													
E.L. EACH ACCIDENT	\$ 1,000,000													
E.L. DISEASE-EA EMPLOYEE	\$ 1,000,000													
E.L. DISEASE-POLICY LIMIT	\$ 1,000,000													
		OTHER:												

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

THIS CERTIFICATE IS FOR INFORMATION-ONLY PURPOSES.
 MEDALLION NUMBER: 787


CERTIFICATE HOLDER

TAXI COMMISSION
CITY HALL
 25 VAN NESS AVE., SUITE 420
 SAN FRANCISCO, CA 94102-5055

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



Attention:

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

POLICY NUMBER

LINCOLN GENERAL INSURANCE COMPANY

YEAR

EXPIRATION DATE

10/12/07

2003

MAKE/MODEL

10/12/08

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

FOG CITY CAB # 787

979 BRYANT 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)

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

POLICY NUMBER

LINCOLN GENERAL INSURANCE COMPANY

YEAR

EXPIRATION DATE

10/12/07

2003

MAKE/MODEL

10/12/08

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

FOG CITY CAB # 787

979 BRYANT 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)

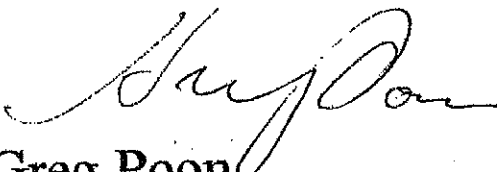
FOG CITY CAB

979 Bryant St, San Francisco, CA 94103
Tel: (415) 282-8749 Fax: (415) 863-1139

To Whom It May Concern:

Medallion Holder # 787,
Chuck Bun Tong will joint venture with
Fog City Cab Inc. Vehicle will be purchase and
ready for service with approval of transfer to
Fog City Cab.

Sincerely,


Greg Poon
Fog City Cab Inc

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☒ CHANGE OF COLOR SCHEME - From: World wide
(Complete front side only)

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Edward Charles Bennett</u>	
Residence Address (Street Address, City, State, Zip) <u>e 4 st CA 94109</u>	
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>Fog City Cab</u>	Business Address (Street Address, City, State, Zip) <u>979 Bryant ST 94103</u>	Business Phone <u>(415) 282-8744</u>
Medallion Number(s) <u># 707</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>Sammy Tam</u>	Title: <u>Owner</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Fog City Cab</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.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date <u>10-30-07</u>

Please list the reasons why you are requesting this change. Why are you moving from one color scheme to another?

① ~~Business~~

② world wide will close business

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 30th day of 10, 2007 at San Francisco, California

Edward C. Bennett [Signature]
Print Name of Applicant Signature of Applicant

OFFICE USE ONLY

Agenda Notice Date <u>11/13/07</u>	Hearing Date <u>11/27/07</u>	Decision of Taxicab Commission	New Declaration Signed <u>NOISS/AMM/OS/AV</u>
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted
Received by: <u>Daniel</u>	Receipt No. <u>644392</u>	Amount <u>\$291-</u>	Date <u>11/27/07</u>

ACORD TM		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/30/2007	
PRODUCER Phone: (826) 300-9000 Fax: 626-670-0909 NEW CENTURY INS SERVICES, INC. 16 N. 2ND ST. ALHAMBRA CA 91801			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.		
Agency Lic#: 0B07085			INSURERS AFFORDING COVERAGE		NAIC #
INSURED FOG CITY CAB, INC. 979 BRYANT STREET SAN FRANCISCO CA 94103			INSURER A: Dalos 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 LTR	ADCL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ 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. \$ _____ _____	
		AUTOMOBILE LIABILITY <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 <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN EA ACC \$ _____ AUTO ONLY: AGG \$ _____	
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> _____ DEDUCTIBLE RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER: _____		08/15/07	08/15/08	TWO STATU- TORY LIMITS 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

THIS CERTIFICATE IS FOR INFORMATION-ONLY PURPOSES.
MEDALLION NUMBER: 707

CERTIFICATE HOLDER

CANCELLATION

**TAXI COMMISSION
CITY HALL
25 VAN NESS AVE., SUITE 420
SAN FRANCISCO, CA 94102-8058**

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

Attention:

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
 CALIFORNIA
 COMPANY
 LINCOLN GENERAL INSURANCE COMPANY
 POLICY NUMBER
 EXPIRATION DATE
 10/12/07
 YEAR
 2003
 MAKE/MODEL
 NISSA
 VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

FOG CITY CAB # 707
 979 BRYANT 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)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
 CALIFORNIA
 COMPANY
 LINCOLN GENERAL INSURANCE COMPANY
 POLICY NUMBER
 EXPIRATION DATE
 10/12/07
 YEAR
 2003
 MAKE/MODEL
 NISSA
 VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

FOG CITY CAB # 707
 979 BRYANT 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)

FOG CITY CAB


979 Bryant St, San Francisco, CA 94103
Tel: (415) 282-8749 Fax: (415) 863-1139

To Whom It May Concern:

Medallion Holder # 707,

Edward Charles Bennett will joint venture with
Fog City Cab Inc. Vehicle will be purchase and
ready for service with approval of transfer to
Fog City Cab.

Sincerely,



Greg Poon
Fog City Cab Inc

INSURANCE IDENTIFICATION CARD

CALIFORNIA

AGENT NUMBER

COMPANY

LINCOLN GENERAL INSURANCE COMPANY

EFFECTIVE DATE 10/12/07

EXPIRATION DATE 10/12/08

VEHICLE IDENTIFICATION NUMBER

MAKE/MODEL

HONDA

ENCL/COMPANY ISSUING CARD

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

SURED

POG CITY CAR # 957

979 BRYANT 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)

INSURANCE IDENTIFICATION CARD

CALIFORNIA

AGENT NUMBER

COMPANY

LINCOLN GENERAL INSURANCE COMPANY

EFFECTIVE DATE 0/12/07

EXPIRATION DATE 10/12/08

VEHICLE IDENTIFICATION NUMBER

MAKE/MODEL

HONDA

ENCL/COMPANY ISSUING CARD

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

SURED

POG CITY CAR # 957

979 BRYANT 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)

ACORD <small>TM</small> CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/30/2007
PRODUCER Phone: (828) 300-9000 Fax: 828-570-0908 NEW CENTURY INS SERVICES, INC. 16 N. 2ND ST. ALHAMBRA CA 91801		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 FOG CITY CAS, INC. 879 BRYANT STREET SAN FRANCISCO CA 94103		INSURERS AFFORDING COVERAGE NAIC #
Agency Lic#: 0B07085		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								
			GENERAL LIABILITY <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. \$								
			AUTOMOBILE LIABILITY <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) \$								
			GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
			EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
A			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		11/15/07	08/15/08	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE-EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE-POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE-EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE-POLICY LIMIT	\$ 1,000,000
WC STATU-TORY LIMITS	OTHER														
E.L. EACH ACCIDENT	\$ 1,000,000														
E.L. DISEASE-EA EMPLOYEE	\$ 1,000,000														
E.L. DISEASE-POLICY LIMIT	\$ 1,000,000														
			OTHER:												

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

THIS CERTIFICATE IS FOR INFORMATION-ONLY PURPOSES.
 MEDALLION NUMBER: 857

CERTIFICATE HOLDER**CANCELLATION**

TAXI COMMISSION
CITY HALL
 25 VAN NESS AVE., SUITE 420
 SAN FRANCISCO, CA 94102-8055

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

Attention:

ACORD 25 (2001/08)

Certificate # 62555

© ACORD CORPORATION 1988

FOG CITY CAB

979 Bryant St, San Francisco, CA 94103
Tel: (415) 282-8749 Fax: (415) 863-1139

To Whom It May Concern:

Medallion Holder # 957,
George Francis Blake will joint venture with
Fog City Cab Inc. Vehicle will be purchase and
ready for service with approval of transfer to
Fog City Cab.

Sincerely,



Greg Poon
Fog City Cab Inc

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☒ CHANGE OF COLOR SCHEME - From: World Wide
(Complete front side only)

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Jack Shuck Hoey</u>		Phone <u>6</u>
Residence Address (Street Address, City, State, Zip) <u>1# CA 94108</u>		
Applicant's Name (First, Middle, Last) <u>Jack Shuck Hoey</u>		Phone <u>1415</u>
Residence Address (Street Address, City, State, Zip) <u>1# CA 94108</u>		
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>Fog City Cab</u>	Business Address (Street Address, City, State, Zip) <u>979 Brimley ST SF 94103</u>	Business Phone <u>415 282-8749</u>
Medallion Number(s) <u>386</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>Sunny Tam</u>	Title: <u>Owner</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Fog City Cab</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.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>Tam</u>	Date <u>oct 30, 07</u>

Please list the reasons why you are requesting this change. Why are you moving from one color scheme to another?

① [REDACTED]

② world wide will close Business

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 30th day of 10, 2007 at San Francisco, California

Jack Shuck Hoey Jack Shuck Hoey
Print Name of Applicant Signature of Applicant

OFFICE USE ONLY

Agenda Notice Date <u>11/3/07</u>	Hearing Date <u>11/27/07</u>	Decision of Taxicab Commission <u>RECEIVED</u>	New Declaration Signed <u>[Signature]</u>
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted <input checked="" type="checkbox"/>	Photos Submitted <input checked="" type="checkbox"/>
Received by: <u>Danille</u>	Receipt No. <u>044392</u>	Amount <u>\$291</u>	Date <u>11/3/2007</u>

ACORD <small>TM</small> CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/30/2007
PRODUCER Phone: (828) 300-9000 Fax: 828-570-0908 NEW CENTURY INS SERVICES, INC. 18 N. 2ND ST. ALHAMBRA CA 91801		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.
INSURERS AFFORDING COVERAGE INSURER A: Delos Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:		
INSURED FOG CITY CAB, INC. 979 BRYANT STREET SAN FRANCISCO CA 94103		Agency Lic#: 0807085

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.

WBR/ LTR	ADDL INSRS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL 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. \$								
		AUTOMOBILE LIABILITY <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) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		08/15/07	08/15/08	<table border="1"> <tr> <th>WC STATU-TORY LIMITS</th> <th>OTHER</th> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE-EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE-POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE-EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE-POLICY LIMIT	\$ 1,000,000
WC STATU-TORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$ 1,000,000													
E.L. DISEASE-EA EMPLOYEE	\$ 1,000,000													
E.L. DISEASE-POLICY LIMIT	\$ 1,000,000													
		OTHER:												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 THIS CERTIFICATE IS FOR INFORMATION-ONLY PURPOSES.
 MEDALLION NUMBER: 386

CERTIFICATE HOLDER**CANCELLATION**

TAXI COMMISSION
CITY HALL
 25 VAN NESS AVE., SUITE 420
 SAN FRANCISCO, CA 94102-8055

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

Attention:

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
CALIFORNIA

COMPANY
LINCOLN GENERAL
EFFECTIVE DATE
10/12/07
EXPIRATION DATE
10/12/08
VEHICLE IDENTIFICATION NUMBER
1003

AGENCY/COMPANY ISSUING CARD

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

INSURED

FOG CITY CAB # 386
979 BRYANT 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)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
CALIFORNIA

COMPANY
LINCOLN GENERAL
EFFECTIVE DATE
10/12/07
EXPIRATION DATE
10/12/08
VEHICLE IDENTIFICATION NUMBER
1003

AGENCY/COMPANY ISSUING CARD

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

INSURED

FOG CITY CAB # 386
979 BRYANT 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: De. S. Cab
(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>MICHAEL T.W. CHONG</u>		Phone ()
Residence <u>City, CA 94587</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>TOWN TAXI</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE. SF, CA 94107</u>	Business Phone <u>(415) 401-8985</u>
Medallion Number(s) <u>1040</u>	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

Familiarity with the company with whom
I already worked for 10 years.

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 30th day of OCTOBER, 2007 at San Francisco, CaliforniaMICHAEL CHONG

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>RAFAEL MACHROVSKY</u>		Title: <u>PRES.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>TOWN TAXI</u> Taxicab Color Scheme		
hereby give consent to the applicant named to use my color scheme.		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>		Date <u>10/30/07</u>

OFFICE USE ONLY

Agenda Notice Date <u>11/3/07</u>	Hearing Date <u>11/27/07</u>	Decision of Taxicab Commission	New Declaration Signed <u>RECEIVED</u>
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted
Received by: <u>Danille</u>	Receipt No. <u>6044007</u>	Amount <u>\$291-</u>	Date <u>11/31/2007</u>

Revised 11/04/2005

FOG CITY CAB

979 Bryant St, San Francisco, CA 94103
Tel: (415) 282-8749 Fax: (415) 863-1139

To Whom It May Concern:

Medallion Holder # 386,

Jack Shuck Hoey will joint venture with
Fog City Cab Inc. Vehicle will be purchase and
ready for service with approval of transfer to
Fog City Cab.

Sincerely,



Greg Poon

Fog City Cab Inc

RECEIVED

OCT 31 2007

SAN FRANCISCO
TAXI COMMISSION

S.T. TAT #1040

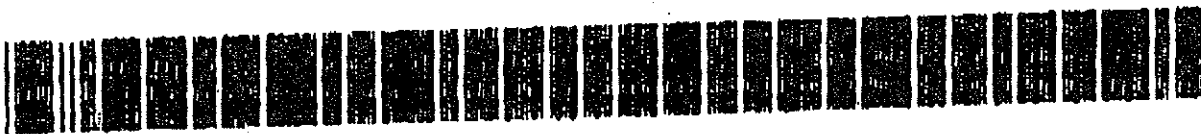
Desoto cab

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: 11/08/2006 TO: 11/08/2007

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
DODG	2005	0000	CZ	2007	17S	11	
BODY TYPE MODEL	NP	NO					VEHICLE ID NUMBER
SV	G	NV					
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	UT FEE RECVD	PIC			
AUTOMOBILE	08/03/07	01	08/03/07	B			

PR EXP DATE: 11/08/2007

REGISTERED OWNER

EARL T
ION DR

AMOUNT DUE
\$ NONE

AMOUNT RECVD

CASH :
CHECK :
CRDT :

AMOUNT PAID
\$NFE

UNION CITY
CA

94587

LESSOR
DC FNCL SVCS AMER LLC
PO BX 997533



INSURANCE IDENTIFICATION CARD

STATE CA
 COMPANY
 LINCOLN GENERAL INSURANCE CO.
 EFFECTIVE DATE 06/22/07
 EXPIRATION DATE 06/22/08
 VEHICLE IDENTIFICATION NUMBER 1317
 MAKE/MODEL
 05 Dodge Caravan
 NCV/COMPANY ISSUING CARD
 A. Tittle Insurance
 ul Batmale
 50-856-2120
 INSURED
 Michael T. Chong
 Desoto Cab #1040

CA 94587

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

CSR TO

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)

#1040

Client#: 57315

TOWNTAXI

ACORDTM CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/31/07
PRODUCER UnionBanc Insurance Svcs, Inc. 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.
INSURED Town Taxi Cab Company 999 Pennsylvania Avenue San Francisco, CA 94107		INSURERS AFFORDING COVERAGE INSURER A: Lincoln General Insurance Co. NAIC # 33855 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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <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 \$
	AUTOMOBILE LIABILITY <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) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA AGG \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		10/12/07	10/12/08	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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 Holder is named as additional insured as their interest may appear. With respect to the following Medallion List Attached.

CERTIFICATE HOLDER

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

CANCELLATION Ten Day Notice for Non-Payment of Premium

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

Masoud Shaker

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

G NEW COLOR SCHEME
(Complete both sides)

G CHANGE OF COLOR SCHEME - From: United
(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) MAHINDER SINGH		Phone (415) _____
Reg. Address (Street Address, City, State, Zip) S.F.		
Joint Applicant's Name (First, Middle, Last)		Phone () _____
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="radio"/> No <input type="radio"/> 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. Yellow Cab	Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI ST SF	Business Phone (415) 282-3737
Medallion Number(s) 67		<input checked="" type="radio"/> Owner / Operator <input type="radio"/> Gas & Guts <input type="radio"/> Long Term Lease

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

I would like to join
well-known and good cs

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 OCT, 2007 at San Francisco, California

Mahinder Singh
Signature of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: HARLAN MELLEARD	Title: GENERAL MANAGER
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>S.F. YELLOW CAB COOPERATIVE</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>Harlan Melleard</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>10/17/07</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>11/13/07</u>	Hearing Date <u>11/27/07</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Daniel</u>	Receipt No. <u>644391</u>	Amount <u>\$291</u>	Date <u>OCT 18 2007</u>

OML 05/31/2007 TO 05/31/2008 31 TAXI

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL

TX

DATE ISSUED

04/28/2007

DATE FIRST SOLD

00/00/0000

CLASS

CM

MAKE

FORD

YR

2004

2002

Yr. Model

2002

TYPE VEH.

37X

MP

G

AX

2

WC

C

UNLADEN WG

03920

TOTAL FEES PAID

\$136

3800

MOHINER SINGH

E 4E

CA 94115-1410



W0024
R0041
L0049

140041920072471

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

M5952076

REGISTRATION

OWNER

LENDER

0

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

POLICY NUMBER

LINCOLN GENERAL INSURANCE COMPANY

EFFECTIVE DATE

10/12/07

EXPIRATION DATE

10/12/08

MAKE/MODEL

FORD

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

UNITED CAB # 67

SEITA & AUTOS FOR HIRE

20 HERON ST

SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

ACORD 50 (1/83)

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

POLICY NUMBER

LINCOLN GENERAL INSURANCE COMPANY

EFFECTIVE DATE

10/12/07

EXPIRATION DATE

10/12/08

MAKE/MODEL

FORD

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

UNITED CAB # 67

SEITA & 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.

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)

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

2282

NUMBER

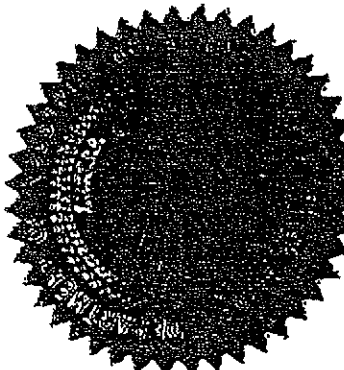
CERTIFICATE OF CONSENT TO SELF-INSURE

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That (a California corporation)

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

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



EFFECTIVE:

THE 16th DAY OF June 19 2003

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

Chuck Cake

DIRECTOR

CHUCK CAKE

Mark B. Ashcraft

MANAGER

MARK B. ASHCRAFT

* Revocation of Certificate.—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligation in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 8—Administration of Self-Insurance.