Agenda: Item 6

Consent Calendar
Consent Calendar: Item A

Consideration of the Minutes for the November 13, 2007
Taxicab Commission Meeting
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 ATTENDENCE: 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 agendized. 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 Mehmooud:** 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.

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**SPECIAL ORDER 7:00 – 7:30 PM**

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

• **Mohhammed 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 Mehmod:** Issue right now gas prices. Very expensive.

• **Com Heinicke:** Are you in favor of a meter increase for drivers?

• **Tariq Mehmod:** 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 Gillespie:** 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 waybills 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**
  **RECRUSE: 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**
  **RECRUSE: Benjamin**
  **ABSENT: 0**

- **Com Heinicke**: Approve D-5 Alula Woldeab
- **Breslin**: 2nd
- **Roll Call**
- **Vote**

  **AYES: Benjamin Oka, Breslin, Paek, Heinicke, Oneto**
  **NOES: 0**
  **RECRUSE: 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  
  **NOES**: 0  
  **RECEUSE**: 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  
  **NOES**: 0  
  **RECEUSE**: Benjamin  
  **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, Heinicke, Oneto  
  **NOES**: Heinicke,  
  **RECEUSE**: Gillespie  
  **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  
  **NOES**: 0  
  **RECEUSE**: 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 Macmurdno: 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 Mehmoond: 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 violent. 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 Heonicke: 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:

<table>
<thead>
<tr>
<th>Taxicab Permit Applicant</th>
<th>List #</th>
<th>Color Scheme</th>
<th>Medallion Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Michael Gibbons</td>
<td>454</td>
<td>Arrow Cab</td>
<td>Regular</td>
</tr>
<tr>
<td>2. John M. Nickulus</td>
<td>539</td>
<td>Arrow Cab</td>
<td>Regular</td>
</tr>
<tr>
<td>3. Raymond Delgado</td>
<td>1315</td>
<td>Yellow Cab</td>
<td>Alt. Fuel</td>
</tr>
<tr>
<td>4. Georg J. Rasmussen</td>
<td>1307</td>
<td>Yellow Cab</td>
<td>Alt. Fuel</td>
</tr>
<tr>
<td>5. Ken Dao</td>
<td>9081</td>
<td>Luxor Cab</td>
<td>Ramp</td>
</tr>
<tr>
<td>7. Tai Yip</td>
<td>1309</td>
<td>Luxor Cab</td>
<td>Alt. Fuel</td>
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<td>8. Yosef Habtemarium</td>
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<td>9. Tam D. Nguyen</td>
<td>1311</td>
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<td>Alt. Fuel</td>
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<td>10. Amilcar Pereira</td>
<td>9082</td>
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<td>Ramp</td>
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<td>11. Nikolay BUSel</td>
<td>1312</td>
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<td>12. Frederick Lein</td>
<td>1313</td>
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<td>Alt. Fuel</td>
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<tr>
<td>13. Reynaldo Magno</td>
<td>1314</td>
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<td>Alt. Fuel</td>
</tr>
<tr>
<td>14. Mikhail Lirisman*</td>
<td>450</td>
<td>Luxor</td>
<td>Regular</td>
</tr>
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*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

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

<table>
<thead>
<tr>
<th>Applicant Name (First, Middle, Last)</th>
<th>MICHAIL HENRY GIBBONS</th>
</tr>
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<tbody>
<tr>
<td>Type of Medallion Applying for:</td>
<td>☒ Regular ☐ Ramp</td>
</tr>
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<table>
<thead>
<tr>
<th>Residence Address, Street Address, City, State, Zip</th>
<th>ERRITO, CA 9530-3738</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address (If different than residence address)</td>
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</tr>
<tr>
<td>Residence Phone Number:</td>
<td>☐</td>
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<tr>
<td>Alternate Phone Number:</td>
<td>☐</td>
</tr>
<tr>
<td>Hours Available at this Number:</td>
<td>☒</td>
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<tr>
<td>Hours Available at this Number:</td>
<td>☐</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>☐</td>
</tr>
<tr>
<td>Other name(s) Used</td>
<td>☐</td>
</tr>
<tr>
<td>California Driver's License Number / Expiration Year</td>
<td>☐</td>
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<tr>
<td>Race (Optional)</td>
<td>☒</td>
</tr>
<tr>
<td>Gender</td>
<td>☐</td>
</tr>
<tr>
<td>Eye Color</td>
<td>☒</td>
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<tr>
<td>Hair Color</td>
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</tr>
<tr>
<td>Color Scheme / Business Name</td>
<td>☒</td>
</tr>
<tr>
<td>Color Scheme / Business Address (Street Address, City, State, Zip)</td>
<td>☒</td>
</tr>
</tbody>
</table>

| Are you a U.S. Citizen? | ☒ Yes ☐ No |
| Are you currently an active driver and hold a current Public Passenger Vehicle | ☒ Yes ☐ No |
| Driver Permit? | ☒ Yes ☐ No |
| If Yes - Date Permit was issued: | ☒ | JAN 2007 Permit #: 942-00206 |

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, PROFESSIONAL AND COURTEOUS SERVICE WHILE THEY ARE IN MY TAXI, REGARDLESS OF RACE, COLOR, OR FINANCIAL STATUS. I HAVE DRIVEN A CAB IN SAN FRANCISCO FOR 25 YEARS, ALL WITH STECK CAB CO., ORIGINALLY WHEN THEY WERE OPERATING VETERANS CAB CO., AND PRESENTLY ANNOL 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.
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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
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<td>Present</td>
<td>270 CA 94530</td>
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</table>

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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1982</td>
<td>Present</td>
<td>SPECK CAB CO</td>
<td>2575 MARRI ST, SAN FRANCISCO</td>
<td>CAB DRIVER</td>
</tr>
<tr>
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</table>

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No

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

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
<th>Place of Arrest</th>
<th>Disposition</th>
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<tbody>
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</tbody>
</table>

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  ☐ 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 DRA VETERANS CAB CO AND NOW ARROW CAB CO) FOR OVER 25 YEARS AND HAVE ALWAYS BEEN AN ACTIVE "RADIO PLAYER" FOR THIS 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.

☐ Yes ☐ No

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.

☐ Yes ☐ No

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.

☐ Yes ☐ No

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 2007 at San Francisco, California.

[Signature of Applicant]

RECEIVED

NOV 07 2007

SAN FRANCISCO TAXI COMMISSION
NEW COLOR SCHEME
(Complete both sides)

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

CHARGE 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)  Phone
MICHAEL HENRY GIBBONS

Residence Address (Street Address, City, State, Zip)
CERRITO, CA 94530-3798

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
SPEED CAB CO.

Business Address (Street Address, City, State, Zip)
2575 MARIN ST, SAN FRANCISCO CA

Business Phone
415-970-1103

MEDALLION NUMBER(S)

Owner / Operator

Gas & Gate

Long Term Lease

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

NO CHANGE. I HAVE WORKED FOR SPEED CAB CO. (DBA ARROW CAB CO.) FOR MORE THAN 2.5 YEARS AND WILL STAY WITH THEM AFTER OBTAINING MY MEDALLION. ALL MY FRIENDS IN THE TAXI 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 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.

Mary Speck

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder  Date: 10/23/07

OFFICE USE ONLY

Agency Notice Date
Hearing Date
Decision of Taxicab Commission
New Declaration Signed

Worker's Comp Submitted
Insurance Submitted
Paint Chips Submitted
Photos Submitted

Received

Received by:
Receipt No.
Amount
Date

SAN FRANCISCO CO.

(Rev 08/2005)
CALIFORNIA

DRIVER LICENSE

MICHAEL HENRY GIBBONS

SEX: M  HAIR: BRN  EYES: HZE
HT: 6'-0"  WT: 215 lbs
RSTR: CORR LENS

08/10/2007 555 23  F3/12

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
Applicant's Name (First, Middle, Last)  
**JOHN MARTIN NICKULAS**

Residence Address (Street Address, City, State, Zip)  
1 OAKLAND, CA, 94606-3109

Mailing Address (If different than residence address)  
N/A

Residence Phone Number:  
(415) 247-4165

Alternate Phone Number:  
( )

Hours Available at this Number:  
24/7: Cell Phone

Hours Available at this Number:  
N/A

Social Security Number  
N/A

Other name(s) used  
N/A

California Driver's License Number / Expiration Year  
2009

Date of Birth  
1/1/44

Place of Birth  
San Francisco

Race (Optional)  
Sex

Height  
Weight

Eye Color  
BLUE

Hair Color  
GRAY

Color Scheme / Business Name  
SPECK CAB CO. INC.

ARROW CAB CO.

Business Number  
(415) 970-1100

Color Scheme / Business Address (Street Address, City, State, Zip)  
2575 MUNO ST., S.F., CA. 94124

Are you a U.S. Citizen?  
Yes

No

If No, Alien Resident Card Number  

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit?  
Yes

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**

Received by: 

Received No: 

Amount: 

Date: NOV 8 2007

Notice Date: NOV 13, 07

Hearing Date: NOV 27, 07

Revised 10/2007
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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
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<tr>
<td>6-1-05</td>
<td>CURRENT</td>
<td>OAKLAND CA. 94606-2109</td>
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<tr>
<td>5-15-02</td>
<td>5-31-06</td>
<td>OAKLAND CA. 94612</td>
</tr>
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</table>

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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUMMER 1978 - CURRENT</td>
<td>SPPCK CAB CO.</td>
<td>3615 MARIO ST. S.F. CA. 94124</td>
<td>CAB DRIVER</td>
<td></td>
</tr>
</tbody>
</table>

* WHEN I ORIGINALLY BEGAN DRIVING THE COMPANY WAS CALLED VETERANS CAB. IT BECAME SPPCK 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

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

<table>
<thead>
<tr>
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<th>Date</th>
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</tbody>
</table>

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, read 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.

☐ 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.

☐ 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.

☐ 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 ______ day of ________ , 2007 at San Francisco, California.

[Signature of Applicant]
TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder:

Signature: ____________________________

Title: ____________________________

the Color Scheme Holder/person authorized to sign for the Color Scheme Holder for ____________________________

I hereby give consent to the applicant named to use my color scheme.

Signature: ____________________________

Date: ____________________________
I.D. Card or
Driver License No.

Enter your new address below:

#21

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
OL 43 (REV. 9/94)
A Public Service Agency

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

EXPIRES: DECEMBER 31, 2007

JOHN M. NICKULAS
P44-E

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
### PCN TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
<th>Type of Medallion Applying for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAYMOND LEOPUYA DEGADO</td>
<td>☐ Regular ☐ Ramp</td>
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<table>
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<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
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<tbody>
<tr>
<td>203 HERCULES CA 94547</td>
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<table>
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<th>Mailing Address (If different than residence address)</th>
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<tr>
<th>Residence Phone Number:</th>
<th>Alternate Phone Number:</th>
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<tr>
<th>Hours Available at this Number:</th>
<th>Hours Available at this Number:</th>
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<table>
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<th>Date of Birth:</th>
<th>Place of Birth:</th>
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<th>Race (Optional):</th>
<th>Sex:</th>
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<th>Weight:</th>
<th>Eye Color:</th>
<th>Hair Color:</th>
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<tr>
<th>Color Scheme / Business Name:</th>
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<th>Color Scheme / Business Address (Street Address, City, State, Zip):</th>
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<thead>
<tr>
<th>Are you a U.S. Citizen?:</th>
<th>Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit?:</th>
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<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
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<table>
<thead>
<tr>
<th>If No, Alien Resident Card Number:</th>
<th>If Yes – Date Permit was issued:</th>
<th>Permit #:</th>
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<tbody>
<tr>
<td></td>
<td>1993</td>
<td>045449</td>
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</table>

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 SERVE THE DISABLED COMMUNITY FOR 4 YEARS DRIVING A RAMP TAXI.
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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
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<tbody>
<tr>
<td>2001</td>
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<td>c/KD 10625 Mugr. CA 94158</td>
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</table>

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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
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<td>OFFICE DEPOT</td>
<td>SD-3RD ST. SF, CA 94134 SALES</td>
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Have you ever been convicted of, or plead guilty or No Contest to any crimes?    ☑ Yes ☐ No

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 ☑ No    ☑ Vertigo ☑ 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 taxicab 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)

YELLON 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.

☒ 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.

☒ 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.

☒ 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 31st day of October, 2007 at San Francisco, California.

[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)

**San Francisco Taxi Commission**

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

**PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM**

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
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<tbody>
<tr>
<td>RAY NOU D KEPUY A DELEGADO</td>
<td>5</td>
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<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
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<tr>
<td>3 KD HERCULES CA 94547</td>
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<th>Joint Applicant's Name (First, Middle, Last)</th>
<th>Phone</th>
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<th>Is this a Corporate permit?</th>
<th>No</th>
<th>Yes</th>
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<tr>
<td>If yes, Name of Corporation:</td>
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<tr>
<th>Business Name</th>
<th>Business Address (Street Address, City, State, Zip)</th>
<th>Business Phone</th>
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</thead>
<tbody>
<tr>
<td>48120 CAB CO-OP</td>
<td>200 MS 55 5 FPP ST, SF 94104</td>
<td>(415) 751-3723</td>
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<th>Medallion Number(s)</th>
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**Please list the reason(s) why you are requesting this change:**

- BEEN DRIVING FOR YELLOW SINCE 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 **22** day of **October**, **2007**, at San Francisco, California

**RAY NOU D KEPUY A DELEGADO**

<table>
<thead>
<tr>
<th>Print Name of Applicant</th>
<th>Signature of Applicant</th>
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<tr>
<td></td>
<td>Raynold Dlegen</td>
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</table>

**TO BE COMPLETED BY ACCEPTING COLOR SCHEME**

**Name of person authorized to sign for Color Scheme Holder:**

**Color Scheme Holder:**

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

**Yellow Cab Co-op**

**Taxicab Color Scheme**

**hereby give consent to the applicant named to use my color scheme.**

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

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

**Date:**

**Nov. 87 2007**

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Agenda Notice Date</th>
<th>Hearing Date</th>
<th>Decision of Taxicab Commission</th>
<th>New Declaration Signed</th>
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<th>Worker's Corp Submitted</th>
<th>Insurance Submitted</th>
<th>Paint Chips Submitted</th>
<th>Photos Submitted</th>
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**President**

**Signature**

**Date:**

**Nov. 87 2007**
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
GEORG JOHANN RASMUSSEN

Residence Address (street address, city, state, zip)

S.F., SAN FRANCISCO, CA. 94107

Mailing Address (if different than residence address)

SAME

Residence Phone Number: (415)

Alternate Phone Number: 620-4300 M-F

Hours Available at this Number: 24 hrs

Hours Available at this Number:

Social Security Number

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.

Color Scheme / Business Address (street address, city, state, zip)

1200 MISSISSIPPI ST., S.F., CA. 94107

Are you a U.S. Citizen? Yes  No

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? Yes  No

If Yes – Date Permit was issued: 1/1/02

Permit #: 51027

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. FOR ALMOST 30 YEARS. I HAVE AN EXCELLENT RECORD OF SERVICE TO THE COMMUNITY AND AN UNBlemished RECORD WITH YELLOW CAB CO. OF THE DMV.
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)

11/26 □ Present ST, SF, 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

1/96 □ Present Yellow Cab Co. 1200 Missippi DRIVER S.F. CA 94107

Have you ever been convicted of, or plead guilty or No Contest to any crime? □ Yes ☑ No

If yes, provide the information required below.

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.

Do you have any physical impairments? □ Yes ☑ No

If yes, describe the impairment:

Is your hearing impaired? □ 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.
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.

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.

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.sfov.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.

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 12th day of October, 2007 at San Francisco, California.

Signature of Applicant
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

[Form fields filled out]

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

I deserve it after 30 years in the business. I've been with Yellow Cab for almost 30 years and 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 2nd day of NOVEMBER 2007 at San Francisco, California

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder:

Nathan Dwiiri

Title:

President

I hereby give consent to the applicant named to use my color scheme.

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

Date: AUG 18, 2007

OFFICE USE ONLY

Received

Revised 11/04/2005
Applicant's Name (First, Middle, Last) | Ken Dan
---|---
Residence Address (Street Address, City, State, Zip) | C.A 94134
Mailing Address (if different than residence address) | 
Residence Phone Number: | (415) 243-1234
Alternate Phone Number: | (415) 123-4567
Hours Available at this Number: | 24 hours
Other name(s) used | 
Social Security Number | 
California Driver's License Number / Expiration Year | 
Date of Birth | 
Place of Birth | 
Race (Optional) | Chinese
Sex | M/F
Height | 
Weight | 
Eye Color | B/R
Hair Color | B/L
Color Scheme / Business Name | Luxor Cab
Business Number | (415) 282-1234
Color Scheme / Business Address (Street Address, City, State, Zip) | 2230 Jerrold Ave, S.F. C.A 94124
Are you a U.S. Citizen? | Yes ☐ No ☑
If Yes, Alien Resident Card Number | 
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? | Yes ☐ No ☑
If Yes - Date Permit was issued: | 12-22-06 Permit #: 044-053977

Acts 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.
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

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<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
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<tbody>
<tr>
<td>2/1/18</td>
<td>Present</td>
<td>S.F. CA 94134</td>
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| 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 |

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<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
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</thead>
<tbody>
<tr>
<td>1997</td>
<td>Present</td>
<td>Regent CAB CO</td>
<td>98 Pennsylvania S.F. CA 94122</td>
<td>DRIVER</td>
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<tr>
<td>03-2007</td>
<td>Present</td>
<td>Luxor CAB CO</td>
<td>2230 Townsend Ave S.F. CA 94124</td>
<td>DRIVER</td>
</tr>
<tr>
<td>03-2007</td>
<td>Present</td>
<td>Yellow CAB CO</td>
<td>1300 Mississippi S.F. CA 94107</td>
<td>DRIVER</td>
</tr>
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| Have you ever been convicted of, or plead guilty or No Contest to any crime?  ☑ Yes  ☐ No |

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

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<th>Offense</th>
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<th>Disposition</th>
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| 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:

<table>
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<tr>
<th>Have you ever had:</th>
<th>Epilepsy  ☑ Yes  ☐ No</th>
<th>Vertigo  ☑ Yes  ☐ No</th>
<th>Heart Trouble  ☑ Yes  ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you now, or have you ever been, addicted to the use of intoxicating liquor?  ☑ Yes  ☐ No</td>
<td></td>
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</tbody>
</table>

| Any Narcotic Drug?  ☑ Yes  ☐ No |

Were you previously licensed as a taxicab 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 DAD 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 DAD 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 DAD 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, 2007 at San Francisco, California.

Signature of Applicant

RECEIVED

OCT 29 2007

SAN FRANCISCO
TAXI COMMISSION
Please print clearly – complete entire form

Applicant's Name (First, Middle, Last)  Ken DAO

Residence Address (Street Address, City, State, Zip)  S. F. CA 94134

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

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

Is this a Corporate permit?  No

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

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Business Address (Street Address, City, State, Zip)</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUXOR CAB</td>
<td>2230 JERROLD AVE, S.F. CA 94124</td>
<td>(415) 222-1224</td>
</tr>
</tbody>
</table>

Medallion Number(s)

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

Excellent computer system technology the most wheelchair friendly.

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, 2007 at San Francisco, California

Ken DAO

Print Name of Applicant

Ken DAO

Signature of Applicant

Title: President

Name of person authorized to sign for Color Scheme Holder:  LUXOR CAB

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for LUXOR CAB 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:  John Lazar

Date: 10/29/07

Participant Date

Hearing Date

Decision of Taxicab Commission

New Declaration Signed

Worker's Comp Submitted

Insurance Submitted

Paint Chips Submitted

Photos Submitted
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
Certified Ramp Taxi/Sensitivity Trainer

Mark Powell

June 9, 2007

Ramp Taxi Operator Training on this date

has successfully completed the requirements for Sensitivity.

KEN DAO

This certifies that

TRAINING CLASS

RAMP TAXI OPERATORS
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 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,

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

Residence Address (Street Address, City, State, Zip):
211 9th St, Oakland, CA 94611

Residence Phone Number:

Asst Phone Number (if different than residence address):

Social Security Number:

California Driver's License Number / Expiration Year:
Rac/ORI:

Sex: M/F
Height:
Weight:
Eye Color:
Hair Color:

Rac/ORI:

California Driver's License Number / Expiration Year:
Rac/ORI:

Sex: M/F
Height:
Weight:
Eye Color:
Hair Color:

Are you a U.S. Citizen? ☐ Yes ☒ No

If No, Alien Resident Card Number:

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? ☐ Yes ☒ No

If Yes, Date Permit was Issued:

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, working as a taxi driver for 31 years. I study street maps, and constantly read about the history of San Francisco. Gradually, giving the paying public not only a good ride, but the shortest routes, but also a bit of history with tidbits called "Bye-bye", ever expanding education. This city of San Francisco needs to retain qualified, professional and responsible drivers like myself to promote the City not only to tourists but locals, too. This city should not be legioned as "up-and-coming" cab drivers like myself.
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: 9/1995 To Date: Present
Residence Address (Street Address, City, State, Zip): 230 Seward St, San Francisco, CA 94107

How long have you lived within a 30 mile radius of San Francisco? ☑ Yes ☐ No

42 years 0 months

How many years driving experience do you have in San Francisco? 31 years 0 months

Are you 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: 1982 To Date: Present
Company Name: Luxor Cab Co.
Address (Street Address, City, State, Zip): 230 Seward St, San Francisco
Type of Work: Taxicab

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.

Is your eyesight impaired? ☑ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☑ No

Do you have any physical impairments? ☑ No

If yes, describe the impairment:

Have you ever had: ☑ Yes ☐ No
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 taxicab 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 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.

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.

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.sfrev.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.

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, 2001 at San Francisco, California.

Signature of Applicant

RECEIVED

OCT 29 2001

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)                      Phone

ROBERT WALLACE MACKENZIE

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

2230 Ferrolo Ave, South San Francisco, CA 94080

Joint Applicant’s Name (First, Middle, Last)

Phone

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 Ferrolo Ave, South San Francisco, CA 94080

Business Phone

(415) 282-1224

Medallion Number(s)

NEW

Medallion Number(s)

Luxor Cab

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

Luxor is the 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 Wallace 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;

JOHN LAZAR

Title:

President

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.

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

Date

10/29/07

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 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
Applicant's Name (First, Middle, Last): TAL YIP
Residence Address (Street Address, City, State, Zip): 14TH 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: 
Other name(s) used: TAL DIEP
Social Security Number: 
California Driver's License Number / Expiration Year: 
Date of Birth: 
Place of Birth: 
Race (Optional): I
Sex: M/F
Height:  
Weight:  
Eye Color: BROWN
Hair Color: BLACK
Color Scheme / Business Name: LUXOR CAB CO.
Color Scheme / Business Address (Street Address, City, State, Zip): 2230 JERROLD SAN FRANCISCO, CA 94124

Are you a U.S. Citizen? Yes No
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? Yes 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 facts 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 cars around be see. They were so happy to see me to stop to pick them up.

RECEIVED
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)**

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/1/1999</td>
<td>Present</td>
<td>Live, South San Francisco, CA 94080</td>
</tr>
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</table>

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 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)**

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/1/1999</td>
<td>Present</td>
<td>Luxor Cab Co</td>
<td>2230 Jerold St, CA 94124</td>
<td>Driving</td>
</tr>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
<th>Place of Arrest</th>
<th>Disposition</th>
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</tr>
</tbody>
</table>

Is your eyesight impaired? □ Yes □ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Do you have any physical impairments? □ Yes □ No

If yes, describe the impairment:

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 to drive a vehicle? □ Yes □ No

If yes, the license been revoked? □ Yes □ No

If yes, explain what caused it: □ Yes □ No

Are you granted a taxicab permit, will you use or provide 24-hour radio dispatch service? □ Yes □ No

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.

☑️ 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.

☑️ 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.

☑️ 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 26th day of October, 2007 at San Francisco, California.

Signature of Applicant

RECEIVED
OCT 29 2007
SAN FRANCISCO TAXI COMMISSION
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

□ NEW COLOR SCHEME
□ CHANGE OF COLOR SCHEME – From: ____________________________

*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

Residence Address (Street Address, City, State, Zip)  18 Dr., SF, CA 94080

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

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

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

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

Print Name of Applicant  Tai Yip

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Title: Operations Manager  Luxor Cab

The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Luxor Cab

The name of person authorized to sign for Color Scheme Holder: Thomas J. Stangherlin

Are hereby give consent to the applicant named to use my 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.

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder: 10-26-07

Thomas J. Stangherlin

OFFICE USE ONLY

Received by:  Receipt No.  Amount  Date

Hand Notice Date  Hearing Date  Decision of Taxicab Commission  New Declaration Signed

Worker's Comp Submitted  Insurance Submitted  Paint Chips Submitted  Photos Submitted
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.
Yosef Habtemarum

Type of Medallion Applying for:
- Regular
- Ramp

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

Mailing Address (If different than residence address)

Residence Phone Number: (510)

Alternate Phone Number:

Hours Available at this Number:

Other name(s) used

California Driver's License Number / Expiration Year

Date of Birth

Place of Birth

Race (Optional)

Sex

Height

Weight

Eye Color

Hair Color

Color Scheme / Business Name

Color Scheme / Business Address (Street Address, City, State, Zip)

Are you a U.S. Citizen?  Yes  No

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit?  Yes  No

If Yes - Date Permit was issued:

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 a 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.
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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
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<tbody>
<tr>
<td>Since 1989</td>
<td></td>
<td>741 K, Ca, 94609</td>
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How long have you lived within a 30 mile radius of San Francisco? 28 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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
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</thead>
<tbody>
<tr>
<td>Since 1987</td>
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<td>YELLOW CAB. 1200 Mississippi St. S.F. 94107</td>
<td>Cab Driver</td>
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</table>

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.

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<tr>
<th>Offense</th>
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</table>

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.

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.

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.

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 2007 at San Francisco, California.

Signature of Applicant

RECEIVED

OCT 25 2007

SAN FRANCISCO
TAXI COMMISSION
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

[New Color Scheme]

Change of Color Scheme - From: ____________________________

*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)  Phone
Yosef Habtemariam

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? ☒ 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  Business Address (Street Address, City, State, Zip)  Business Phone
Yellow Ion  1200 Mississippi, San Francisco ( )

Medallion Number(s)

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 in 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 Oct 2007, 2007 at San Francisco, California

Yosef Habtemariam
Signature of Applicant

To be completed by accepting color scheme

Name of person authorized to sign for Color Scheme Holder:

Mekani Dawit
Date  President

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

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

[Signature]

[Signature]

[Date]
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:  □ Regular  □ Ramp

Mailing Address (if different than residence address)  S.F. CA. 94114-
Residence Address (Street Address, City, State, Zip)  94114-
Residence Phone Number:  OTHER
Alternate Phone Number:  24 HRS
Hours Available at this Number:  8 AM TO 3 PM
Hours Available at this Number:  24 HRS
Social Security Number  NONE

California Driver's License Number / Expiration Year  None
Date of Birth  VIETNAM
Place of Birth

Race (Optional)  C/M/F
Sex  Male
Height  18" (in)
Weight  110" (lbs)
Eye Color  BLK
Hair Color  BLK

Color Scheme / Business Name  DELTA CAB CO
Color Scheme / Business Address (Street Address, City, State, Zip)  999 PENNSYLVANIA AVE S.F. CA 94107
Business Number  (415) 920-9097

Are you a U.S. Citizen?  Yes  □ No
If No, Alien Resident Card Number
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit?  □ Yes  □ No
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 flags. I never had a complaint 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 Doust peck.
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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residences Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-1-06</td>
<td>NOW</td>
<td>CA 94134</td>
</tr>
<tr>
<td>1-1-00</td>
<td>9-1-06</td>
<td>CA 94112</td>
</tr>
</tbody>
</table>

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? Yes  ☐ No

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

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>APR-2007</td>
<td>NOW</td>
<td>DELTA CAB CO</td>
<td>999 PENNSYLVANIA ST, CA 94107 CAB DRIVER</td>
<td></td>
</tr>
<tr>
<td>1-1-2000</td>
<td>APR-2007</td>
<td>BAY CAB CO</td>
<td>999 PENNSYLVANIA ST, CA 94107 CAB DRIVER</td>
<td></td>
</tr>
<tr>
<td>2-15-92</td>
<td>1-1-2000</td>
<td>REGENT CAB CO</td>
<td>1301 6TH ST, SF, CA 94107 CAB DRIVER</td>
<td></td>
</tr>
</tbody>
</table>

Have you ever been convicted of, or plead guilty or No Contest to any crime? Yes  ☐ No

Offense: [ ]

Date: [ ]

Place of Arrest: [ ]

Disposition: [ ]

Your eyesight impaired? Yes  ☐ No

Note: do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? 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 a taxi driver or chauffeur? Yes  ☐ No

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

If yes, explain for what cause:

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

Yes, explain how you will use and provide 24-hour radio dispatch service: [ ]

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? \( \checkmark \) Yes \( \square \) 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? \( \checkmark \) Yes \( \square \) No

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

\( \checkmark \) Yes \( \square \) No

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.

\( \checkmark \) Yes \( \square \) No

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.sf.gov. 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.

\( \checkmark \) Yes \( \square \) No

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 \( \checkmark \) \( \square \) day of OCT \( \checkmark \) 30 \( \square \) 2007 \( \checkmark \) at San Francisco, California.

\( \checkmark \) Signature of Applicant

RECEIVED

OCT 30 2007

SAN FRANCISCO
TAX COMMISSION
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last)  
TAM DINH NGUYEN

Residence Address (Street Address, City, State, Zip)  
S.F. CA 94134

Phone

( )

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

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

Owner / Operator
Gas & Gale
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

 unparalleled Color Scheme

Title: owner/manager

Color Scheme Holder / person authorized to sign for Color Scheme Holder:

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

Date

Office Use Only

File Notice Date  

Decision of Taxicab Commission

New Declaration Signed

Hearing Date  

Insurance Submitted

Paint Chips Submitted

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

Applicant's Name (First, Middle, Last):
AMIL CAR SALES PEREIRA

Type of Medallion Applying for:
☐ Regular ☑ Ramp

Residence Address (Street Address, City, State, Zip):
34403-CA 94401

Mailing Address (if different than residence address):

Residence Phone Number: (415) 88-
Alternate Phone Number:

Hours Available at this Number: 24
Hours Available at this Number:

Social Security Number:

California Driver's License Number / Expiration Year:

Data of Birth:

Place of Birth:

Race (Optional) Sex: M/F
Height: Weight: Eye Color: GRAY

Color Scheme / Business Name:
LUXOR CAB

Business Number:
(415) 282-4141

Color Scheme / Business Address (Street Address, City, State, Zip):
2230 SHERROLD AVE, S.F., CA 94124

Are you a U.S. Citizen? ☑ Yes ☐ No
If No, Alien Resident Card Number:

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? ☑ Yes ☐ No
If Yes - Date Permit was issued: 01/01/07 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 IS A REWARD TO ME SERVING WHEELCHAIR CUSTOMERS.

OFFICE USE ONLY

Received by: [Signature]
Received No: [Signature]
Amount: [Signature]
Date: NOV 04 2007

Note Date: [Signature]
Revised 10/2/06
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

<table>
<thead>
<tr>
<th>List residences for last five years (List most recent first, attach additional pages if needed)</th>
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<tbody>
<tr>
<td>From Date</td>
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<tr>
<td>10. 06</td>
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<td>2. 05</td>
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<tr>
<td>3. 06</td>
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</table>

| 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 |

<table>
<thead>
<tr>
<th>List employment for last five years (List most recent first, attach additional pages if needed)</th>
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</thead>
<tbody>
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<td>From Date</td>
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<tr>
<td>10. 06</td>
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<tr>
<td>02. 09</td>
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| Have you ever been convicted of, or plead guilty or No Contest to any crime? | ☑ Yes  □ No |

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

<table>
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<tr>
<th>Offense</th>
<th>Date</th>
<th>Place of Arrest</th>
<th>Disposition</th>
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</table>

| 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:

<table>
<thead>
<tr>
<th>Have you ever had:</th>
<th>Epilepsy</th>
<th>☑ Yes  □ No</th>
<th>Vertigo</th>
<th>☑ Yes  □ No</th>
<th>Heart Trouble</th>
<th>☑ Yes  □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you now, or have you ever been,</td>
<td>Addicted to the use of intoxicating liquor?</td>
<td>☑ Yes  □ No</td>
<td>Any Narcotic Drug?</td>
<td>☑ Yes  □ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you previously licensed as a taxi driver or chauffeur?</td>
<td>☑ Yes  □ No</td>
<td>☑ Yes  □ No</td>
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<td></td>
</tr>
</tbody>
</table>

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, others)
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.

☑ 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.

☑ 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.sfocv.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.

☑ 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

Signature of Applicant

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**
  (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

<table>
<thead>
<tr>
<th>Applicant’s Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amilcar Sales Pereira</td>
<td>(415) 244-9358</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
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</thead>
<tbody>
<tr>
<td>Buena Vista, CA 94011</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Joint Applicant’s Name (First, Middle, Last)</th>
<th>Phone</th>
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</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
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<tbody>
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</tbody>
</table>

**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.**

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Business Address (Street Address, City, State, Zip)</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luxor CAB</td>
<td>2231 17th Ave, SF CA 94114</td>
<td>(415) 282-1229</td>
</tr>
</tbody>
</table>

**Modulation Number(s):**
- Luxor CAB

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

I've been with Luxor for 12 years. I like working with them. 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

---

**Print Name of Applicant**
- Amilcar Sales Pereira

**Signature of Applicant**
- [Signature]

---

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

<table>
<thead>
<tr>
<th>Name of person authorized to sign for Color Scheme Holder:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Lazar</td>
<td>President</td>
</tr>
</tbody>
</table>

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for **Luxor CAB**, 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**
- [Signature]

**Date**
- 11/1/07

---

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Agenda Notice Date</th>
<th>Hearing Date</th>
<th>Decision of Taxicab Commission</th>
<th>New Declaration Signed</th>
</tr>
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<tbody>
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<tr>
<th>Worker's Comp Submitted</th>
<th>Insurance Submitted</th>
<th>Paint Chips Submitted</th>
<th>Photos Submitted</th>
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</table>

**Received by:**
- [Name]

**Receipt No.**
- [Number]

**Amount**
- [Amount]

**Date**
- [Date]
Certified Ramp Taxi Sensitivity Trainer

Mark Powell

July 21, 2007

Ramp Taxi Operators Training on this date

has successfully completed the requirements for Sensitivity/

Amilcar Sales Pereira

This certificate that

TRAINING CLASS

RAMP TAXI OPERATORS

Received

San Francisco Taxi Commission
Nov 8, 2007
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,

Kate Toran, Paratransit Coordinator

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

AMILCAR SALES PEREIRA

SEX: M   HAIR: BRN   EYES: GRN

03/22/2007 239 RS 70/12

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

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

SAN FRANCISCO TAXI COMMISSION

RECEIVED
NOV 08 2007
Applicant's Name (First, Middle, Last): Nikolay BUSEL

Residence Address (Street Address, City, State, Zip): 2302 Archibald Ave, San Francisco, CA 94116

Mailing Address (If different than residence address): same

Residence Phone Number: (415) 800-800

Alternate Phone Number: (415) 800-800

Hours Available at this Number: 8:00 a.m. - 3 p.m.

Hours Available at this Number: any time

Social Security Number: N/A

Other name(s) used: N/A

California Driver's License Number / Expiration Year: 1230 Jerrard Ave, San Francisco, CA 94124

Race (Optional): Causcasian

Sex: M / F

Height: 5'8"

Weight: 200

Eye Color: Brown

Hair Color: Gray

Are you a U.S. Citizen? Yes □ No □

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? Yes □ 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.
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).  

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1986</td>
<td>Present</td>
<td>San Francisco, CA 94116</td>
</tr>
</tbody>
</table>

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 | 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)  

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>Present</td>
<td>Luxor Cab Co</td>
<td>2250 Serrall Ave, SF, CA 94114</td>
<td>Cab Driver</td>
</tr>
</tbody>
</table>

Have you ever been convicted of, or plead guilty or No Contest to any crime?  

| Yes | No |

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 |
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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:  

<table>
<thead>
<tr>
<th>Epilepsy</th>
<th>Yes</th>
<th>No</th>
<th>Vertigo</th>
<th>Yes</th>
<th>No</th>
<th>Heart Trouble</th>
<th>Yes</th>
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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.
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, 2007 at San Francisco, California.

NicoLarx Busel
Signature of Applicant

RECEIVED
OCT 30 2007
SAN FRANCISCO
TAXI COMMISSION
### NEW COLOR SCHEME

**Applicant's Name (First, Middle, Last):** Nikolay Busel  
**Residence Address (Street Address, City, State, Zip):** 2230 Ferrolo, San Francisco, CA 94116

### CHANGE OF COLOR SCHEME

**Joint Applicant's Name (First, Middle, Last):**  
**Residence Address (Street Address, City, State, Zip):**

**Is this a Corporate permit?** No

### Business Information

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

### Business Information Details

**Medallion Number(s):**

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

I wish to have Luxor Cab because I am working there in present.

---

**Received:** OCT 30, 2007

**Signature:** Nikolay Busel

---

**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 2007 at San Francisco, California**

---

**Name of person authorized to sign for Color Scheme Holder:** Thomas J. Stanchelini  
**Title:** Operations Manager

**I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Luxor Cab 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:** Thomas J. Stanchelini  
**Date:** 10-30-07
NIKOLAY BUSSEL

Expiring: December 31, 2007

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)  FREDERICK ARTHUR LERN
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: EVENING
Other name(s) used
Social Security Number
California Driver's License Number / Expiration Year
Date of Birth
Place of Birth
USA
Race (Optional)
Sex: M/F
Height
Weight
Eye Color: BLUE
Hair Color: BLOND
Color Scheme / Business Name: YELLOW CAB COOPERATIVE
Color Scheme / Business Address (Street Address, City, State, Zip)
1200 MISSISSIPPI SAN FRANCISCO, CA 94110
Business Number (415) 282-3737

Are you a U.S. Citizen? ☑ Yes ☐ No
If No, Alien Resident Card Number
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? ☑ Yes ☐ 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
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).  

<table>
<thead>
<tr>
<th>List residences for last five years (List most recent first, attach additional pages if needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Date</td>
</tr>
<tr>
<td>11/99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How long have you lived within a 30 mile radius of San Francisco?</th>
<th>How many years driving experience do you have in San Francisco?</th>
<th>Are you physically qualified to drive a standard vehicle safely?</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 years 5 months</td>
<td>24 years 11 months</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List employment for last five years (List most recent first, attach additional pages if needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Date</td>
</tr>
<tr>
<td>1/83</td>
</tr>
</tbody>
</table>

Have you ever been convicted of, or plead guilty or No Contest to any crime?  

<table>
<thead>
<tr>
<th>Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offense</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Are you eyesight impaired?  

<table>
<thead>
<tr>
<th>Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

Do you have any physical impairments?  

| Yes | No |

<table>
<thead>
<tr>
<th>Are you now, or have you ever been, addicted to the use of intoxicating liquor?</th>
<th>Any Narcotic Drug?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Have you previously licensed as a taxi driver or chauffeur?  

| Yes | No |

<table>
<thead>
<tr>
<th>If yes, has the license been revoked?</th>
<th>If yes, explain for what cause?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

| 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.

☒ I understand that in addition to the regulations adopted by the Taxi 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.

☒ 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.

☒ 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 15th day of NOVEMBER, 2007 at San Francisco, California.

[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 (c) 1-8472-1366

Residence Address (Street Address, City, State, Zip) SAN RAFAEL, CA 94903

Got Applicant's Name (First, Middle, Last)

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

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

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) 331-2837

If Owner / Operator Gas & Gale 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. 2007 at San Francisco, California

FRED 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 Melleszar
Title: GM

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.

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

[Date 10/31/07]

[Table]

Office Use Only

Hand Notice Date
Hearing Date
Decision of Taxicab Commission
New Declaration Signed

Keet's Comp Submitted
Insurance Submitted
Paint Chips Submitted
Photos Submitted
RECEIVED
NOV 01 2007
SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE

FREDERICK ARTHUR LEIN
SEX: M, HAIR: BLN
HT: 5'11, WT: 175
EYES: BLU

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

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

Applicant's Name (First, Middle, Last):

Type of Medallion Applying for:

☐ Regular  ☐ Ramp

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

Mailing Address (If different than residence address):

Residence Phone Number:

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:

Date of Birth:

Place of Birth:

Race (Optional): 

Sex:

Height:

Weight:

Eye Color:

Hair Color:

Color Scheme / Business Name:

Business Number:

Color Scheme / Business Address:

Are you a U.S. Citizen?:

☐ Yes  ☐ No

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit?:

☐ Yes  ☐ No

If Yes - Date Permit was issued:

Permit #: P47-031869

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.

OFFICE USE ONLY

Received by: Signature:

Date:

Amount:

Hearing Date:

RECEIVED
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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-1-04</td>
<td>2007</td>
<td>JAVI CITY CA. 94014</td>
</tr>
<tr>
<td>9-15-04</td>
<td>2007</td>
<td>100 GRAYLAN DRIVE PACIFICA CA. 94044</td>
</tr>
</tbody>
</table>

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?  25 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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-15-79</td>
<td>2007</td>
<td>Yellow Cab Co</td>
<td>1320-1 MSISSIPPI ST. CA. 94007</td>
<td>Taxi Driver</td>
</tr>
</tbody>
</table>

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

Failure to provide full information relative to prior convictions, guilty pleas or no contest pleas may be considered cause to deny the permit.

<table>
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<tr>
<th>Offense</th>
<th>Date</th>
<th>Place of Arrest</th>
<th>Disposition</th>
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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:

<table>
<thead>
<tr>
<th>Have you ever had:</th>
<th>Epilepsy</th>
<th>□ Yes  □ No</th>
<th>Vertigo</th>
<th>□ Yes  □ No</th>
<th>Heart Trouble</th>
<th>□ Yes  □ No</th>
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</tr>
</tbody>
</table>

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 CORP.
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.

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.

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.sf.gov.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.

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 2007 at San Francisco, California.

Signature of Applicant

RECEIVED

OCT 31 2007

SAN FRANCISCO
TAX COMMISSION
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME  ☐ CHANGE OF COLOR SCHEME -- From:
(Complete both sides) (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)  [REDACTED]
Residence Address (Street Address, City, State, Zip)  [REDACTED]

Joint Applicant's Name (First, Middle, Last)  [REDACTED]
Residence Address (Street Address, City, State, Zip)  [REDACTED]

Is this a Corporate permit?  No  □ Yes  □ If yes, Name of Corporation:  [REDACTED]

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 CORP
Business Address (Street Address, City, State, Zip)  1200 MARIPOSA ST. SF 94101
Business Phone  [REDACTED]

Medallion Number(s)  [REDACTED]

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

[REDACTED]  [REDACTED]

TO BE COMPLETED BY ACCERTIFYING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder:  RICHARD WEINEN
Title:  OPERATOR MANAGER

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

YELLOW CAB CORP  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.

[REDACTED]  10-20-07

Agenda Notice Date  9-1-2007
Hearing Date  
Decision of Taxicab Commission  
New Declaration Signed  
New Declarant Signed  
Worker's Comp Submitted  
Insurance Submitted  
Paint Chips Submitted  
Photos Submitted  
OFFICE USE ONLY

RECEIVED

Agenda Notice Date  9-1-2007
Hearing Date  
Decision of Taxicab Commission  
New Declaration Signed  
New Declarant Signed  
Worker's Comp Submitted  
Insurance Submitted  
Paint Chips Submitted  
Photos Submitted  
OFFICE USE ONLY

RECEIVED

Received by:  
Receipt No.  
Amount  
Date  

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

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
<th>Type of Mediation Applying for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael</td>
<td>☑ Regular ☐ Ramp</td>
</tr>
</tbody>
</table>

| Residence Address (Street Address, City, State, ZIP) | | Alternate Address (if different than residence address) |
|------------------------------------------------------|--------------------------------------------------------|
| 2 S.F. Ca 94118                                       |                                                        |

<table>
<thead>
<tr>
<th>Residence Phone Number</th>
<th>Alternate Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hours Available at this Number</th>
<th>Other name(s) used</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:30 PM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>California Driver's License Number / Expiration Year</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race (Optional)</th>
<th>Sex</th>
<th>Height</th>
<th>Weight</th>
<th>Eye Color</th>
<th>Hair Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>M/F</td>
<td>5-9</td>
<td>140</td>
<td>Brown</td>
<td>Dark/Grey</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Color Scheme / Business Name</th>
<th>Business Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luxor Cab</td>
<td>(415) 282-4141</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Color Scheme / Business Address (Street Address, City, State, Zip)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2230 Seward St, S.F. Ca</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you a U.S. Citizen?</th>
<th>☑ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If No, Alien Resident Card Number</td>
<td>A 22983986</td>
</tr>
</tbody>
</table>

| Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? | ☑ Yes ☐ No |
|                                                                                           |           |
| If Yes – Date Permit was Issued: Dec. 2006, Permit #: P44-039795                          |           |

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.

**RECEIVED**
OCT 04 2007

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: 1990 To Date: Present
Residence Address (Street Address, City, State, Zip): San Francisco Ca 94118

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? 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: April 1980 To Date: Present
Company Name: Luxor Cab
Address (Street Address, City, State, Zip): 2230 Jerrold ave SF
Type of Work: 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: ☑ Yes ☐ No
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 taxicab 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.

☑ 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.

☑ 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.sf.gov.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.

☑ 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.

[Signature of Applicant]

RECEIVED

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  S.F. 94118
Tel. 751-9374

RECEIVED
NOV 15 2007
SAN FRANCISCO
TAXI COMMISSION
G NEW COLOR SCHEME  
(Check box if applicable)

G CHANGE OF COLOR SCHEME  
(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

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Reichman</td>
<td>(415) 751-9374</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>765 Arguello St 2 S.F. CA 94118</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Joint Applicant's Name (First, Middle, Last)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Is this a Corporate permit? ☐ Yes ☐ No  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.

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Business Address (Street Address, City, State, Zip)</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yellow Cab</td>
<td>1200 Mississippi</td>
<td>(415) 333-3333</td>
</tr>
</tbody>
</table>

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

Business opportunity

Received: 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 16th day of November 2007 at San Francisco, California

Signature of Applicant: [Signature]

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: [Signature]

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: [Signature]

Date: 11/15/2007

OFFICE USE ONLY

Agenda Notice Date: [Date]

Hearing Date: [Date]

Decision of Taxi cab Commission: [Decision]

New Declaration Signed: [Signature]

Worker's Comp Submitted: [Date]

Insurance Submitted: [Date]

Paint Chips Submitted: [Date]

Photos Submitted: [Date]

Received by: [Signature]  Recipt No.  Amount  Date

Rev. 05/2003
Consent Calendar: Item G

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

<table>
<thead>
<tr>
<th>Medallion Holder Name</th>
<th>Medallion #</th>
<th>Change:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. William Patrick Jones</td>
<td>862</td>
<td>Worldwide to B&amp;W Checker</td>
</tr>
<tr>
<td>2. John Vincent Donnelly</td>
<td>859</td>
<td>Worldwide to B&amp;W Checker</td>
</tr>
<tr>
<td>3. Maximillian J David</td>
<td>960</td>
<td>Worldwide to B&amp;W Checker</td>
</tr>
<tr>
<td>4. Chuck Bun Tong</td>
<td>787</td>
<td>Worldwide to Fog City</td>
</tr>
<tr>
<td>5. Edward Charles Bennet</td>
<td>707</td>
<td>Worldwide to Fog City</td>
</tr>
<tr>
<td>6. George Francis Blake</td>
<td>957</td>
<td>Worldwide to Fog City</td>
</tr>
<tr>
<td>7. Jack Shuck Hoey</td>
<td>386</td>
<td>Worldwide to Fog City</td>
</tr>
<tr>
<td>8. Michael TW Chong</td>
<td>1040</td>
<td>DeSoto to Town taxi</td>
</tr>
<tr>
<td>9. Mahinder Singh</td>
<td>67</td>
<td>United to Yellow Cab</td>
</tr>
</tbody>
</table>
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
☐ CHANGE OF COLOR SCHEME – From: World Wide Cab

(Complete both sides)
(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)
William Patrick Jones

Residence Address (Street Address, City, State, Zip)
94606

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
BMW Checker

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

Business Phone

Medallion Number(s)
862

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

Owner / Operator
☐ Gas & Gale
☐ 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:
GEORGE E. SPITZ

Title: MANAGER

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

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder
10-18-07

OFFICER'S ONLY

Agenda Notice Date
11/13/07

Hearing Date
11/27/07

Decision of Taxicab Commission

New Declaration Signed

Worker's Comp Submitted

Insurance Submitted
11/04/07

Paint Chips Submitted

Photos Submitted
02/04/07

RECEIVED
**INSURANCE BINDER**

**AGENCY**
Public Library Insurance Services, Inc.
1380 El Cajon Blvd Ste 212
El Cajon CA 92020

**COMPANY**
Lincoln General Insurance Company

**INSURED**
Black & White Checker Cab Company
3450 Geary St Ste 100
San Francisco CA 94116-3379

**DATE EFFECTIVE**
10/12/2007
**TIME**
12:01 PM

**DESCRIPTION OF OPERATION/VEHICLES/PROPERTY (including Location)**
Taxi Cab Operation
Modell #758, #1058, #1278

<table>
<thead>
<tr>
<th>COVERAGES</th>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROPERTY</td>
<td>CAUSES OF LOSS</td>
<td></td>
</tr>
<tr>
<td>BASIC</td>
<td>BROWN INDIC.</td>
<td></td>
</tr>
<tr>
<td>GENERAL LIABILITY</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td></td>
</tr>
<tr>
<td>CLAIMS MADE</td>
<td>OCCUR</td>
<td></td>
</tr>
<tr>
<td>VEHICLE LIABILITY</td>
<td>ANY AUTO</td>
<td></td>
</tr>
<tr>
<td>ALL OWNED AUTOS</td>
<td>SCHEDULED AUTOS</td>
<td></td>
</tr>
<tr>
<td>HIRED AUTOS</td>
<td>NON-OWNED AUTOS</td>
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</tr>
<tr>
<td>VEHICLE PHYSICAL DAMAGE DEATH</td>
<td>ALL VEHICLES</td>
<td></td>
</tr>
<tr>
<td>COLLISION:</td>
<td>SCHEDULED VEHICLES</td>
<td></td>
</tr>
<tr>
<td>OTHER THAN COLLISION:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GARAGE LIABILITY</td>
<td>ANY AUTO</td>
<td></td>
</tr>
<tr>
<td>EXCESS LIABILITY</td>
<td>UMBRELLA FORM</td>
<td></td>
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<tr>
<td>OTHER THAN UMBRELLA FORM</td>
<td>RETRO DATE FOR CLAIMS MADE</td>
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<tr>
<td>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DEED RECEIVED**
NOV 02 2007

SAN FRANCISCO TAXI COMMISSION

**SPECIAL CONDITIONS/OTHER COVERAGES**

**NAME & ADDRESS**
Black & White Checker Cab Company
3450 Geary St Ste 100
San Francisco CA 94116-3379

**MONTGOMERY**
**ADDITIONAL INSURED**

**LOAN #**

**AUTHORIZED REPRESENTATIVE**

[Signature]

**ACKOED**
ACORD 15 (2007/01)
INSURANCE IDENTIFICATION CARD
CALIFORNIA

INSURED
LUCY HUBER
AR 03

INSURED
BLACK & WHITE CHECKER CAB # 862
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

PUBLIC LIVERY INS SERVICES, INC
1300 EL CAJON BLVD, SUITE 212
EL CAJON, CA 92020

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

INSURED
LUCY HUBER
AR 03

INSURED
BLACK & WHITE CHECKER CAB # 862
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

PUBLIC LIVERY INS SERVICES, INC
1300 EL CAJON BLVD, SUITE 212
EL CAJON, CA 92020

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.

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ACORD 50 (1/83)
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): 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 Applicant? Yes No 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: BW Checker
Business Address (Street Address, City, State, Zip): 999 Pennsylvania
Business Phone: ( )
Medallion Number(s): 859
☐ Owner / Operator
☐ Gas & Gata
☒ 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  John P. Donnelly
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME GRANTEE

Name of person authorized to sign for Color Scheme Holder: 
Title: MANAGER

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.

Date: 10/18/07

Agenda Notice Date 11/13/07
Hearing Date 11/27/07
Decision of Taxicab Commission __________________________
Now Declaration Signed __________________________
Worker's Comp Submitted YES
Insurance Submitted Via Fax 11-09-07
Paint Chips Submitted __________________________
Photos Submitted __________________________

DESTRUCTION

DATE OF RECEPTION

NOV 02, 2007
# INSURANCE BINDER

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

**COMPANY**
Lincoln General Insurance Company

**POLICY#**
2007/1031-002

**DATE (MM/DD/YYYY)**
10/12/2007

**EFFECTIVE DATE**
12:01 AM

**EXPIRATION DATE**
12/12/2007 11:59 PM

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

### COVERAGE LIMITS

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<thead>
<tr>
<th>PROPERTY</th>
<th>CLASS OF LOSS</th>
<th>COVERAGE FORMS</th>
<th>DEDUCTIBLE</th>
<th>COINS %</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### GENERAL LIABILITY

- COMMERCIAL GENERAL LIABILITY
  - CLAIMS MADE
  - OCCUR

### VEHICLE LIABILITY

- ANY AUTO
- ALL OWNED AUTOS
- SCHEDULED AUTOS
- HIRED AUTOS
- NON-OWNED AUTOS

### VEHICLE PHYSICAL DAMAGE

- DEO
- ALL VEHICLES
- SCHEDULED VEHICLES

### SPORTS AUTOS

- COLLISION
- OTHER THAN COLL:

### GARAGE LIABILITY

- ANY AUTO

### EXCESS LIABILITY

- UMBRELLA FORM
  - OTHER THAN UMBRELLA FORM

### WORKERS COMPENSATION AND EMPLOYEES LIABILITY

### SPECIAL CONDITIONS

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

**MORTGAGE**

**LOSS PAYEE**

**ADDITIONAL INURED**

**AUTHORIZED REPRESENTATIVE**
[Signature]

**RECEIVED**

NOV 02 2007
SAN FRANCISCO
(AXI COMMISSION)
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)
<table>
<thead>
<tr>
<th>MAKE</th>
<th>YR MODEL</th>
<th>YR 1ST SOLD</th>
<th>VLF CLASS</th>
<th>*YR</th>
<th>TYPE VEH</th>
<th>TYPE LIC</th>
<th>LICENSE NUMBER</th>
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<tbody>
<tr>
<td>FORD</td>
<td>2004</td>
<td>0000</td>
<td>AQ</td>
<td>2007</td>
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<th>WO</th>
<th>AX</th>
<th>WC</th>
<th>UNL AID/US/CA</th>
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<tr>
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<tr>
<th>TYPE VEHICLE/VESSEL USE</th>
<th>COMMERCIAL</th>
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RDP REASONS: 05 F2B2A4

AMOUNT PAID: $120.00

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<tr>
<td>$200.00</td>
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<td>CASH</td>
<td>CHECK</td>
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<td>120.00</td>
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<td></td>
<td>80.00</td>
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PR/HIST: SALVAGED

624 36 0012000 0039 CS 070607 515716T 786
**TAXICAB COLOR SCHEME APPLICATION**
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME

☐ CHANGE OF COLOR SCHEME - From: Worldwide

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

<table>
<thead>
<tr>
<th>Applicant Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximillian Joseph David</td>
<td>415.733-8483</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
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<tbody>
<tr>
<td>432 Belvedere St., S.F., CA 94117</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Joint Applicant's Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is this a Corporate permit?</th>
<th>☐ Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, Name of Corporation:</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Business Address (Street Address, City, State, Zip)</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill Chekov</td>
<td>999 Pennsylvania St.</td>
<td>(415) 937-3340</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mediation Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>960</td>
</tr>
</tbody>
</table>

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

World Wide Only Closing It Down.

<table>
<thead>
<tr>
<th>Owner / Operator</th>
<th>Gas &amp; Gains</th>
<th>Long Term Lease</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of person authorized to sign for Color Scheme Holder:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kennedy Epstein</td>
</tr>
</tbody>
</table>

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

Markly 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:

8-1-07

<table>
<thead>
<tr>
<th>Agency Note:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received:</td>
</tr>
<tr>
<td>Hearing Date:</td>
</tr>
<tr>
<td>Decision of Taxicab Commission:</td>
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<tr>
<td>New Declaration Signed:</td>
</tr>
<tr>
<td>World's Comp Submission:</td>
</tr>
<tr>
<td>Insurance Submitted:</td>
</tr>
<tr>
<td>Public Notice Submitted:</td>
</tr>
<tr>
<td>Released By:</td>
</tr>
<tr>
<td>Transmitted Date:</td>
</tr>
<tr>
<td>Amount:</td>
</tr>
<tr>
<td>Date: 11-07-07</td>
</tr>
</tbody>
</table>

(DECLARATION)
# INSURANCE BINDER

**Agency:** Public Utility Insurance Services, Inc. 
**Address:** 1330 E. Cajon Blvd Ste 212 
**City/State:** El Cajon, CA 92020 
**Phone:** (619) 702-7022 
**Fax:** (619) 583-2178 

**Company:** Lincoln General Insurance Company 
**Binder #:** 20071031-008 
**Date Effective:** 10/12/2007 
**Time:** 12:01 AM 
**Expiration Date:** 12/12/2007 
**Expiration Time:** 12:01 AM 

**Insured:** Worldwide Cab Company 
**Address:** 3450 Geary St Ste 100 
**City/State:** San Francisco, CA 94118-3379 
**Phone:** (415) 529-4913 
**Fax:** (415) 529-4918 

**Date:** 10/31/2007 

---

## COVERS

### General Liability
- Commercial General Liability
  - Claims Made
  - Occur

### Vehicle Liability
- Any Auto
- All Owned Autos
- Hired Autos
- Non-Owned Autos

### Vehicle Physical Damage
- Collision
  - All Vehicles
  - Stated Amount
- Other Than Collision
  - Actual Cash Value

### Property Damage
- Any Auto

### Personal & Umbrella Form
- Single Policy Limits
  - Combined Single Limit
  - Bodily Injury (Per Person)
  - Bodily Injury (Per Accident)
  - Property Damage (Per Person)
  - Property Damage (Per Accident)
  - Medical Payments
  - Personal Injury Protection
  - Uninsured Motorist
  - Umbrella Form - Other Than Umbrella Form
  - Workers Compensation & Employee Liability
  - Special Conditions & Other Coverage

### Suspension of Coverage
- Signs
- Owner

---

**Name & Address:** Worldwide Cab Company 
**Address:** 3450 Geary St Ste 100 
**City/State:** San Francisco, CA 94118-3379 

**Montage:** 
**Loss Payee:** 
**Additional Insured:**

**Lender:**

**Signature:**

---

© ACORD Corporation 1993-2007. All rights reserved.

The ACORD name and logo are registered marks of ACORD.
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)
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<tr>
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<td>WORLDWIDE CAB NATL CORP</td>
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<td>SAN FRANCISCO</td>
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</table>
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☐ CHANGE OF COLOR SCHEME - From: Worldwide

PLEAS PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last)  Chuck Bun Tong

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

Applicant's Name (First, Middle, Last)

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  Fog City Cab

Business Address (Street Address, City, State, Zip)  929 Buena Vista St, SF, 94103

Business Phone  (415) 282-8749

Owner / Operator  ☐ Gas & Gate  ☐ Long Term Lease

MacAllister Number(s)  787

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder:  Sammy Tam

Title: Owner

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Fog City Cab, 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  10-30-07

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

also worldwide 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

Print Name of Applicant  Chuck B Tong

Signature of Applicant

OFFICE USE ONLY

Agenda Notice Date:  10-13-07
Hearing Date:  10-27-07
Decision of Taxicab Commission:  11-07-07
New Decision Date:

Worker's Comp Submitted
Insurance Submitted  Paint Chips Submitted
Photos Submitted

Received by: Danielle  Receipt No. WJ2397  Amount: $291

[Redacted]
**ACORD TM CERTIFICATE OF LIABILITY INSURANCE**

**PRODUCER:** Phone (628) 800-0900 Fax 628-670-0008
NEW CENTURY INS SERVICES, INC.
16 N. 2ND ST.
ALHAMBRA CA 91801

**INSURED:**
FOG CITY CAB, INC.
979 BRYANT STREET
SAN FRANCISCO CA 94103

**COVERAGE**

The policies of insurance listed below have been issued to the Insured named above for the 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.

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<th>TYPE OF INSURANCE</th>
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<th>POLICY EFFECTIVE DATE/MONTH/YEAR</th>
<th>POLICY EXPIRATION DATE/MONTH/YEAR</th>
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<td>GARAGE LIABILITY</td>
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<td>AUTO ONLY - EA ACCIDENT</td>
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<td>EL. DISEASE-POLICY LIMIT</td>
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</table>

**Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions**

This certificate is for information-only purposes.

**MEDALLION NUMBER:** 767

---

**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**

Signature: ________________________________

INSURANCE IDENTIFICATION CARD

COMAPNY
MOTOR COLUMBIA INSURANCE COMPANY

POLICY NUMBER

YEAR
2003

AGENCY/COMPANY ISSUING CARD
PUBLIC LIVELY INS SERVICES, INC
1380 EL CAJON BLVD, SUITE 212
EL CAJON, CA 92020

INSURED
FOG CITY CAR # 787
979 BRYANT ST
SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

COMAPNY
MOTOR COLUMBIA INSURANCE COMPANY

POLICY NUMBER

YEAR
2003

AGENCY/COMPANY ISSUING CARD
PUBLIC LIVELY INS SERVICES, INC
1380 EL CAJON BLVD, SUITE 212
EL CAJON, CA 92020

INSURED
FOG CITY CAR # 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,
passerenger and witness.

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

ACORD 50 (1/63)

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,
passerenger and witness.

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

ACORD 50 (1/63)
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,

[Signature]

Greg Poon
Fog City Cab Inc
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
☐ CHANGE OF COLOR SCHEME – From: World Wide

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last)
Edward Charles Bennett

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

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

Business Name
Fog City Cab

Business Address (Street Address, City, State, Zip)
9707 Bryant St San Francisco CA 94109

Medallion Number(s)
707

☐ Owner/Operator
☐ Gas & Gata
☐ Long Term Lease

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder:
Suey Tam

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for:
Fog City Cab

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

(2) - 30 - 07

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

☐ Tempo
☐ We 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 October, 2007, at San Francisco, California

Edward Charles Bennett

OFFICE USE ONLY

Agenda Notice Date 11/3/07
Hearing Date 11/27/07
Decision of Taxicab Commission
New Declaration Signed
Worker's Comp Submitted
Insurance Submitted
Paint Chips Submitted
Photos Submitted

Received by: Daniele
Receipt No. 044342
Amount $291

©KeyPlusForms/UrbanTaxiColorSchemeApplication
**ACORD CERTIFICATE OF LIABILITY INSURANCE**

**INSURED**
FOG CITY CAB, INC.
673 HYATT STREET
SAN FRANCISCO CA 94103

**INSURER A:** Delta Insurance Company

**Coversages**

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.

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>POLICY EFFECTIVE DATE (MM/DD/YYYY)</th>
<th>POLICY EXPIRATION DATE (MM/DD/YYYY)</th>
<th>LIMITS</th>
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<td></td>
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<td>DAMAGE TO RENTED PERSONS (Ex. Exempt)</td>
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<td>MEDICAL EXPENSES (Any one person)</td>
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<td>PERSONAL &amp; ADJURY</td>
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<td>ALL OWNED AUTOS</td>
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<td>AND OFFICERS/EXECUTIVE OFFICERS/EMPLOYEES EXCLUDED</td>
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<td>E.L. EACH ACCIDENT</td>
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<td>E.L. DISEASES-EA EMPLOYEE</td>
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<td>1,000,000</td>
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<td>E.L. DISEASES-POLICY LIMIT</td>
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</table>

**Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/ Special Provisions**

This certificate is for information-only purposes.

**Certificate Holder**

**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 upon the issuing insurer, its agents or representatives.

Authorized Representative

**Attention:**

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 (1/03)
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,

[Signature]

Greg Poon
Fog City Cab Inc
CHANGE OF COLOR SCHEME – From: Worldwide

Applicant's Name (First, Middle, Last): George Francis Blake
Residence Address (Street Address, City, State, Zip): 31 City St, CA 94015
Phone: ( )

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

Business Name: Fog City Cab
Business Address (Street Address, City, State, Zip): 31 City St, CA 94015
Business Phone: ( )

Medallion Number(s): 957

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder:

Title: Owner

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Fog City Cab hereby give consent to the applicant named to use my color scheme.

(Tenant)

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

Signature of Color Scheme Holder / Person authorized to sign for Color Scheme Holder: ____________________________

Date: 10-30-20

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

☐ 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 9th day of 10, 2020 at San Francisco, California

George F. Blake

Print Name of Applicant

Signature of Applicant

OFFICE USE ONLY

Agenda Notice Date: 11-2-10
Hearing Date: 11-2-10

Decision of Taxicab Commission: Rejected

New Denomination:

Worker's Comp Submitted: Yes
Insurance Submitted: Yes
Paint Chips Submitted: Yes
Photos Submitted: Yes

Received by: Danielle
Receipt No: 049392
Amount: $291

(Rev. 02/13/05)
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 CERTIFICATE OF LIABILITY INSURANCE

**Producer:** Phone: (805) 300-9000 Fax: 605-370-6008
**New Century Ins Services, Inc.**
18 N. 2nd St.
Alhambra CA 91801

**Insured:**
Fog City Cab, Inc.
678 Bryant Street
San Francisco CA 94103

**Insurers Affording Coverage:**

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<th>NAIC #</th>
<th>Insurer A</th>
<th>Insurer B</th>
<th>Insurer C</th>
<th>Insurer D</th>
<th>Insurer E</th>
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<tr>
<td></td>
<td>Delco Insurance Company</td>
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</table>

**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.

**Limits:**

<table>
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<tr>
<th>Type of Insurance</th>
<th>Policy Number</th>
<th>Policy Effective Date (MM/DD/YYYY)</th>
<th>Policy Expiration Date (MM/DD/YYYY)</th>
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<td></td>
<td></td>
<td>Property Damage (By Accident)</td>
<td>$50,000</td>
<td></td>
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<td></td>
<td></td>
<td>Bodily Injury (Per Person)</td>
<td>$100,000</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Bodily Injury (Per Accident)</td>
<td>$100,000</td>
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<td></td>
<td>Products-Commodity Assault</td>
<td>$100,000</td>
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<td>AGG</td>
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<td>Other Than EA Accident</td>
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<td>EA Accident</td>
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<td>Auto Only</td>
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<td>AGG</td>
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<td></td>
<td></td>
<td>Worker's Compensation</td>
<td>$1,000,000</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Employer's Liability</td>
<td>$1,000,000</td>
<td></td>
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<td></td>
<td></td>
<td>Each Occurrence</td>
<td>$1,000,000</td>
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<td></td>
<td>AGG</td>
<td>$1,000,000</td>
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<tr>
<td></td>
<td></td>
<td>Retention</td>
<td>$1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**Workers' Compensation and Employers' Liability:**

<table>
<thead>
<tr>
<th>Policy Year</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/15/07</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>9/15/08</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

**Workers Compensation/Endorsement Special Provisions:**

- If yes, describe under special provisions below

**Other:**

- All operations/locations/vehicles/exclusions added by endorsement/special provisions

**Description of Operations/locations/vehicles/exclusions added by endorsement/special provisions**

- **This Certificate is for information-only purposes.**
- **Medallion Number:** 957

## Certificate Holder

**Taxi Commission**
**City Hall**
25 Van Ness Ave, Suite 420
San Francisco, CA 94102-6055

**Attention:**

**Cancellation:**

- Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to make 30 days written notice to the certificate holder named to the left. Upon failure to do so, the insurer shall impose no obligation or liability of any kind upon the insurer or its agents or representatives.

- **Authorized Representative:**

- **ACORD 28 (2001/06) Certificate #: 62866**

- **© ACORD CORPORATION 1969**
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,

[Signature]

Greg Poon
Fog City Cab Inc
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
☐ CHANGE OF COLOR SCHEME – From: WORLD WIDE

Complete both sides
(Complete front side only)

Applicant's Name (First, Middle, Last) Jack Shuck Hoey

Residence Address (Street Address, City, State, Zip) AF CA 94108

Applicant's Name (First, Middle, Last) Phone 415

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 Fog City cab
Business Address 979 Brannan ST SF 94103

Business Phone 415-692-0747

Identifying Number(s) 386

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: Sonny Tam

Title: Owner

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Fog City Cab 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 Oct 30, 2007

Date

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

☒ 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 Oct 2007 at San Francisco, California

Jack Shuck Hoey

Signature of Applicant

OFFICE USE ONLY

Agenda Notice Date 11/3/07
Hearing Date 11/27/07
Decision of Taxicab Commission

Worker's Comp Submitted
Insurance Submitted
Paint Chips Submitted
Photos Submitted

Received by: Danielle
Receipt No. 043909
Amount $29.00

(Rev. 9/2006)

SAN FRANCISCO
TAXICAB COMMISSION
# Certificate of Liability Insurance

**Producer:** New Century Ins Services, Inc.  
**Address:** 10 N. 2nd St.  
**City:** Alhambra  
**State:** CA  
**Zip Code:** 91801

**Insured:** Fog City Cab, Inc.  
**Address:** 970 Bryant Street  
**City:** San Francisco  
**State:** CA  
**Zip Code:** 94103

**Certificate Number:** 00000000000000000000000000000000

**Issuing Company:** Delco Insurance Company

**Date:** 09/10/07  
**Expiration Date:** 09/10/08

## COVERAGE

The policies of insurance listed below have been issued to the Insured named above for the policy periods 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.

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Policy Number</th>
<th>Policy Effective Date (MM/DD/YYYY)</th>
<th>Policy Expiration Date (MM/DD/YYYY)</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Liability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial General Liability</td>
<td></td>
<td>EACH OCCURRENCE</td>
<td>DAMAGE TO THIRD PERSONS ($50,000)</td>
<td>$50,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MED. EXP. (Any one person)</td>
<td>$50,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PERSONAL &amp; ADJ. INJURY</td>
<td>$50,000</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>GENERAL AGGREGATE</td>
<td>$50,000</td>
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<td></td>
<td></td>
<td></td>
<td>PRODUCT-COMPRO. AGG.</td>
<td>$50,000</td>
</tr>
<tr>
<td>Automobile Liability</td>
<td></td>
<td>ANY AUTO</td>
<td>COMBINED SINGLE LIMIT ($50,000)</td>
<td>$50,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALLOWED AUTOS</td>
<td>SCAVL INJURY</td>
<td>$50,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SCHEDULED AUTOS</td>
<td>SCAVL INJURY</td>
<td>$50,000</td>
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<td></td>
<td></td>
<td>HIRED AUTOS</td>
<td>SCAVL INJURY</td>
<td>$50,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NON-OWNED AUTOS</td>
<td>SCAVL INJURY</td>
<td>$50,000</td>
</tr>
<tr>
<td>Garage Liability</td>
<td></td>
<td>ANY AUTO</td>
<td>PROPERTY DAMAGE</td>
<td>$50,000</td>
</tr>
<tr>
<td>Excess / Umbrella Liability</td>
<td></td>
<td>EACH OCCURRENCE</td>
<td>AGGREGATE</td>
<td>$50,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CLAIMS MADE</td>
<td></td>
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<td></td>
<td></td>
<td>CLAIMS MADE</td>
<td>DEDUCTIBLE</td>
<td>$50,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RETENTION</td>
<td>$50,000</td>
<td></td>
</tr>
<tr>
<td>Workers Compensation and Employers Liability</td>
<td></td>
<td>09/16/07 09/16/08</td>
<td>LIMITS</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>E.L. EACH ACCIDENT</td>
<td>$1,000,000</td>
<td></td>
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<tr>
<td></td>
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<td>E.L. DISEASE-EA EMPLOYEE</td>
<td>$1,000,000</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>E.L. DISEASE-POLICY LIMIT</td>
<td>$1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions:**

This certificate is for information-only purposes.

**Medallion Numbers:** 366

## 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 and 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:**

**Certificate Holder:**

**City Hall:**

25 Van Ness Ave., Suite 420  
San Francisco, CA 94102-8055

**Attention:**

**ACORD 25 (2011/03) Certificate #:** 00000000000000000000000000000000

© ACORD CORPORATION 1998
INSURANCE IDENTIFICATION CARD

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

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: [Signature]
  (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**

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAELE T. W. CHONG</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Res:</th>
<th>CA, CA 94587</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Joint Applicant's Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Business Address (Street Address, City, State, Zip)</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOWN TAXI</td>
<td>999 PENNSYLVANIA AVE., SF, CA</td>
<td>(415) 401-8985</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medallion Number(s)</th>
<th>1040</th>
</tr>
</thead>
</table>

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

Business Name: TOWN TAXI
Business Address: 999 PENNSYLVANIA AVE., SF, CA
Business Phone: (415) 401-8985

Medallion Number(s): 1040

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, California

MICHAEL CHONG
Print Name of Applicant

**TO BE COMPLETED BY ACCEPTING COLOR SCHEME**

Name of person authorized to sign for Color Scheme Holder: RAFAEL MACHKOVSKY
Title: PRES.

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for TOWN TAXI 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: [Signature]

Date: 10/30/07

**OFFICE USE ONLY**

Agenda Notice Date: 11/30/07
Hearing Date: 11/27/07
Decision of Taxicab Commission: [DECEIVED]
New Declaration Sheet: [RECEIVED]
Worker's Comp Submitted: Yes
Insurance Submitted: Yes
Paint Chips Submitted: Yes

Received by: DANIELLE
Receipt No.: 041000
Amount: $291
Date: 11/30/2007

Revised 11/04/2015
To Whom It May Concern:

Medallion Holder # 386, Jack 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
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 POLICE OFFICER UPON REQUEST. 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 (PMO) 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 PMO 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 **************

<table>
<thead>
<tr>
<th>MAKE</th>
<th>YR MODEL</th>
<th>YR 1ST SOLD</th>
<th>VLF CLASS</th>
<th>YR</th>
<th>TYPE VEH</th>
<th>TYPE LIC</th>
<th>LICENSE NUMBER</th>
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</thead>
<tbody>
<tr>
<td>DODG</td>
<td>2005</td>
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<td>CE</td>
<td>2007</td>
<td>17S</td>
<td>11</td>
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</table>

| BODY TYPE MODEL | NO | NO |
| SV | G | NV |

| TYPE VEHICLE USE | DATE ISSUED | CC/ALCO | UT FEE RECVD | PIC |
| AUTO | 08/03/07 | 01 | 05/03/07 | 8 |

| PR EXP DATE: 11/08/2007 |
| AMOUNT PAID: $515

REGISTERED OWNER

| KARL T | 10 DRI |
| UNION CITY | CA | 94587 |

LENS HOLDER

| DC FNCL SVC AMER LLC | PO BX 997533 |

SIGNATURE: [redacted]
INSURANCE IDENTIFICATION CARD

STATE  CA
COMPANY  Lincoln General Insurance Co.
POLICY NUMBER  835
ISSUING COMPANY  A. Tittle Insurance

06/22/07  06/22/08
EFFECTIVE DATE  EXPIRATION DATE
VEHICLE IDENTIFICATION NUMBER  M317

K 05 Dodge Caravan

141 Eastlake
Galveston, Texas 77550

Michael T. Chong
Desoto Cab #1040

CA 94587

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.

A000 50 WW/2/99

#1040
**ACORD CERTIFICATE OF LIABILITY INSURANCE**

**Client #: 57316**

**TOWN TAXI**

**PRODUCER**
UnionBanc Ins. Services, Inc.
750 S. Street, Suite 2400
San Diego, CA 92101
800 421-6744

**INSURED**
Town Taxi Cab Company
999 Pennsylvania Avenue
San Francisco, CA 94107

**INJURED**
Lincoln General Insurance Co.

**INJURER**
Lincoln General Insurance Co.

**COVERAGE**

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.

<table>
<thead>
<tr>
<th>INSURED</th>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFFECTIVE DATE</th>
<th>POLICY EXPIRATION DATE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENL LIABILITY</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>Claims Made</td>
<td>Each Occurrence</td>
<td>$5,000,000</td>
<td>$5,000,000</td>
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<td></td>
<td>GENERAL LIABILITY</td>
<td>Each Occurrence</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
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</tr>
<tr>
<td>AUTOMOBILE LIABILITY</td>
<td>ANY AUTO</td>
<td>Combined Single Limit</td>
<td>$25,000,000</td>
<td>$25,000,000</td>
<td>$25,000,000</td>
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</tr>
<tr>
<td>GARAGE LIABILITY</td>
<td>ANY AUTO</td>
<td>Auto Only</td>
<td>$5,000,000</td>
<td>$5,000,000</td>
<td>$5,000,000</td>
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<tr>
<td>EXCESS OVER LiABILITY</td>
<td>Occur</td>
<td>Each Occurrence</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
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<td>DECLUTERABLE</td>
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<td></td>
<td>RETENTION</td>
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</tr>
</tbody>
</table>

**A WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY**

**OTHER**

**CANCELLATION Ten Day Notice for Non-Payment of Premium**

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

Certificate Holder is named as additional insured as their interest may appear. With respect to the following Medallion List Attached.

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

**CERTIFICATE HOLDER**

**CANCELLATION Ten Day Notice for Non-Payment of Premium**

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

Should any of the above described policies be cancelled before the expiration date therefor, the issuing Insurer will endeavor to mail 150 days written notice to the certificate holder named to the left, but failing to do so shall impose no obligation or liability of any kind upon the Insurer, its agents or representatives.

Authorized Representative

Maurice C. Shady, Jr.
TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxi Commission

G NEW COLOR SCHEME  G CHANGE OF COLOR SCHEME — From: [Signature]

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

PLEASE PRINT CLEARLY — COMPLETE ENTIRE FORM

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAHINDER SINGH</td>
<td>(415)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Red Address/Resident Office Address (City, State, Zip)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.F.</td>
<td>(     )</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Joint Applicant's Name (First, Middle, Last)</th>
<th>Phone</th>
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<tbody>
<tr>
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<td>(     )</td>
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<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(     )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is this a Corporate permit?</th>
<th>G No</th>
<th>G Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, Name of Corporation:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Business Address (Street Address, City, State, Zip)</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.F. Yellow Cab</td>
<td>1200 Mississippi St, S.F.</td>
<td>(415) 282-3737</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medallion Number(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
<td></td>
</tr>
</tbody>
</table>

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

I would like to join well-known and good 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 17th day of Oct 2007 at San Francisco, California

[Signature]

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY ACCEPTING COLOR SCHEME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person authorized to sign for Color Scheme Holder:</td>
</tr>
<tr>
<td>HARLAN MELLECARD</td>
</tr>
</tbody>
</table>

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for S.F. YELLOW CAB COOPERATIVE 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] 10/17/07

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Agenda Notice Dated</th>
<th>Hearing Date</th>
<th>Decision of Taxi Commission</th>
<th>New Declaration Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/13/07</td>
<td>11/22/07</td>
<td></td>
<td>RECEIVED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worker's Comp Submitted</th>
<th>Insurance Submitted</th>
<th>Paint Chips Submitted</th>
<th>Photos Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Received by: [Name]  Recipt No: 04-L391  Amount: 8391  Date: OCT 1 8 2007
MOHINER SINGH
E 4E
CA 94115-1410

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

M5952076
140041920072471

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

MODEL YEAR
04/28/2007

FORD

DATE FIRST SOLD
02/01/2000

CLASS
CM 2004 2002

BODY TYPE MODEL
TX

MAKE
FORD

TOTAL FEES PAID $136

04/28/2007

REGISTRATION VALID FROM
37X G 2 C 03920

TAXI

LICENSE NUMBER

OWNER

REGISTERED

LEGAL HOLDER

W0024
R0041
L0049
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)
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.

MARK B. ASHCRAFT
DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

CHUCK CAKE
DIRECTOR

EFFECTIVE:
THE 16th DAY OF JUNE 10, 2003

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 obligations in a dishonorable 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 9, California Administrative Code, Group B—Administration of Self-Insurance.