Agenda: Item 6

Consent Calendar

Consent Calendar: Item A

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

CITY AND COUNTY OF SAN FRANCISCO



TAXI COMMISSION MAYOR GAVIN NEWSOM

COMMISSIONERS TELEPHONE (415) 554-7737

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

HEIDI MACHEN, EXECUTIVE DIRECTOR

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

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

Absent: 0

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

STAFF IN 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 Pack: Is there any evaluation for the paratransit program? We have not received an update report on the paratransit service.
- **Director Machen:** We are working with Veolia on a ramp survey which should be coming before the Commission in the wintertime.
- Com Heinicke: Last Friday in October father-in-law visiting needed a cab and got into a long line and 3 limos approached the taxi stand and told the bellman that he would not take the limo because it was illegal. Issue he cares about and takes seriously. Realizes the frustration out there and needs to be a taxi industry wide issue.
- Com Benjamin: How do we make drivers fall under manager's exemption?
- **Director Machen**: MPC code would have to be amended. It also limits small companies. It is drafted as a limited exemption. If the Commission wishes to expand that then Commission could send a Resolution to the Board of Supervisors.

Public Comment:

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

SPECIAL ORDER 7:00 - 7:30 PM

- 3. Public Comment (Please limit public comment to items NOT on the agenda)
- 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 Mehmmod: Issue right now gas prices. Very expensive.
- Com Heinicke: Are you in favor of a meter increase for drivers?
- Tariq Mehmood: Yes
- Jim Gillespie: Francis Gonzales drives a lot and was denied by the Commission because he did not know
 that Yellow only turned in his ramp waybills as opposed to the regular waybills. Staff says he had his
 chance. It's taken a few months for us to realize what is going on. He has driven over 2000 hours each year
 but we have only submitted 600 hours.
- Pres Gilliespie: I have no problem with that. We will need to look into this.
- Hansu Kim: He's a very strong proponent of Daly/Ma but there are a lot of people that have driven and are not being qualified because of the legislation. Legal action may be taken since there are enough people that are being disqualified because of this.
- **Com Breslin:** Confused about the Consent calendar. Do we get all the names who qualify and do not qualify?
- **Director Machen:** If someone comes into the office who does not meet the requirements the Commission will then place them on the Consent calendar as are others even if they partially meet the requirement.
- Sylvia Johnson: Drove a taxi for 6 years

4. Consent Calendar [ACTION]

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

Public Comment:

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

also applications that he needs to fill out.

- Taria 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, Pack, Heinicke, Oneto RECUSE: 0

NOES: 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 ABSENT: 0

- Com Heinicke: Approve D-5 Alula Woldeab
- Breslin: 2nd

RECUSE: Benjamin

- Roll Call
- Vote

AYES: Benjamin Oka, Breslin, Paek, Heinicke, Oneto

NOES: 0

RECUSE: Gillespie

ABSENT: 0

- Set 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

RECUSE: 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 Pack: Continue this item to the next meeting.
- Com Oka: 2nd motion
- Com Heinicke: We should screen this complaint quickly.
- Com Oneto: Would this case hurt the color scheme?
- Sgt Reynolds: Always possible but they would better address this than I and I only saw this tonight so I do not have much information.
- John Lazar: What is happening is a violation of rules and regulations that Luxor does not want to be apart of.
- Roll Call
- Vote

AYES: Oka, Breslin, Gillespie, Paek, Heinicke, Oneto
RECUSE: Benjamin

NOES: 0
ABSENT: 0

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

AYES: Benjamin Oka, Breslin, Gillespie, Paek, Oneto
RECUSE: Gillespie

NOES: Heinicke,
ABSENT: 0

- Pres Gillespie: Remove Emil Lawrence's name from the ineligible ramp list.
- Com Breslin: Does he maintain his position?
- Pres Gillespie: Our staff will review his applications.
- Com Breslin: Motion to reinstate him to the ramp waiting list.
- Com Oka: 2nd motion

AYES: Benjamin Oka, Breslin, Gillespie, Paek, Heinicke, Oneto NOES: 0
RECUSE: 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 indiscrepencies between the resolutions from today and the last Commission meeting. These go too far.
- Hansu Kim: We can avoid a lot of everyone's time if the Commission staff included color schemes when drafting resolutions. This item could have been crafted better if the community gave their input.
- Carl Macmurdo: Do not see the need to put in the specific points since the MPC language is inclusive.
- Peter Witt: Not one speaker has spoken for this resolution. Rehabilitation and jail are two sources to fix these violations. Staff is rushing to judgment.
- Mike Spain: Known a few murders and some drug dealers. Also knows drivers who carry weapon. Others who have convictions and served time.
- Tariq Mehmood: What prompts this Commission to rush these rules? The laws been drafted by someone who doesn't have much experience.
- Mr. Singh: Speaking on behalf of drivers. If a driver is convicted and served time, why should this be a problem? This is a waste of everyone's time.
- **Sgt Reynolds**: People are not happy. Citizens have written letters of complaints of bad service. This will weed out a small group of people that harp the system. If we do not have the tools how do we know if we have sexual predators? There aren't only 1 or 2 problems. We are looking for heavy duty violators. We want this tool to make the City safer for everyone.

- Mary McGuire: Who will pay for this? Legislation is confusing because it talks about different things. Who does this apply too and does this apply retroactively?
- John Lazar: What about limo drivers? We should know who's driving but it happens without our knowledge. Personal information is difficult to find. Reaching out to the color schemes is important. Background checks on long time drivers doesn't make sense.
- Deputy Director Thigpen: This is not retroactive and only applies to new drivers. I believe in redemption but that does not mean that we should sit back and allow people that have convictions to drive the public around.
- Pres Gillespie: Do you know the recommendations we have suggested?
- **Deputy Director Thigpen:** Yes, I only ask the Commission pass the P-16 medallion Resolution since it will take more resources to revoke a medallion than to prevent one from going through.
- Com Heinicke: We presented some changes and members of the public have too. I continue to debate what the background check should be since I agree that there should be a background check. Should we allow the detail work their standards or should we have thoroughly listed criteria.
- Com Oneto: All companies do background checks on their employees. I don't see why taxi drivers shouldn't.
- Com Paek: Does not feel comfortable voting on this tonight. I would like to have included the companies' opinions. We should pause and think about a consensus on this issue with all the stake holders.
- **Deputy Director Thigpen:** We did consult with a few taxi company owners. Some companies do not cooperate with us to establish standards when they do not adhere to current standards.
- Pres Gillespie: We would like for you to make the proposed changes and come back to you at the next scheduled meeting.
- 6. Subpoena Authority and Hearing Rule Changes Recommending Board of Supervisor Legislation [DISCUSSION and POSSIBLE ACTION]
 - *Continued to call of the Chair
- 7. Public Convenience and Necessity: Establishing Appropriate Number of Taxis, Including Possible Issuance of Peak Time Medallions [POSSIBLE ACTION]
 - *Continued to call of the Chair
- 8. Public Comment (Please limit public comment to items NOT on the agenda; also limited to public that did not speak during Special Order)
- Carl Macmurdo: MUNI and taxi allows for felons and gives other people a second chance. Possibly future agendas should cover this.
- Charles Rathbone: Agenda should be put together differently. Better effort to be made.
- Rich Hybels: Only have asked medallion holders to give him 30 days notice for color scheme.
- Laurie Graham: Parking drop-off in white/ blue zone issue that needs to be addressed.
- 9. Adjournment-11:05pm

Consent Calendar: Item C

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

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

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

CITY AND COUNTY OF SAN FRANCISCO



TAXI COMMISSION MAYOR GAVIN NEWSOM

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
 - o 2005: 800+ hours
 - o 2006: 800+ hours
 - o 2007: 800+hours
- 7. Tai Yip, List# 6-489-A, Alternative Fuel Medallion
 - o 2005: 156+ shifts
 - o 2006: 156+ shifts
 - o 2007: 156+ shifts
- 8. Yosef Habtemarium, List# 6-473, Alternative Fuel Medallion
 - o 2004: 156+ shifts
 - o 2005: 156+ shifts
 - o 2006: 156+ shifts
- 9. Tam D. Nguyen, List# 6-492, Alternative Fuel Medallion
 - o 2005: 800+ hours
 - o 2006: 800+ hours
 - o 2007: 800+ hours
- 10. Amilcar Pereira, List# 6-927, RAMP
 - o 2005: 156+ shifts
 - o 2006: 156+ shifts
 - o 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.

- o Last 6 months: 400+ hours
- o Wheelchair Pick Ups: 100+
- 11. Nikolay Busel, List# 6-494, Alternative Fuel Medallion
 - o 2004: 152 shifts
 - o 2005: 155 shifts
 - o 2006: 153 shifts
- 12. Frederick Lein, List# 6-513, Alternative Fuel Medallion
 - o 2005: 156+ shifts
 - o 2006: 156+ shifts
 - o 2007: 156+ shifts
- 13. Reynaldo Magno, List# 6-509, Alternative Fuel Medallion
 - o 2004: 156+ shifts
 - o 2006: 156+ shifts
 - o 2007: 156+ shifts

October 22, 2007

RECEIVED

OCT 3 0 2007

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

SAN FRANCISCO

(AXI COMMISSION

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 to 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

Analyses of the Number of September 1987 And September 1987 Analyses of the Number of September 1987 Analyses of the	Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
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Residential Control Co		nis Number: M - 14, 3 a.w 4p.m.
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Color Shower Business Address (Street Address, City, State, 20) STS MARIN STREET, SAN FRANCISCO CA 94124 Are you a U.S. Citizen? Resident Card Number Are you a U.S. Citizen? Resident Card Number Are you as U.S. Citizen State Card Number Are you as U.S. Citizen Support State Support Are you as U.S. Citizen Support Are you as U.S.	Race (Optional)	Eye Color Han Girty
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Have you eve	r been convicte	d of, or plead g	juilty or No Cor	ntest to any cri	me? □Yes		provide the infor		
	de full information					be considered c	(Attach additional ause to deny th	e permit.	:G8G)
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	ny physical imp		∐Yes ⊠ No		scribe the imp	airment:			
	had: Epi	lepsy □ Ye	s 🛛 No	Vertigo	□Yes 🕱	No H	eart Trouble	□Yes	ī≱-No
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was an	<u>AKRAW C</u> KADIO PI	16 CO) E	LOVER	25 YEAL	S AND I	HAVE ALU	RUS B.		<u> </u>

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 day of NOVENBER, 20 07 at San Francisco, California.
Michael H. Mobin
Signature of Applicant /

RECEIVED

NOV 07 2007

SAN FRANCISCO TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION

SAN FOANCISCO AXI CREVIBOUS 1/04/2005

1 Santo			San Francisco Taxicab Commissi
NEW COLOR SCHEMS (Complete both sides)	E [] CHANGE (OF COLOR SCHEME — From: _ mplete (ront side only)	
YOU MUST SUBMIT A CERTIF	ICATE OF WORKER'S COMPENSAT	TION, REGISTRATION CARD, & INSU	RANCE CARD WITH THIS APPLICATIO
		LY – COMPLETE ENTIRE FOI	
Applicant's Name (First, Middle, Last)	ENRY GIBBOX) (Phone
Residence Address (Street Address, C	City, State, Zip)		- 001 /101
1 1.00	' ' '	CERRITO CA 94	-530 -3738
Joint Applicant's Name (First, Middle,			Phane ()
Residence Address (Street Address, C	City, State, Zip)		
Is this a Corporate permit?	No Yes If yes, Name	of Corporation:	
		E-turbat varus businass nama, add	roca and phane number will be
Business Name	Business Address (Street Address (Street Address)	i, list what your business name, add ddress, City, State, Zip)	Business Phone
	O. 2575 MARI	N Si, SAN FRANCISCO,	Owner / Operator
Médallion Number(s)			Gas & Gate . Long Term Lease
Please list the reason(s) wh	ry you are requesting this chan	ge:	
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•		of the State of California that the fo	oregoing is true and correct.
Executed this 714	_day of NOVIMBA	, 20 <u>07</u> at	San Francisco, California
MicHIA LLE	SIM GRRALS		
Print Name of	of Applicant	, Sig	nature of Applicant
	TO BE COMPLETED BY A	CCERTING COLOR SCHEME	
Name of person authorized to sign for Co			Title:
Many Speck			President
L the Color Schame Holder / person	authorized to sign for the Color Scher	me Holder for	now Cah
hereby give consent to the applicant		Ta	xicab Color Scheme
		California that the foregoing is true and	d correct.
5	. 1		10/- 100
Signature of Color Scheme Holder / p	erson authorized to sign for Color Scheme Holder		/23 /0/ /Date
Agenda Notice Date	OFFICE	USE ONLY Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted V 0 7 2007
Received by:	Receipt No.	Amount	Date 140 4 4 2007

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NOV 0 7.2007

SAN FRANCISCO IAXI COMMISSION



DRIVER LICENSE CLASS: C



SEX:M HAIR:BRN HT:6-00 WT:215

RSTR: CORR LENS



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

EXPIRES: DECEMBER 31, 2007 MICHAEL H. GIBBONS

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



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

JOHN MARTIN NICKULAS	Type of Medallio	n Applying for: egular	□ Ramp
Residence Address (Street Address, City, State, Zip)	94606-2109		
Mailing Address (If different than residence address)			
· · · · · · · · · · · · · · · · · · ·	Phone Number: ('.)		
Hours Available at this Number: 34/7: Cell Phone Hours Avail	ilable at this Number:		
Social Security Number Other name(s) used			
California Driver's License Number / Expiration Year Data of Sirth		Place of Birth	, '7,4
		T Ha	ir Color
Color Scheme / Business Name	16s. BLUE	Business Num	GRAY iber
Speck CAB Co. INC. Iba ARROW CAB	Co.	(415)	970-1100
Color Scheme / Business Address (Street Address, City, State, Zip) 25.75 MARIN ST. S.F. CA. 94124			
	tive driver and hold a ci	rrent Public	Passenger Vehicle
Are you a U.S. Citizen? Yes \(\subseteq \text{No} \) Are you a U.S. Citizen? Yes \(\subseteq \text{No} \) Oriver Permit? Ye			.,
if Yes -Date Permit w	as issued:	Perr	nit #: 44 - 02652
Facts which show why the public will not be adequately served unless t	his permit is granted	: (attach ad	ditional pages if needed
I HAVE BEEN A SAN FRANCISCO CAB	DRIVER FOR	2 006	R DR YEAR
ALSO I DO NOT CONSIDER THE TAXI			
INTERNATIONAL AIRPORT AS MY SECON	ND HOME.		
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If you are granted a seal? ⊠Yes ☐ No	taxicab permit,	will you use an	accurate taximeter at all	times and poss	ess a vali	d current Weights and	d Measures
and smog inspection	taxicab permit, n certificate ar □ No	will you obtain a nd submit to an	San Francisco Airport of annual inspection of the	decal, submit an ne general app	nually a S earance o	State of California bra of the interior and ex	ke, road lamp, derior of your
Read each section a	nd sign Initials	to the left of eac	h section if you agree ar	id understand.			٠.
Francisco Controller that are applicable to	there are secti	ons of the San I	egulations adopted by the Francisco Municipal Coon it holder.	ne Taxicab Com le, San Franciso	mission a co Traffic	and of the City and C Code and California	County of San Vehicle Code
permit. There are co at www.sfgov.org. If	pies of the Sai a Letter of Inte at the foregoin in provided by	r Francisco Mur int is required, I ag is true and o	ons of the San Francisco nicipal Code available at acknowledge that the Lo correct. Executed at S this application, may be	City Hall, The I etter of Intent is an Francisco,	Public Lib part of th California	rary, Legal bookstore ne application, and I o . I understand that	es and on-line declare under any false or
any twenty-four (24)	hour period a	t least seventy-	s a permittee-driver under five percent (75%) of the notal statement is true ion, may be considered	he business da and correct. I	ıys during understa	g the calendar year and that any false o	and that the rincomplete
I have read all of the a	bove statemer	its and declare ι	inder penalty of perjury t	hat they are cor	rect.		
Executed on this	5 TH	day of	Novembee	, 20	67	at San Francisco,	California.
Signature of		Nichala	<u> </u>			NFC-F	
- J.J	* 4· · · · · · · · · · · · · · · · · · ·				·	and of the life	28 7 9 5 3

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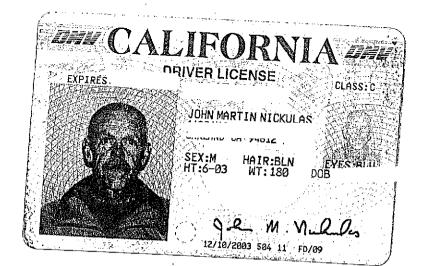
SAN FRANCISCO BAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

NEW COLOR SCH		NGE OF COLOR SCHEME - From	1:
(Complete both sides) 'YOU MUST SUBMIT A CE			SURANCE CARD WITH THIS APPLICATION.
	+	LEARLY - COMPLETE ENTIRE F	
	LARTIN NICKUL	-AS	Phone (415)
	, CA 94606 - 210	,	RECEIVED
Joint Applicant's Name (First, M	iddle, Last)		() NOV 9 8 2007
Residence Address (Street Address	ess, City, State, Zip)		SAN FRANCISCO
Is this a Corporate per	mit? 🛛 No 🗌 Yes if ye	s, Name of Corporation:	TAXI COMMISSION
Medallion Number(s)	,	(Street Address, City, State, Zip) 25-725 MARIN ST SFO 9416	Business Phone (H/S-)
	MEDALLION : No		EME
(We) certify (or declare) u	inder penalty of periury under the	ne laws of the State of California that the	e foregoing is true and correct.
Executed this 5			at San Francisco, California
)ににむいA S Name of Applicant	John M.	Mcc. Qos Signature of Applicant
	TO BEGOMPLETE	BY ACCEPTING COLOR SCHEI	Æ.
ame of person authorized to sign	for Color Scheme Holder:		Title:
the Color Scheme Holder / pe	erson authorized to sign for the Col	or Scheme Holder for	J-i- Ak di
	licant.named to use my color scher		
Marchen	alty of perjury under the laws of the	State of California that the foregoing is true a	and correct.
	റ	FFICE USE ONLY	
enda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
orker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
ceived by:	Receipt No.	Amount	Date

NOV 08 2007

SAN FRANCISCO TAXI COMMISSION



I.D. Card or Driver License No.

Enter your new address below:

CA PUGO

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 9 0 AMCT 1 A Public Service Agency



ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

JOHN M. NICKULAS

P44-6

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



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) RAYMOND REPUYA	DE LGADO	Type of Medallion Applying for: ⊠ Regular □ Ramp
Residence Address (Street Address, City, State, Zio)	HELCULES	CA 94547
Mailing Address (If different than residence address)	FEEC CE 2	
Residence Phone Number: (S	Alternate Phone Num	nber: ()
Hours Available at this Number: ANY TIME	Hours Available at th	is Number:
Social Security Number Other	name(s) used	
California Driver's License Number / Expiration Year	Date of Birth	Place of Birth
Race (Optional)	Height Weight	BROWN RUACK
Color Scheme / Business Name		Business Number
Color Scheme / Business Address (Street Address, City, State, Zip)		
Are you a U.S. Citizen? ⊠Yes □No	Driver Permit? Aves A	er and hold a current Public Passenger Vehicle
If No. Allen Resident Card Number	If Yes -Date Permit was issue	ed: 1993 Permit#: 098499
Facts which show why the public will not be adec	quately served unless this per	mit is granted: (attach additional pages if needed)
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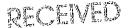
List residenc	es for last five	years (List most red	cent first, attach add	itional pages if nee	ided)				
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If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☑Yes ☐ 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 you taxicab?
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.
have read all of the above statements and declare under penalty of perjury that they are correct.
executed on this 3 1 day of October, 20 0 7 at San Francisco, California.
Raymal Delzh
Signature of Applicant

RECEIVED

NOV 08 2007

SAN FRANCISCO TAXI COMMISSION



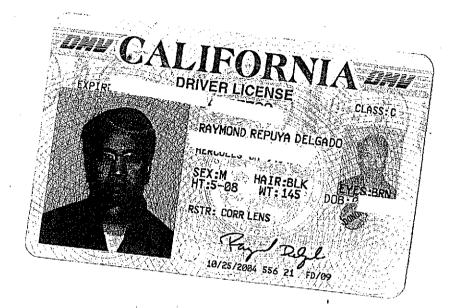
TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

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NEW COLOR SCH		NGE OF COLOR SCHEME - Fro	om:
(Complete both sides) YOU MUST SUBMIT A CEF	AXI COMMISSION ETIFICATE OF WORKER'S COMP		 INSURANCE CARD WITH THIS APPLICATION
100 1100 1		EARLY - COMPLETE ENTIRE	
Applicant's Name (First, Middle, I			Phone
PAY MOND	REPUYA	DELGADO	(8
Residence Address (Street Addre	ss, City, State, Zip)		
	- E KD	HERCULES C	A 94847
Joint Applicant's Name (First, Mid	dle, Last)		Phone - /
Residence Address (Street Addre	ss, City, State, Zip)		,
Is this a Corporate perm	it? ☑No ☐ Yes . If yes,	Name of Corporation:	
If this color scheme request	is grapted by the Taxicah Comm	nission, list what your business name,	address and phone number will be.
Business Name	Business Address (S	Street Address, City, State, Zip)	Business Phone
CIBULOU CAB Medallion Number(s)	(0-08 DOD N	135 SJSSJEPT ST, ?	Fraye (45) 282-373
Medallion Number(s)			Owner / Operator Gas & Gate Long Term Lease
Please list the reason(s)	why you are requesting this	change:	
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BUST DES	PATCH GYSTB	n surrage	
			,
			
I (We) certify (or declare) un	der penalty of perjury under the	laws of the State of California that the	ne foregoing is true and correct.
_ 3/	day of Oct	/ 1	at San Francisco, California
Executed this	gas day of OCO	,20	_at Gair transisco, Gainorna
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	me of Applicant		Signature of Applicant
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Name of person authorized to sign fo			
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		Scheme Holder for YELLEW	CAR COOP
4	son authorized to sign for the Color		Taxicab Color Scheme
	ant named to use my color scheme		
I certify (or declare) under penalty	of perjury under the laws of the St	ate of California that the foregoing is true	
Cellet.	Cacheren	Nla	1. 8) 2007 <u> </u>
Signature of Color Scheme Holde	r / person authorized to sign for Cotor Scheme	Holder	Dale
	OC:	FIGEIUSEIONLY	•
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date

RECEIVED

NOV 08 2007

SAN FRANCISCO JAXI COMMISSION





ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

RAYMOND R. DELGADO

P44-6

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) (-EORG JOHANN KASPNUSSE!	Type of Medallion Applying for: ★ Regular □ Ramp
Residence Address (Street Address, City, State, Zip)	
Mailing Address (if different than residence address)	-RANCISCO, CA. 94107
(SAME)	
Residence Phone Number: (15)	Alternate Phone Number:
Hours Available at this Number: 24 WS	Hours Available at this Number: 6 30AN 430AN M-F
Social Security Number Other name(s) used	•
California Driver's License Number / Expiration Year Date of	Birth Place of Birth
Race (Optional) Sex Height —	Weight Eye Color Hair Color
M/F	Business Number
Color Scheme / Business Name	(415) 282 · 3737
Color Scheme / Business Address (Street Address, City, State, Zip)	0. 7.457
	CA. 9407
	ently an active driver and hold a current Public Passenger Vehicle
if No. Alien Resident Card Number Driver Permi	it? **B**es ** No e Permit was issued: ** ** ** Permit #: ** ** ** ** ** ** ** ** ** ** ** ** **
	19.17.17.1
Facts which show why the public will not be adequately served	d dilless this permit is granted. (attach additional pages it needed)
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OFFICE US	EONLY
Propined by Receipt No. Amount	Date

Hearing Date: 127 CT

- DANTERSHORE COM

To Date Residence Address, Street Address, City, State, Zip) Whong have you lived within a 30 mile radius of San How many years driving experience do you have in San Are you physically qualified to drive a standard vehicles of Jyears		es for last five	years (List most rec	ent first, attach a	additional pages if need	ded)		
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Any Narcotic Drug? Lyes No e you previously licensed If yes, has the license been revoked? If yes, explain for what cause? taxi driver or chauffeur? Yes No u are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? No s, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information	our eyesigl	de full information ht impaired? [n relative to prior co Date □ Yes □XNo sightedness or fai	rsightedness	corrected by eyes	plasses.	(Attach additionsidered cause to den Disposition Is your hearing imp	onal pages if needed) y the permit*
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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? ☑ 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 you taxicab?
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 Sar 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.
Dwill 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 Ocyania.
Signature of Applicant

RECEIVED

NOV 0 2 2007

SAN FRANCISCO
TAXI COMMISSION

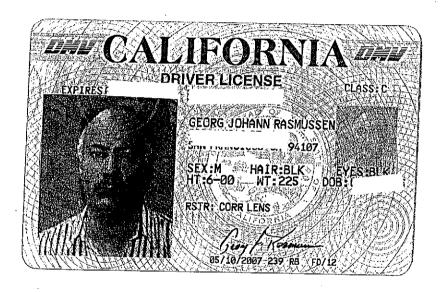
TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

. NEW COLOR SCHEM (Complete both sides)	ие [] СНА	NGE OF COLOR SCHEME	E – From:
, ,	IFICATE OF WORKER'S COM	PENSATION, REGISTRATION CA	ARD, & INSURANCE CARD WITH THIS APPLICATION.
		LEARLY - COMPLETE EI	
Applicant's Name (First, Middle, Las			Phone (4)5)
Residence Address (Street Address	City, State, Zip)	T. S.F. CA	94107
Joint Applicant's Name (First, Middle	e, Last)		Phone ()
Residence Address (Street Address	, City, State, Zip)		
Is this a Corporate permit	? No Yes If ye	s, Name of Corporation:	The state of the s
If this color scheme request is Business Name	Business Address	mission, list what your busines (Street Address, City, State, Zip)	Owner / Operator Gas & Gate
Please list the reason(s) v	deserve i	of after 30	Dyare Dyare Dyere
•			ia that the foregoing is true and correct.
Executed this	day of /\/DVE ME	, 20	at San Francisco, California
THOUGHT V. KB5X)	W USSEW e of Applicant	- Complete	Name cesser Signature of Applicant
ame of person authorized to sign for		D BY ACCEPTING COLOR	SCHEME Title: Predwle 4
the Color Scheme Holder / person		. /	Taxicab Color Scheme
ereby give consent to the applica			
Mecala	of perjury under the laws of the	State of California that the foregoi	Date Date Date Date Date Date Date Date
		FFIGE!USE!ONLY	The teak Love I V See Level
jenda Notice Date	Hearing Date	Decision of Taxicab Comm	nission New Declaration Signed
orker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
caived by:	Receipt No.	Amount	WALCOMORPO

RECEIVED

NOV 0 2 2007

SAN FRANCISCON





ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

GEORGE J. RASMUSSEN

P44-⊀

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



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

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
Ken Dan	□ Regular ∦ Ramp
Residence Address (Street Address, City, State 7in)	C.A 94134
Mailing Address (if different than residence address)	
Residence 1 Horizontalia (1917)	rs Available at this Number: 24 hours
Hours Available at this technicer.	rs Available at this Number: 21 1903
Social Security Number Other name(s) used	
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
Sex Hainht I W	eight Eye Color Heir Color
Race (Optional) Chinese (M)/F	BRV Business Number
Color Scheme / Business Name	(415) 282-1224
Color Scheme / Business Address (Street Address, City, State, Zip)	C.A 94124
2230 JERROLD AVE S.F.	an active driver and hold a current Public Passenger Vehicle
Are you a U.S. Chizerir Jaires Line	☑ Ves □No
If Yes -Date Per	mit was issued: 12-22-06 Permit #: P44-053897
acts which show why the public will not be adequately served unle	ess this permit is granted: (attach additional pages if needed)
	the Elderly and the Disabled.
li l	octor appointments, to work,
all of the addition of an alad	to serve them and the community.
and other activities. I am glad	10 SCRUC THEM GIVE THE COMPLEMENT.
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	PECEIVED
OFFICE USE ON	LY
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I have driven a to	exicab in the Ci	ity of San Fra	ancisco and ⊒ No	I meet the cu	rrent year's	driving re	equiremer	nt pursuant	to SFPD	Municipal
List residences for	or last five year	tesidence Addre	ent first, attach ss (Street Addr	additional pages ess, City, State, 2	(ai	941	 3 /1	•	,	
2/1/88 p	Resent _	4	·····	<u> </u>	(./)	141				
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How long have you live		radius of San	How many ye Francisco?	ars driving expan		ve in San	Are you ph	nysically qualif		a standard vehic
List employment for		"	ent first, attach				l	(2) 1	es LJN	10
From Date To	Date Co	mpany Name	010 (Address	(Street Address	. City. State		CA 94	• • •	oo of Work DRIVER
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re you now, or have			∕es ⊠No	 I	Any Naro	otic Drug	g? □`	Yes Aan N	o	
Vere you previously s a taxi driver or cha	auffeur? 💋	Yes □N	0		 No		•	explain for	what cal	use?
you are granted a t yes, explain how yo oout new service, ot	u will use and	will you use o provide 24-h	or provide 2- our radio di	4-hour radio o spatch service	lispatch sen e: (i.e. state	vice? Ø existing	Yes E radio cab	J No company,	detail info	ormation
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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?
Read each section and sign initials to the left of each section if you agree and understand.
Ken DAO I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
Ken DAb I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
Ken DAO I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
have read all of the above statements and declare under penalty of perjury that they are correct.
Executed on this 27 day of <u>OCTOBER</u> , 20 <u>07</u> at San Francisco, California.
Kenamo
Signature of Applicant

RECEIVED

OCT 29 2007

SAN FRANCISCÓ TAXI COMMISSION

OCT 29 2007

TAXICAB COLOR SCHEME APPLICATION

NEW COLOR SCHER		NGENDRICOLOR SCHEME —	
YOU MUST SUBMIT A CERT	TFICATE OF WORKER'S COMF	PENSATION, REGISTRATION CARD	, & INSURANCE CARD WITH THIS APPLICATIO
	PLEASE PRINT C	LEARLY - COMPLETE ENTI	RE FORM
Applicant's Name (First, Middle, La			Frione
	Ken DAD		(415),
Residence Address (Street Address	s, City, State, Zip)		
Residence vides of the late	- + c	. R C.A 94134	
Joint Applicant's Name (First, Middl	0.00	17 17174	Phone
Joint Applicant's Name (First, Wildel	e, Lasty .		()
Residence Address (Street Address	; City, State, Zip)		,
Is this a Corporate permi	t? Ma No ☐ Yes If yes	s, Name of Corporation:	
If this color scheme request i	s granted by the Taxicab Com	nission, list what your business na	me, address and phone number will be. Business Phone
Business Name	Business Address (Silest Addicad, Only Siles and	94124 (415) 282-1224
LUXOR CAF	3 -2230]	JERROLD S.F. C.A	Owner / Operator
Medailion Number(s)			Gas & Gale Long Term Lease
			Dick - MD
Please list the reason(s)	why you are requesting this	s change:	Pich . of
Please list the reason(s)	with And the todacound the	, ,	How wast 1 and also
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Executed this 2	day of <u>CC+OB</u>	OR, 20_C	7 at San Francisco, California
		The same	
. KEV) JAO	Kenshi	/
Print Nan	ne of Applicant		Signature of Applicant
			SEETERS
	TO BECOMPLETE	DEVACCEPTING COLORS	Title
Name of person authorized to sign for	Color Scheme Holder:	10-10	D-15 de T
LUXUR	CAB I Th	n) LAZAIC	FITSIAM
		1	Va Oca
	an nutherized to sign for the Coli	or Scheme Holder for	Xar Cals
I, the Color Scheme Holder / pers	ion authorized to sign for the Cold		Taxicab Color Scheme
hereby give consent to the applic	ant.named to use my color schem	ne.	•
Learling for doctoral under norbih	of geriury under the laws of the	State of California that the foregoing is	true and correct.
Thermy for dechare) difficer behalf			11/9/1/27
(NVH			10/2/10/
Signature of Calor Scheme Holde	r / person authorized to sign for Color Schen	ne Holder	Date
Signature of Opioi Scheme Holde			
	<u> </u>	FFIGE USE ONLY	
Agenda Notice Date	Hearing Date	Decision of Taxicab Commissi	on New Declaration Signed
_		Paint Chips Submitted	Photos Submitted
Worker's Comp Submitted	Insurance Submitted		



ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

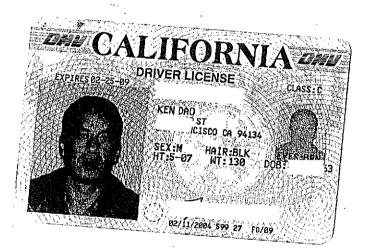
EXPIRES: DECEMBER 31, 2007

KEN DAO

P44-

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





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OCT 29 2007

SAN FRANCISCO TAXI COMMISSION

RECEIVED AMP TAXI OPERATORS TRAINING CLASS

This certifies that

NOV 01 2007

SAN FRANCISCO TAXI COMMISSION

X

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

JUNE 9 2007

Mark Powell

Certified Ramp Taxi/Sensitivity Trainer



November 13, 2007

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

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

Gavin Newsom | Mayor

Peter Mezey | Director Leah Shahum | Director

Rev. Dr. James McCray Jr. | Chairman Tom Nolan | Vice-Chairman Cameron Beach | Director Shirley Breyer Black | Director Wil Din | Director

Nathaniel P. Ford, Sr. 1 Executive Director/CEO

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 famp 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.

San Francisco Municipal Transportation Agency
San Francisco Municipal Railway | Department of Parking & Traffic
One South Van Ness Avenue, Third Fl. San Francisco, CA 94103 | Tel: 415.701.4485 | Fax: 415.701.4728 | TTY:415.701.4730 | www.sfmta.com

Sincerely,

Kate Toran, Paratransit Coordinator

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

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

Applicant's Name (First, Middig, Last)		, <u>.</u>	Type of Medallion Applying for	
Robert Wallace Mackenz	518 ·		Regular	□Ramp
Residence Address (Street Address, City, State, Zip)	211.006	1 94611	·	
maining Address (If différent than residence address)	mounty (11)	7- 11011		
Residence Phone Number:		Alternate Phone Nun	nber: (
		Hours Available at the		
Hours Available at this Number 10-24 Social Security Number	Other name(s) used	11000		
California Driver's License Number / Expiration Year) Date o	f Bi/fh	Place, of Birth	1.16 (USA)
Race (Optional)	Sex Height 11	// Weight	Eya Cglor H	air Color)
(120105101 1CN	VI F		Business Num	nber .
Color Scheme / Business Name				
Color Scheme / Business Address (Street Address, City, St	ate, Zip)			
	Are you curi	ently an active drive	er and hold a current Public	: Passenger Vehicle
Are you a U.S. Citizen? ☐ Yes ☐ No if No, Alien Resident Card Number	Driver Perm	it? XYes □N e Permit was issue	lo	nit #: PUV-015591
Facts which show why the public will not b				
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Residence Address, (Sirvest Address, City, State, Zip) NUR Oak (Anticl) Nur Oak (Antic) Nur Oak (Antic)	Are you physically qualified to drive a standard vehic safely? X es
flow long have you lived within a 30 mile radius of San Francisco? A years months How many years driving experience do you have in San Francisco? 3/2 years months Ist employment for last five years (List most recent first, attach additional pages if needed) From Date	Are you physically qualified to drive a standard vehic safely? X es
rancisco?	safely? Syes No No If yes, provide the information required below. (Attach additional pages if needed) Considered cause to deny the permit.
rancisco?	safely? Syes No No If yes, provide the information required below. (Attach additional pages if needed) Considered cause to deny the permit.
rancisco?	safely? Wes No Type of Work Type of Work
rancisco?	safely? Syes No No If yes, provide the information required below. (Attach additional pages if needed) Considered cause to deny the permit.
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Address (Street Address, City, Str. 230 Seyrold) ave 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) considered cause to deny the permit.
ave 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) considered cause to deny the permit.
ave you ever been convicted of, or plead guilty or No Contest to any crime? Yes	(Attach additional pages if needed) considered cause to deny the permit.
ilure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be	(Attach additional pages if needed) considered cause to deny the permit.
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our eyesight impaired? ☐ Yes 又No	Is your hearing impaired? ☐ Yes ☑ No
not include ordinary nearsightedness or farsightedness corrected by eyeglasses.	L Yes , MINO
you have any physical impairments? ☐ Yes ☑No If yes, describe the impairm	ent:
e you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No	Heart Trouble ☐ Yes 💆 No
you now, or have you ever been,	0 .
icted to the use of intoxicating liquor? ☐ Yes 💆 No Any Narcotic Dru	ıg? □Yes 冱No
e you previously licensed taxl driver or chauffeur? Yes If yes, has the license been revoked?	If yes, explain for what cause?
	XYes □No
s, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing it new service, other)	
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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? ☐ No
If you are granted a taxicab permit, will you obtain a San Francisco Alrport 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?
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.
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have read all of the above statements and declare under penalty of perjury that they are correct.
ixecuted on this 29 day of 00+0 her , 20 01 at San Francisco, California. Signature of Applicant
// algridule or applicant // //

OCT 29 /00/

SAN FRANCISCO JAXI COMMISSION

OCT 29 2007

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

NEW COLOR SCHEM (Complete both sides)	ACNORIMENTO IVAT	NGE OF COLOR SCHEME — F (Complete front side only)		_
YOU MUST SUBMIT A CERTIF	FICATE OF WORKER'S COMP	PENSATION, REGISTRATION CARD,	& INSURANCE CARD WITH THIS APPLICATI	10
	PLEASE PRINT C	LEARLY - COMPLETE ENTIR	E FORM	
Applicant's Name (First, Middle, Last) Robert WA	LLACE MA	ckenziE	Phone	
Residence Address (Street Address.		DR, OAKlan	0 CA 94611	
Joint Applicant's Name (First, Middle,	Last)		Phone ()	
Residence Address (Street Address, C	City, State, Zip)			
Is this a Corporate permit?		s, Name of Corporation:		
If this color scheme request is	granted by the Taxicab Com	mission, list what your business nan	ne, address and phone number will be. Business Phone	
Business Name	Būsiness Adoress i	Office Voncess' Orly, Orgest b)	04 64124 (4/15) 282-122 4	
Medallion Number(s)	12000		Owner / Operator Gas & Gate	
New			Long Term Lease	
Please list the reason(s) when I was a second of the reason (s) which I was a second of the reason (s) which I was a seco	ny you are requesting this	s change: <pre></pre>	Ar me,	
	/			-
				_
				-
				•
			,	
I (We) certify (or declare) unde	r penalty of perjury under th	e laws of the State of California the	at the foregoing is true and correct.	
Executed this 29	day of 1/1901	QV	at San Francisco, California	
Executed this	V.	HI.	offinal Maximum	
TODERTW. MU	ichen zie		Signature of Applicant	-
Print Name	•		V D	–-ր
	TO BEGOMBLETE	BY ACCEPTING COLOR SC	HEME Title:	
Name of person authorized to sign for C	olor Scheme Holder:		President	_
I, the Color Scheme Holder / person	authorized to sign for the Colo	or Scheme Holder for	Taxicab Color Scheme	
hereby give consent to the applican	t.named to use my color schem	ie.	-	
I certify (or declare) under penalty of	perjury under the laws of the	State of California that the foregoing is	true and correct.	1
1 1 1 1 5		10	1/29/0+	
Signature of Color Scheme Honger I	person authorized to sign for Color Schen	ne Holder	, and the second	٢
	0	FFIGEUSE ONLY		
Agenda Notice Dale	Hearing Date	Decision of Taxicab Commission		
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted	

OCT 29 2007

SAN FRANCISCO (AXI COMMISSION



ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

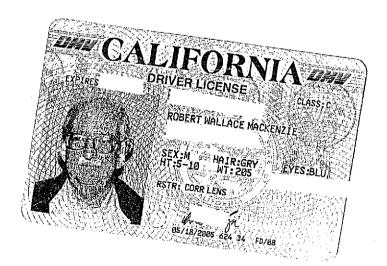
EXPIRES: DECEMBER 31, 2007

ROBERT MACKENZIE

P44

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





PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

Applicant's Name (First, Middle, Last)	Турв of Medallion Applying for:
Residence Address (Street Address, City, State, Zip)	☑ Regular □ Ramp
Mailing Address (If different than residence address)	CA 9408D
SAME AS ABWE	
Residence Phone Number: (· 73 Alternate Phone N	Number: (111)
Hours Available at this Number: Hours Available at Social Security Number Other name(s) used	this Number: ANY TIME
TAI DIEP	l Place of Birth
California Driver's License Number / Expiration Year Date of Birth	
Race (Optional) Sex (M)/ F Weight Weight	BROWN Hair Color BROWN BLACK
Color Scheme / Business Name	Business Number (415)282-414
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 TERROW SAN FRANCISCO, CA. 94124	
Are you a U.S. Citizen? The DNo Are you currently an active dr	river and hold a current Public Passenger Vehicle No sued: Permit #: 44447
Facts which show why the public will not be adequately served unless this pe	ermit is granted: (attach additional pages if needed)
for the second s	Idequately Served unless
this permit is granted. The Pacts 18. Wil	hen I am driving I
Picked up Customer, I have heard the	at I had to wait for
a long time and there are hardly	City ground be See
They were so happing to lee me	to stop to pick then
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	The Carlotte Control
	and the company of the same statement and the
OFFICE USE ONLY Excelpt No. Receipt No.	OCHA 9 COMZ

			4115 a.a.l. a.a 26 -				
List residences for last five y From Date To Date	years (List most rece Residence Addres						
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OH PATE TIASON			V -11 V +-	<u> </u>	111103		
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	-thdh of Con	How many years	driving evnerier	ice do you have in S	an Ara vou physics	ally qualified to	drive a standard veh
low long have you lived within a 30 francisco?	. 1	Francisco?	10		safely?	any quannea n	•
27 years 11	months	* -	years	months		.⊿Yes	□No
ist employment for last five	years (List most rec	ent first, attach ad					
From Date To Date	Company Name		_	treet Address, City.	State, Zip)	Orlinia	Type of Work
1/1999 msent	LUXOR CAP	6 (O	<u> 33330</u>	Jemola	51°, CA	94124	Driving
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				ntest pleas may b	e considered caus	e to deny the	pages il rieded)
				ntest pleas may b	e considered caus	e to deny the	pages il rieeded)
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your eyesight impaired? □ onot include ordinary nearsig	Yes Z No	Place	rrected by ey		is your heari	e to deny the	a permit.
your eyesight impaired? o not include ordinary nearsign you have any physical impa	Yes Z No	ightedness co	rrected by ey	reglasses.	Is your heart	ing impaire	a permit.
your eyesight impaired? o not include ordinary nearsign you have any physical impaired you ever had: Epileryou now, or have you ever	Yes No ghtedness or farsairments?	ightedness co	rrected by ey	reglasses.	is your heari	ing impaire	d?
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your eyesight impaired? o not include ordinary nearsign you have any physical impaired you now, or have you ever dicted to the use of intoxications you previously licensed a taxi driver or chauffeur? ou are granted a taxicab perions, explain how you will use you new service, other)	Yes No ghtedness or fars airments? Yes been, ing liquor? Yes Indianate and provide 24-h	rightedness co	rrected by ey If yes, decorate the licens Yes nour radio disatch service:	eglasses. scribe the impai Any Narcotic I e been revoked No spatch service? (i.e. state exist	is your heart Is your heart Yes If yes, exp	ing impaire No Trouble	d? ☐ Yes ☑ No at cause?

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 lampand smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab?
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 Sa Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Cod 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/o 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 of 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
Signature of Applicant
Signature of Applicant (

RECEVED

OCT 29 2007

SAN FRANCISCO
TAXI COMMISSION

OCT 29 2007 TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

NEW COLOR SCH (Complete both sides)	EME [] C	HANGE OF COMPLETE	rancion Skancion	11.	
YOU MUST SUBMIT A CE	RTIFICATE OF WORKER'S C				TH THIS APPLICATION.
	PLEASE PRIN	T CLEARLY - CC	MPLETE ENTIRE F	FORM	····
Applicant's Name (First, Middle,	YIP			Phone (^	
Residence Address (Street Addr	ess. Citv. State. Ziol	Dr.	SSF,	CA	94080
oint Applicant's Name (First, Mi				Phone ()	
esidence Address (Street Addr	ess, City, State, Zip)		Andrews of the state of the sta		
s this a Corporate perr		If yes, Name of Corpor			
this color scheme reques	st is granted by the Taxicab C	Commission, list what ress (Street Address, City	t your business name, a	address and phone r Business P	umber will be.
usiness Name Lyxor Cal			<i>(</i> , 1	(415)	282-4141
edallion Number(s)				Gas & C	Operator Sate , rm Lease
lease list the reason(s) why you are requesting	this change:	•		•
Gince I	MAVE Worked	for luxor	Cab Compil	ny for 8	YUNS,
Juxor is	a and comp		e working	WIT	TIXON
has GPS	(computerized) dispat	che which	I UKC	the most
because the	here are No	Chasing	after the	OVER	among dri
	101.00	J	,	(~	}
			<u> </u>		
Ne) certify (or declare) u	nder penalty of perjury under	er the laws of the St	ate of California that th	e foregoing is true	and correct.
recuted this	day of	tober	, 20 <u>0 7</u>	at San Francisco	o, California
-	AI YIP		tui	Tin	
Print 1	laine of Applicant		, (Signalure of Applicant	
	TATE CAMPINE	TENEV MOGERT	ING/COLOR/SOHE	ME	
ne of person authorized to sign	for Color Scheme Holder:			Title:	
Honns J.	STANGHELL	ini		Chemanons	MANAGER
HOMBE O.	<u> </u>		1	o Por	
e Color Scheme Holder / pe	erson authorized to sign for the	Color Scheme Holder	for <u>LUXO</u>	Taxicab Color Scheme	
	licant.named to use my color se	•			
<i>(</i>)	alby of gerilly under the lavy of		that the foregoing is true	and correct.	
	V Det 1111	-			
Momus A	Manufaller	<u>, </u>	10	26-07	
Signature of Color Scheme Ho	ider / person authorized to sign for Color :	Scheme Holder		Date	
		OFFICE USE ON	BY.	· · ·	
nda Notice Date	Hearing Date	Decision	of Taxicab Commission	New Declaration	Signed
ker's Comp Submitted	Insurance Submitted	Paint Ch	ips Submitted	Photos Submitted	1
eived by:	Receipt No.		Amount	Date	



ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

TAI YIP

P44-

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



RECEIVED

OCT 29 2007

SAN FRANCISCO TAXI COMMISSION



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

Applicant's Name (First, Middle, Last) YOSEF HABTE	EMARIUM		Type of Medallion Applying for: ☐ Ramp
Residence Address (Street Address, City, State, Zig))	3.1	OAKLAND, Co., 94609
Mailing Address (if different than residence address)		
Residence Phone Number: (5(0)		Alternate Phone	
Hours Available at this Number:	Other name(s) used	Hours Available	at this Number:
Social Security Number	Other name(s) used		
California Driver's License Number / Expiration Yea		of Birth	Place of Birth ASMARA, EniTREA LEve Color Hair Color
Race (Optional) Blo-CK	Sex Height (M)/F 5-6	Weight 180	BIN BLK
Color Scheme / Business Name			Business Number (
Color Scheme / Business Address (Street Address, C	City, State, Zip)	<u> </u>	
Are you a U.S. Citizen? Yes No	Driver Per		driver and hold a current Public Passenger Vehicle ☐ No ssued: Permit #:
Facts which show why the public will	not be adequately serv	ed unless this	permit is granted: (attach additional pages if needed)
I have been	working	es culo	driver for 20 yrs.
The public were	Suffering	for mol	r see yever, especially
during triday, 8.	aturday. I	there is	conviction in journ
the public were	not sewe	d. That.	in why a lot limosine
working on tose	i. The limo	usine u	ndustry filling the void
that creating	the shorts	ge of to	asci. Phat for sure
granting taxi	served le	e publ	ic. It is self evident
that tosei me	really.		
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			PECENTD.
	OFFICE U	2.50 (2	(Date
Réceived by:	Receipt No. Amou	" duH	2 = 1 OCT 2.5 2007
Volice Date	TEMPTARE SACRET	learing Date	07

	ices ioriast in	•		additional pages if needed))		,
From Date	To Date	Residence Addre	ess (Street Addre	ess, City, State, Zip)		-2012 C	- 0466
Since	1989 —	· ·		<u> </u>		JAK, C	a, 9700
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			T		ou hous is Cas	A	to drive a plandard value
Francisco?		30 mile radius of San	Francisco?	ars driving experience do y		Are you physically qualified safely?	to dave a standard ven
	<u> 2</u> years_	months	ļ	<u>20</u> years	months	Yes	□No
List employr	nent for last fi	e years (List most re	cent first, attach a	additional pages if needed			
From Date	To Date	Company Name	. 10	Address (Street Ad			Type of Work
since	1987	YELLOW	CAB.	<u>12001</u>	MMM	ppi st. 5.6.94/	57 Cob. Dru
					<u>. </u>		<u> </u>
							
							<u> </u>
		•	•	ntest to any crime?		No If yes, provide the infor (Attach additiona onsidered cause to deny th	I pages if needed)
ailure to provi		•	nvictions, guilty		leas may be c	(Attach additiona	I pages if needed)
ailure to provi		on relative to prior co	nvictions, guilty	r pleas or not contest p	leas may be c	Attach additiona) onsidered cause to deny th	I pages if needed)
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ailure to provi	de full informati	Date	nvictions, guilty	v pleas or not contest pu	leas may be c	(Attach additiona onsidered cause to deny the Disposition	I pages if needed) ne permit.
ailure to provi	de full information	on relative to prior co. □Date □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	nvictions, guilty	r pleas or not contest p	leas may be o	(Attach additional onsidered cause to deny the Disposition Series of t	I pages if needed) ne permit.
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your eyesight on of include a you have a you now, o dicted to the re you previous taxi driver to u are grante	nt impaired? [ordinary near ny physical im had: E r have you eve use of intoxic ously licensed or chauffeur?	Pon relative to prior co. Date Pare Prior Prior Co. Date Prior Prior Co. Date Prior Prior Co. Date Prior Prior Co. Date Prior Prior Prior Co. Date Prior Pr	sightedness of No No If yes, o	v pleas or not contest prolated of Arrest corrected by eyeglass If yes, describe Vertigo □ Ye Any I has the license beer □ Yes ☒ No -hour radio dispatch	ses. the impairme Narcotic Drug revoked?	(Attach additional onsidered cause to deny the Disposition Is your hearing impaired Yes No Pent: Heart Trouble G? Yes No If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain for whear If yes, explain	a pages if needed) ne permit. Ped? Yes INO

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 you taxicab?
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 Sar 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 of 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.
have read all of the above statements and declare under penalty of perjury that they are correct.
Executed on this 10-25 day of 25 25 , 20 0 at San Francisco, California.
YH York Hull 10-25-07 Signature of Applicant
Signature of Applicant

OCT 25 2007

SAN FRANCISCO . TAXI COMMISSION OCT 25 2007

Photos Submitted

Date

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们 NEW COLOR SCHEME	SAN FRANCISCO SAN COMNON OF COLOR	SCHEME - From:	San Francisco Taxicab Commissi
(Complete both sides)	(Complete front side or	nly)	. SEE CARD WITH THIS ARRIVESTICATION
YOU MUST SUBMIT A CERTIFICATE OF W			
	ASE PRINT CLEARLY - COMF	LETE ENTIRE FORM	Phone
Applicant's Name (First, Middle, Last) YOSEF HABTE	-MARIE/M		Emiliar V
Residence Address (Street Address, City, State, Zip)		<u></u>	
	OAK	, Ca. 94-609	
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	ne Taxicab Commission, list what you	ur business name, address	and phone number will be.
Business Nama	Business Address (Street Address, City, Stat	te, Zip)	Dusiness Fliorie
Yellow cos.	1200 Kiminippi S	, de mucipu	Owner / Operator
Medallion Number(s)	•		Gas & Gate Long Term Lease
- Partie (a) why rou gro	the change		
Please list the reason(s) why you are		1 1 0	
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and also well	Alecoquition,	It is his me	ome yellow,
•			-
(We) certify (or declare) under penalty of	perjury under the laws of the State	of California that the foreg	going is true and correct.
executed this	C - 1		n Francisco, California
		1 / /	LIL
YUSEF HABTEM	ARIUM	Yesty	
Print Name of Applicant		, digitarur	з от Аррисани
. TOBE	COMPLETED BY ACCEPTING	COLOR SCHEME	
ame of person authorized to eign for Color-Scheme Ho		Į ille	$ \rightarrow$ \rightarrow
Mattan -	SwiR1		Fredocles 7
the Color Scheme Holder / person authorized to	seign for the Color Scheme Holder for	Fellow	
	•	Taxicab	Calor Scheme
ereby give consent to the applicant named to us		the formalization to true and cou	
certify (or declare) under penalty of perjury under	r the laws of the State of California that	the foregoing is true and cor	Tect.
1100/2000		100 25	, 2007 _
Signature of Color Scheme Holder / person authorized	to sign for Color Scheme Holder	4	Oate /
enda Notice Date Hearing Date	OFFICE USE ONLY Decision of T	axicab Commission N	New Declaration Signed
	, t	í	}

Paint Chips Submitted

Amount

Insurance Submitted

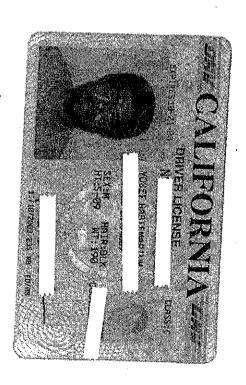
Receipt No.

Worker's Comp Submitted

Received by:

OCT 25 2007

SAN FRANCISCO TAXI COMMISSION





PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

	Type of Medallion Applying for:
Applicant's Name (First, Middle, Last) TAM DINH NGUYEN	Regular Ramp
Mailing Address (If different than residence address)	134
P. C. L. CA.	14142
Residence Phone Number: (Akemate Pho	, , , , , , , , , , , , , , , , , , , ,
Hours Available at this Number: 8 AM to 3 PM Hours Availab	le at this Number: 24 HRS
Social Security Number Other name(s) used	
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
	Eye Color Hair Color
Race (Optional) Sex Height Weight	BLK BLK
Color Scheme / Business Name DELTA CAB CO	Business Number (415) 920-9097
Color Scheme / Business Address (Street Address, City, State, Zip) 999 PENNSYIVANIA AVE SIF CA	14107
Are you currently an active	e driver and hold a current Public Passenger Vehicle
If No. Allen Resident Card Number Driver Permit? WYes	□No issued: 1492 Permit #: 44085
If Yes -Date Permit was	
Facts which show why the public will not be adequately served unless this	s permit is granted: (attach additional pages if needed)
	il I I'l The Mark
The people of San Francisco W	ull benefit From my
Driving experince. I have been driv	ing Taxi IN San Francico:
FON filèteen years. I Know Row	to play the Radio,
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hours, Apon, and trace, - New	William Banks
my driving or about the way I d	rive . I am always Cautions
with my passengers. I have a g	ood Knowledge of San Francise
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OFFICE USE ONLY	
Receipt No. Amount 1	Date U.S. G. C. 117

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	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? X 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 lampand smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab?
	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 Sa 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/o 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 unde penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false o 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	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.
E	Executed on this THE day of OCI-20 , 2007 at San Francisco, California.
_	Signature of Applicant

RECEIVED
OCT 30 2007

SAN FRANCISCO TAXI COMMISSION



OCT 30 2007

SAIN FRANCISCO

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

NEW COLOR SCHEME (Complete both sides)

Apolicani's Name (First, Middle, Last)

TAXI COMMISSION

CHANGE OF COLOR SCHEME -- From: __

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

lesidence Address (Street Address, City, State, Zip) S.F CA, 94134 oint Applicant's Name (First, Middle, Last) lesidence Address (Street Address, City, State, Zip) If yes, Name of Corporation: No Yes s this a Corporate permit? this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be. Business Address (Street Address, City, State, Zip) DELTA CAB Co edailion Number(s) lease list the reason(s) why you are requesting this change: We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. xecuted this Tue day of Oc1-20-07 , 2007 at San Francisco, California TO BE COMPLETED BY ACCEPTING COLOR SCHEME he Color Scheme Holder / person authorized to sign for the Color Scheme Holder for reby give consent to the applicant named to use my color scheme, ertify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. OFFICE USE ONLY Decision of Taxicab Commission New Declaration Signed Hearing Date anda Nolice Date Pholos Submitted Paint Chips Submitted Insurance Submitted rker's Comp Submitted Mata

OCT 30 2007

SAN FRANCISCE: TAM COMMISSION



 $\textbf{ISSUED BY} \\ \textbf{OFFICE OF THE TREASURER \& TAX COLLECTOR} \\$

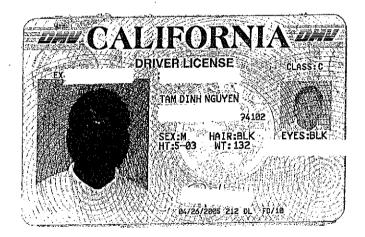
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007
TAM D. NGUYEN

P44.

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





PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

Applicant's Name (First, Middle, Last) AMILCAR SALES Residence Address (Street Address, City, State, Zip)	PEREIRA	□ Regular Ramp
Residence Address (Street Address, City, State, Zip)	MATEO, CA	94171
Mailing Address (If different than residence address)	- MA160, C/F	77701
Residence Phone Number: (4/5')	Alternate Phone	Number: ()
Hours Available at this Number: 24	Hours Available a	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)	ex Height Weight	Eye Color GROSS Business Number (415) 282-414
Color Scheme / Business Name		Business Number (415) 282-414 1
Color Scheme / Business Address (Street Address, City, Stat	e, Zip)	(413) 202-7171
2230 SERROLD AVE, S	F. CA. 94124	
Are you a U.S. Citizen? Yes No If No, Alien Resident Card Number	Are you currently an active of Driver Permit? XYes If Yes —Date Permit was is	sued: 01 112 107 Permit #: 047734
Facts which show why the public will not be	e adequately served unless this p	permit is granted: (attach additional pages if needed)
	Management (very control of the cont	
I LIKE DRIVING A	PAMOED TAXIS	AND IT A REWARD.
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How long have y Francisco?	you lived within a 30 m		How many ye Francisco?	_	g experience	•		Are you			o drive a sta	ndard vehic
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From Date	To Date	Company Name		Ac	ddress (Stre	et Address					Type of	
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If you are granted a taxicab permit, will you use an accurate taximeter at all times seal? ➡️Yes □ No	s and possess a valid current Weights and Measures
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, and smog inspection certificate and submit to an annual inspection of the ger taxicab? ★️Yes □ No	
Read each section and sign initials to the left of each section if you agree and und	derstand.
I understand that in addition to the regulations adopted by the Tax Francisco Controller there are sections of the San Francisco Municipal Code, San that are applicable to my business as a taxicab permit holder.	
I understand that there may be sections of the San Francisco munipernit. There are copies of the San Francisco Municipal Code available at City Hat www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of penalty of perjury that the foregoing is true and correct. Executed at San Francisco munipernity of perjury that the foregoing is true and correct. Executed at San Francisco munipernity of perjury that the foregoing is true and correct. Executed at San Francisco munipernity of perjury that the foregoing is true and correct. Executed at San Francisco munipernity of perjury that the foregoing is true and correct. Executed at San Francisco munipernity of perjury that the foregoing is true and correct. Executed at San Francisco munipernity of perjury that the foregoing is true and correct. Executed at San Francisco munipernity of perjury that the foregoing is true and correct. Executed at San Francisco munipennity of perjury that the foregoing is true and correct. Executed at San Francisco munipennity of perjury that the foregoing is true and correct. Executed at San Francisco munipennity of perjury that the foregoing is true and correct. Executed at San Francisco munipennity of perjury that the foregoing is true and correct. Executed at San Francisco munipennity of perjury that the foregoing is true and correct.	Hall, The Public Library, Legal bookstores and on-lin of Intent is part of the application, and I declare underrancisco, California. I understand that any false of
I will actively and personally engage as a permittee-driver under any any-twenty-four (24) hour period at least seventy-five percent (75%) of the buinformation submitted on my application and financial statement is true and conformation provided by me relative to this application, may be considered cause permit if granted.	usiness days during the calendar year and that the correct. I understand that any false or incomplete
I have read all of the above statements and declare under penalty of perjury that the	hey are correct.
Executed on this 30 day of 0closer	, 20 0 7 Pa(San Francisco, California.
Typol ?	NOV 0 1 2007
Signature of Applicant	SAN FRANCISCO
	TAVI ZVARRRIDOUVAL

TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION

☐ NEW COLOR SCHEN	1E □ *CH.	ANGE OF COLOR	SCHEME - From:	
, ,	FICATE OF WORKER'S COMP			NCE CARD WITH THIS APPLICATIO
	PLEASE PRINT CL	EARLY - COMPL	ETE ENTIRE FORM	<u> </u>
Applicant's Name (First, Middle, Last				Phone
AMILCAR	SALES PERGIA	24	:	(415) 244 9358
Residence Address (Street Address,	City, State, Zip)	. 		
	AU.	CAN water	n 14 99	140 1
Joint Applicant's Name (First, Middle	, Last)	744 744 1C	0, CM 99	Phone
				()
Residence Address (Street Address,	City, State, Zip)	•	-	
Is this a Corporate permit?	? DÎNo ☐ Yes Ifyes	, Name of Corporation:		
If this color scheme request is	granted by the Taxicab Comm	rission list what your	husiness name addres	s and phone number will be
Business Name	Business Address (5	Street Address, City, State,	Zip)	Business Phone
LUXOR CA	B 223071	rong ful	SF CA- 94/1	4 (415) 282-1224
Medallion Number(s)		,		☐ Owner / Operator
				Gas & Gate
				Long Term Lease
Diago list the recents) w	hy you are requesting this	ahanga:		
Please list the reason(s) w	, , , ,	•		
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WORKING (DITH. HARRY.	LUXORO		
· · · · · · · · · · · · · · · · · · ·				
	ALPHANIA III.			
I (We) certify (or declare) unde	r penalty of perjury under the	laws of the State of	California that the fore	going is true and correct.
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Executed this 30	day of <i>ocTo</i> ,	136 1C	, 20 <i>27</i> at Sa	an Francisco, California
1 . 1	י ר		W & C.	>
AMILCIAR SALES	PERSI RA		Signature Signature	ure of Applicant
Fill Replie	or Applicant		/ Signatu	ile of Applicant
	TO BE COMPLETED BY	ACCEPTING COL	OR SCHEME ONL	Y.
Name of person authorized to sign for C		And the second s		tle:
(10/h)	ADAR			President
00/10 ~				2
, the Color Scheme Holder / person	authorized to sign for the Color	Scheme Holder for	LUXOR	CAB
nereby give consent to the applicar	-		Taxica	b Color Scheme
neleby give consent to the applicar	t hanted to use my color scheme	5 .	•	
certify (or/declare) under pohalty o	perjury under the laws of the S	tate of California that the	e foregoing is true and co	prrect.
1 /1/1/			4//	/. ~ ~
Signal of advance of the state	person authorized to sign for Color Scheme	Holder		Data Data
Signature of color scheme Holder	Jerewu aunjurized to sign for Color Scheme	LUCIDAL		Date
	· · · · · · · · · · · · · · · · · · ·	FIGERICESON		· .
Agenda Notice Date	Hearing Date	FICE USE ONLY Decision of Taxi	icab Commission	New Declaration Signed
·	<u> </u>			
Vorker's Comp Submitted	Insurance Submitted	Paint Chips Sub		Photos Submitted
Received by:	Receipt No.	Amount	i	Date

RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

ANIFCAR SOFT T M M T

SAN FRANCISCO

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

JULY 21, 2007

Mark toward

Mark Powell

Certified Ramp Taxi/Sensitivity Trainer



November 13, 2007

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

Rev. Dr. James McCray Jr. | Chairman Tom Nolan | Vice-Chairman Cameron Beach | Director Shirley Breyer Black | Director Wil Din | Director Peter Mezey | Director Leah Shahum | Director

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

Dear Ms. Machen:

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

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

On November 9, 2007, the PCC Advisory committee to the SF Taxi Commission interviewed 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 Perfera 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

San Francisco Municipal Transportation Agency
San Francisco Municipal Railway | Department of Parking & Traffic
One South Van Ness Avenue, Third Ft. San Francisco, CA 94103 | Tel: 415.701.4485 | Fax: 415.701.4728 | TTY:415.701.4730 | www.sfmta.com

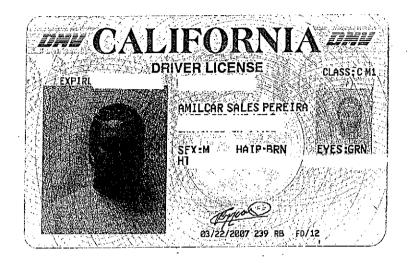
Sincerely,

Kate Toran, Paratransit Coordinator

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

NOV 08 2007

SAN FRANCISCO TAXI COMMISSION





ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007
AMILCAR S. PEREIRA

P44-

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



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

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
Applicant's Name (First, Middle, Last) Applicant's Name (First, Middle, Last) BUSEL	Regular □ Ramp
Residence Address (Street Address, City, State, Zip) San Francisco	CA 94116
E sun rumaisco	CA 19110
Mailing Address (If different than residence address)	·
Residence Phone Number: (4/5 Alternate Phone Num	nber: (4/5)
Residence Friche Name of () ()	
Hours Available at this Number 8:00 a, m - 3b.m Hours Available at this Social Security Number Other name(s) used	
N/F+	
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
Race (Optional) Sex Height Weight	Eye Color Gray
COO COO S	Business Number
ZUKUR Cab co	
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 Jevrolch Ave, San Framersc	0 CA 94124
Are you currently an active drive	er and hold a current Public Passenger Vehicle
Are vou a U.S. Chizent ignes with	lo
f No, Allen Resident Card Number If Yes - Date Permit was issue	
Facts which show why the public will not be adequately served unless this per	
acts which show why the public will not be adequately screen union the	Lore The
The city of San Francisco Is k	moun for 103
Immerse amount of tourists	that come to
Vicit wearly There are certainly	a lot more towers s
and residents of Lan Francisco	are To great need
and residents of Jun Florice-co	The state of the s
of toxi services.	
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	The fact of the fact
OFFICE USE ONLY	A CONTROL OF THE PARTY OF THE P
ceived by Receipt No. 4 Amount	Date 3 1 ZUW
Hearing Date:	ACOMMISSION STATES OF COMMISSION

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I have driven a taxicab in the Police Code Section 1121(b	e City of San Fra).	ancisco and I □ No	meet the curr	ent year's drivin	ig requi	·	3111 10 01) D IVIGI	пограг
	<i>,</i> ,		hard and assess if	adad)					
List residences for last five y	ears (List most red	ent first, attach a	idditional pages if se City State Zic			.4	01/	3 + 6 + 4	,
From Date To Date	Residence Addre	ess (otteer voore	ss, City, State, Zip	in FTa	ME	isco C	A 9	14//	6
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How long have you lived within a 30 r	nile radius of San	How many yea Francisco?	ars driving experie: مسرر الان	nce do you have in S		e you physically do fely?	Janibed to	UNIVE A SIGI	Idaio Venicio
Francisco? 25 years	Omonths	, included,	2_{2} years	months			Yes	□No	
List employment for last five	vears () ist most re	cent first, attach	additional pages if	needed)			•		
	Company Name		Address (S	treet Address, City,	State, Zig) or OA	<i>a</i>	Type of	Work
From Date To Date	Company Harris	n Pak	Co 220	O Jerro	Cel A	rest, CH	4412	14 (0	as outh
2001 pelsent	LUXO	py con	100 NOO	0 20009.	OCV M	7		·	
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								<u>:</u>	
		*** N - C-	stant to one or	ime? 🗆 Yes	M No	If yes, provide t	he informa	ation requir	ed below.
Have you ever been convicted	1 of, or plead gu	lity of No Col	ilest to any on		/\	(Altach a	d Isnoitibb	ages if nee	eded)
Failure to provide full information	relative to prior co	onvictions, guilt	y pleas or not co	ontest pleas may b	be consi	dered cause to d	deny the	permit.	٠
r-andre to provide ten interment			Place of Arrest		Disp	osition			
Offense	Date	-	Jace of Wilest		₩F	,			
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					l ls	your hearing i	mpaired	i?	
ls your eÿesight impaired? ☐`	Yes ⊠No				ı	Yes X No	т.р		
Do not include ordinary nearsig	htedness or far	rsightedness	corrected by e	yeglasses.		74.10			
		Yes X No		scribe the Impa	iment:				
Do you have any physical impa		X 103	,,,,,,	•					
					·		-		A. C.
Have you ever had: Epil	epsy 🗆 Yes	X No	Vertigo	□Yes 🏋 N	Vo	Heart Tro	uble i	□ Yes	No
									7
Are you now, or have you ever		Yes 🌠 No		Any Narcotic I	Drug?	□Yes	Ŵo		
Addicted to the use of intoxicat	ng liquoi r			·		16 avenjeje	forwhe	at course	2
Were you previously licensed		'If yes		se been revoked	d?	if yes, explain	I IOI WIIE	at cause	•
as a taxi driver or chauffeur?	XYes □1	Vο	☐ Yes Ŋ	(No					
		ar prouddo 9	4-hour radio d	spatch service?	Y X	es 🗆 No			
f you are granted a taxicab per f yes, explain how you will use	mit, will you use	polic radio di	enatch service	: (i.e. state exis	ting rac		ny, deta	il inform	ation
f yes, explain how you will use	and provide 44-	nour radio di	2P(2101) 001 \$100	. (<u>.</u>	•	•	,	أ ۾.
about new service, other)	111100 -1	Call A.	al dol	2 ppm	1 1	Donal	(N)	a la	Lon
Will use -	MX CVRV (ao lei	1 parce	a serv	100	- unu	ماعلان	upu	-V
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service.									

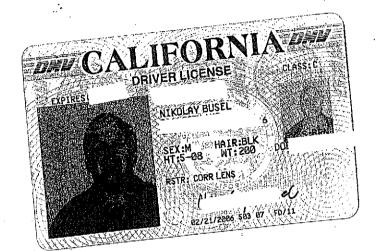
	If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ▼Yes □ No
	If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab? Yes
ŀ	Read each section and sign initials to the left of each section if you agree and understand.
	M.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.
	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.
1	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 2744 day of Ochology, 2007 at San Francisco, California.
	Nikolay Busel
	Signature of Applicant

OCT 30 2007

SAN FRANCISCO (AXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

1.				.amı	
NEW COLOR SCH			GE OF COLOR SCHEME — FI (Complete front side only)		•
*VOLUMEST SURMIT A CE	RTIFICATE O	F WORKER'S COMPE	NSATION, REGISTRATION CARD, &	INSURANCE CARD WIT	H THIS APPLICATION
100 1100 1100	PL	EASE PRINT CLE	EARLY - COMPLETE ENTIR	E FORM	
Applicant's Name (First, Middle,	Last)	,		14/5	
NikoLa	LY D	WEL			
Residence Address (Street Addr	ess, City, State,	San Fi	rancisco, CA	74116	
Joint Applicant's Name (First, Mi	ddle, Last)		,	Phone (
Residence Address (Street Addr	ess, City, State,	Zip)			
Is this a Corporate perr	mit? No	Yes If yes, I	Name of Corporation:		
			ssion list what your husiness nam	e. address and phone nu	mber will be.
If this color scheme reques	it is granted b	1 Kusiness Addiess 120	ssion, list what your business nam reet Address, City, State, Zip)		ine
LUXOR CAY	5	12230	JERROLD, SF	. (413) d	182-4141
Medallion Number(s)			•	Gas & Ga	ite .
<u> </u>				1, 1, 45.12, 50	
Please list the reason(s					·
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present.			,	OCT 3 0 2007	
		·		SAN FRANCISCO	
				TAXI COMMISSION	
			•		
		•	Old and California the	t the foregoing is true ar	ad correct
I (We) certify (or declare)	inder penalty	of perjury under the	laws of the State of California tha		
Executed this 11 01	D7_day c	of	, 20	at San Francisco,	California
			Wirelay	Busel	
Mixolay Bo	JSEC		- 111100 wy	Signature of Applicant	
. (Pinti	Matte of Abbucarie				
	ŢO]	BECOMPLEDED:	BYACCEPTING COLORSO	Title;	
Name of person authorized to sign		•	*	OPERATION) MANACON
Honas d.	ATG_	Maherri	4		<u>, , , , , , , , , , , , , , , , , , , </u>
I, the Color Scheme Holder / p	erson authoriza	ed to sign for the Color	Scheme Holder for	OR CAB	
hereby give consent to the app				Taxicad Color Scheme	
Hereby give to lise app	My at posture	indat the laws of the St	ate of California that the foregoing is t	rue and correct.	
I certify (or declare) under pen	any or perjury u	inger the laws of the St		20-20	·
MMunus (20	Lanesh	illen	/	Dale	
Signature of Color Scheme Ho	older / person withor	ized to sign for Color Scheme	Holder	Dats	
		OE:	reeuselonly		
Agenda Notice Date	Hearing		Decision of Taxicab Commission	New Declaration Si	gned
Worker's Comp Submitted	Insuranc	ce Submitted	Paint Chips Submitted	Photos Submitted	
-					. —





OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

NIKOLAY BUSEL

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

0CT 30 2007

SAN FRANCISCO SAN COMMISSION

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for: ☐ 1 () 图 Regular □ Ramp
Residence Address (Street Address, City, State, Zip)	711 77
	SAN RAFAEL, CA 9490S
Mailing Address (If different than residence address)	<u>-</u>
Residence Phone Number: (*//\$) 4	Altamate Phone Number: (4/15)
Hours Available at this Number: EVEN 1 1/65	Hours Available at this Number: 24 HOVRS
Social Security Number Other name	s) used
California Driver's License Number / Expiration Year	Date of Birth Place of Birth
Race (Optional)	inha Walaht Fye Color Hair Color
Color Scheme / Business Name	Business Number
VIFLEDLY CAR COOPERLATI	IVE (415) 282-3737
Color Scheme / Business Address (Street Address, City, State, Zlp)	AN FRANCISCO, CA 94110
	re you currently an active driver and hold a current Public Passenger Vehicle
Ale you a U.S. Chizein A 100 Land	river Permit? X Yes No .
Facts which show why the public will not be adequate	ely served unless this permit is granted: (attach additional pages if needed)
PUBLIC CONVENIENCE	AND NECESSITY HEARINGS
HAVE DETERMINE	DADDIENTONAL TAXIS
ARE RIFFRED	
	·
	How Here Come Has His Elean For
OFF	ICE USE ONLY

t kawa alawaa a taylaab in t	he City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Munic	ipal
i have driven a taxicab in t Police Code Section 1121	(b). AYes DNo	-
		 -
List residences for last five From Date To Date	years (List most recent first, attach additional pages if needed) Residence Address (Street Address, City, State, Zip)	10 -0
niac oceen	+ Residence Address (Street Address, City, State, Zip)	<u> 170</u>
H-1-7- (F*)		
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		······································
ow long have you lived within a 3	O mile radius of San How many years driving experience do you have in San Are you physically qualified to drive a stand safely?	ard vehic
ancisco? 28 years	months	
st employment for last five	years (List most recent first, attach additional pages if needed)	
rom Date To Date	Company Name Address (Street Address, City, State, Zip) Type of Wo	
183 present	Yellow Cab Coop 1200 MISSISSIAPI SECA GHIO TAX	1627
ve you ever been convict	ed of, or plead guilty or No Contest to any crime? 🔲 Yes 🎞 No If yes, provide the information required (Attach additional pages if needs	below. ad)
luro to provide full informatio	n relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.	-,
	Date Place of Arrest Disposition	
nse	pate Face of Allicon	
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	· ·	
	Is your hearing impaired?	
our eyesight impaired?	Yes Mino	
	sightedness or farsightedness corrected by eyeglasses.	
ou have any physical imp	pairments? Yes No If yes, describe the impairment:	
you ever had: · Ep	illepsy □ Yes No Vertigo □ Yes No Heart Trouble □ Yes	OVX
ou now, or have you eve	rhaan	
cted to the use of intoxica	ting liquor? ☐ Yes ☑ No Any Narcotic Drug? ☐ Yes ☑ No	
CIER IO HIS ROE OF HISTORICS		
	If yes, has the license been revoked? If yes, explain for what cause?	
e you previously licensed		
e you previously licensed taxi driver or chauffeur?	Yes No Yes No	
e you previously licensed taxi driver or chauffeur?	Yes No Yes No	on
e you previously licensed taxi driver or chauffeur? are granted a taxicab pe s, explain how you will use	Yes No Yes No	on .
you previously licensed taxi driver or chauffeur? are granted a taxicab pe explain how you will use	Yes No Yes No	on
e you previously licensed taxi driver or chauffeur?	Yes No Yes No	on .

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? A 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?
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 15+ day of MOVEMBEC, 2007 at San Francisco, California.
Signature of Applicant
RECEIVED

NOV **01** 2007

SAN FRANCISC (STAXI COMMISSION

RECEVED

NOV 01 2007

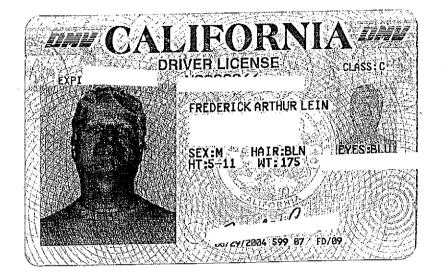
TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

NEW COLOR SCHEME	CHANG	GEORGOLOR SCHEME - From (1 (COMMINICATE ONLY)	n:
YOU MUST SUBMIT A CERTIF	CATE OF WORKER'S COMPE	NSATION, REGISTRATION CARD, & IN	SURANCE CARD WITH THIS APPLICATION.
	PLEASE PRINT CLE	ARLY - COMPLETE ENTIRE F	ORM
Applicant's Name (First, Middle, Last)	1 0 0 1	118 / 6111	14/19472-1366
Residence Address (Street Address, C			CA G//CA7
loint Applicant's Name (First, Middle, I	.ast)	SAN SCHEHLLY	Phone Phone
Residence Address (Street Address, C	ity, State, Zip)		
s this a Corporate permit?	No Yes If yes, N	lame of Corporation:	
Filt - theb request is s	ranted by the Taxicah Commis	ssion, list what your business name, a	ddress and phone number will be.
usiness Name	Business Address (Str	eel Address, City, State, Zip)	
	OP 1200 MI	SSISSIPPI	(415)282-3737
ledallion Number(s)			Owner / Operator Gas & Gate . Long Term Lease
lease list the reason(s) wh	y you are requesting this o	change:	
Good comp			•
			•
;We) certify (or declare) under	penalty of perjury under the I	aws of the State of California that the	·
xecuted this 3/1	_day of	, 20 0 7	at San Francisco, California
FRED LEIN) +	Tredo	Signature of Applicant
Print Name o			
	. TO BECOMPLETED E	WACCERING COLOR SCHE	/IE:
me of person authorized to sign for Co			8m
		Lella	J Col - Ca-op
he Color Scheme Holder / person		icheme Holder Idi	Taxicab Color Scheme
reby give consent to the applicant		V	and correct
ertify (or declare) under penalty of	perjury under the laws of the Sta	te of California that the foregoing is true a	
Hal Meller	al	(0/3//c	5 7 Date
Signature of Color Scheme Holder To	erson authorized to sign for Color Scheme H		
	OFF	GETUSETONLY	Now Dorloystics Signed
enda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
rker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

RECEIVED

NOV 0 1 2007

SAN FRANCISCO FAXI COMMISSION





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

EXPIRES: DECEMBER 31, 2007

FREDERICK A. LEIN

P44.

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



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
REYNAUDO DELA POSA MAGISO	√ Regular □ Ramp
Residence Address (Street Address, City, State, Zip)	4014
at the state of th	
Mailing Address (if different than residence address)	- No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
Residence Phone Number: (1913) Alternate Phon	
100.01010000	e at this Number: 24 14KS
Social Security Number Other name(s) used	J'or
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
Race (Optional) PILIPINO Sex Height Weight	Eye Color Hair Color /3 LACK
Color Scheme / Business Name	Business Number
YELLOW CAB COOP	(<i>4</i> \$\(\delta\)\(\beta\)\(\beta\)
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 MISSISIPPI Ff. SAW FRAW CISC	20 CA . 94007
	driver and hold a current Public Passenger Vehicle
	□No
If Yes -Date Permit was	
Facts which show why the public will not be adequately served unless this	permit is granted: (attach additional pages if needed)
PEOPLE LEAVING IN SON FOLKARISCO I	DESERVE TO GET
MONE CABS, FUR BETTHE SERL	VCG .
THE CITES,	
	•
	227 220 340 382 E0 1020
	At CIVED
OFFICE USE ONLY	0CT 3 1 700 7
Receipt No. Amount	Date J. S. I. / HU/
L'Harring Data	TO THE TAX COMMISSION
Ictice Date Hearing Date	DOTO 1

2 1 N.E.	Ta Maia	Doeldonoo Adde	are (Strant Address (ional pages if needed) City, State, Zip)	0174 0 9	anidi anidi
9-15-01	2004	100 Co	TOWAY	DRIVE PACE	474 CA. 940	44 44
						· · · · · · · · · · · · · · · · · · ·
			W-1			
How long have you Francisco?	lived within a 30 r 2 years 3	_	1 - ' 'a'	riving experience do you have in S	Are you physically qualified safely?	
List employme	nt for last five y			ional pages if needed)		
From Date 7-15-79	To Date 2007	Company Name YELLER	CAB CUEP	Address (Street Address, City,	State, Zip) PP1 84 · CA, 94087	Type of Work TAYI DKEVO
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				or Ariest	Disposition .	
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your eyesight i					Is your hearing impaire	ed?
not include or	dinary nearsig	htedness or far		ected by eyeglasses.	ls your hearing impaire	ed?
	dinary nearsig	htedness or far	sightedness corre		ls your hearing impaire	ed?
not include or	dinary nearsig physical impal	htedness or far.	Yes No	ected by eyeglasses.	ls your hearing impaire □ Yes □ No rment:	ed?
o not include or you have any	dinary nearsign physical impai d: Epile ave you ever t	htedness or far. irments? ppsy Yes peen,	Yes No	ected by eyeglasses. If yes, describe the impair	Is your hearing impaire Yes No rment: Heart Trouble	
o not include or you have any ve you ever ha	dinary nearsigned physical impaired: Epile ave you ever the of intoxication sly licensed	htedness or far. irments? ppsy Yes peen,	Yes DNo Yes DNo If yes, has	ected by eyeglasses. If yes, describe the impali	Is your hearing impaire Yes No rment: Heart Trouble	□ Yes <u>D</u> Wó

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? ☑Ýes □ 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 you 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.
have read all of the above statements and declare under penalty of perjury that they are correct.
executed on this OCT 27 day of 27, 2007 at San Francisco, California.
Signature of Applicant
Signature of Applicant ()

RECEVED

OCT 31 2007

SAN FRANCISCO TAXI COMMISSION

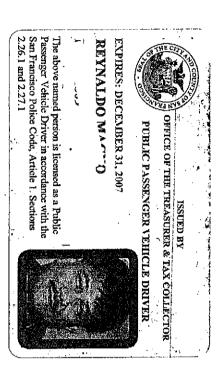
TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

/ . NEW COLOR SCHE (Complete both sides)	EME CHAN	GE OF COLOR SCHEME - From: (Camplete front side only)	
YOU MUST SUBMIT A CER			URANCE CARD WITH THIS APPLICATION.
		EARLY - COMPLETE ENTIRE FO	DRM Phone
Applicant's Name (First, Middle, L			(4.15)
KINDSODO	D. P. MAGNO ss. City, State, Zip)	3	7.5 5 5 , . 3
Residence Address (Street Addre	ss, City, State, Zip)	4 474 CA. 9400	· y
Joint Applicant's Name (First, Mid	dle, Last)		1 1 1 1 1 1
	N/C		()
Residence Address (Street Addre	ss, City, State, Zip)		
Is this a Corporate perm	nit? No Yes if yes,	Name of Corporation:	
			Cont. 313
If this color scheme request	is granted by the Taxicab Commi	ssion, list what your business name, ad reet Address, City, State, Zip)	Busipess Phone
VELLOW CMS	(000 1200 M	reel Address, City, State, 21p)	1940 (CZ2Z -ZZZ TXZZ)
Medallion Number(s)			Owner / Operator Gas & Gate . Long Term Lease
		-	111 cong term cesse
Please list the reason(s)	why you are requesting this	change:	
May WIE	Edpelle-		
7,700			
		<u>, </u>	
			•
		_	,
I (We) certify (or declare) ur	nder penalty of perjury under the	laws of the State of California that the	foregoing is true and correct.
·,>	N COTISE	20 OJ/ 3	at San Françisco, California
Executed this		0 1	10 1/
REVIALDO	OD.P. MAGN	O Kal	a regu
Print N	ame of Applicant		ignature of Applicant (
	TO RECOMPLETED	BY ACCEPTING COLOR SCHEM	E
Name of person authorized to sign f	or Color Scheme Holder:		Title:
MICHARD	WIEWEN		O DENSOTION PUNIVITY
		1/-1204/	Title: Operation Manny CAB Co- of Taxicab Color Scheme
I, the Color Scheme Holder / pe	rson authorized to sign for the Color	Scheme Holder for 4 Eccon	Faxicab Color Scheme
hereby give consent to the appli	cant.named to use my color scheme		
Licertify (or declare) under genal	ity of perjury under the laws of the St	ate of California that the foregoing is true a	nd correct.
1	111		-30-07
/pr.	100		Dale
Signature of Color Scheme Horo	er / person authorized to sign for Color Scheme	Transco	RECEIVED
	OF	FIGE USE ONLY	
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signer 1 2007
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted SAN FRANCISCO
Received by:	Receipt No.	Amount .	Date FAXI COMMISSION

Received by:





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OCT 31 2007

SAN FRANCISCO TAXI COMMISSION

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

Applicant's Name (First, Middle, Last) (R/SWAV, Wichhard	Type of Medallion Applying for: ☑Regular □ Ramp
Residente Address (Street Address, City, States 7in)	94118
Mailing Address (If different that /esidence address)	<u> </u>
Residence Phone Number: (Alternate Phone Nu	umber: ()
Hours Available at this Number: 2:30 - 3.30 p.M. Hours Available at ti	ihis Number:
Social Security Number Other name(s) used	
California Driver's License Number / Expiration Year 4.6.09 Data of Pinth	Place of Birth
Race (Optional) white (M) F Weight	Eye Color Bark/ Grey
Color Scheme / Business Name LUXOR Cab	Business Number (4). 4 (415) 282-4/41
Color Scheme / Business Address (Street Address, City, State, Zip)	
2230 Jerrold 3/ (a	and hold a gurront Dublic Passanger Vehicle
Are you a U.S. Citizen? Yes No Are you currently an active drive Invo. Allen Resident Card Number A 22983986 Are you currently an active drive Invo. Allen Resident Card Number A 22983986 If Yes — Date Permit was issued.	ver and hold a current Public Passenger Vehicle
Facts which show why the public will not be adequately served unless this per	mit is granted: (attach additional pages if needed)
There is shortage of Taxicabs	s in S.F.
	RECEIVED
	OCT 04 2007
	SAN FRANCISCO
The second secon	
OFFICE USE ONLY alvad by Receipt No. Amount	SAN FRANCISCO

Folico Obda Ootaan () / 1	s □No	1 18 d	P	
List residences for last five years (List m	ost recent first, attach addition	nal pages if needed)		0.61.12
From Date To Date Residence	Address (Street Address, Cit	y, State, Alp).	- cisco	Ca 94118
990 Till present				•
	V			
	. <u></u>			
		•		
•		de constante la C	an Are you physically qualified	d in drive a standard vehic
low long have you lived within a 30 mile radius of	San How many years driv	ing experience do you have in S	safely?	
Francisco? 28+ yearsmonths	Francisco? 2	years 6 months	7⊠ Ye	s 🗆 No
years		eel pages if pageart)	<u>1</u>	
Ist employment for last five years (List n	nost recent first, attach addition	Address (Street Address, City.	State, Zip)	Type of Work
From Date To Date Company	(14,110	Address (Street Address, City, 2230 July)	12 ave SF.	Taxidrive
1016/1980 present . L	elxor Cab.	LUSO CELIC) - 	
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·				ormation required below.
ailure to provide full information relative to pa	rior convictions, guilty plea		(Attach addition e considered cause to deny	nat naces if needed)
	rior convictions, guilty plea Date Place of	s or not contest pleas may b	/ /Attack printition	nat naces if needed)
	rior convictions, guilty plea	s or not contest pleas may b	(Attach addition e considered cause to deny	nat naces if needed)
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	rior convictions, guilty plea	s or not contest pleas may b	(Attach addition e considered cause to deny	nat naces if needed)
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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? A 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 lam and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab? Yes No	1n.
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 Sa 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.	an de
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/of permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-ling 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 the 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 the permit of the permit of the permit of the permit of the permit that is granted.	er or or
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 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.	e I
I have read all of the above statements and declare under penalty of perjury that they are correct. Executed on this day of ctober, 20 0 7 at San Francisco, California.	
Signature of Applicant	١

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OCT 04 2007

SAN FRANCISCO TAXI COMMISSION . I MIKHAIL LIRISMAN, Requesting change of color from Cuxor to Yellow, Reason is Yellow is much better Co.

> 11.15.07 M. Kinisman 765 ARguello #2 SF Ga 94/18 Tel. 151-9374

> > RECEIVED

NOV 1 5 2007

SAN FRANCISCO FAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

G NEW COLOR SCHEME (Complete both sides)

2X0R

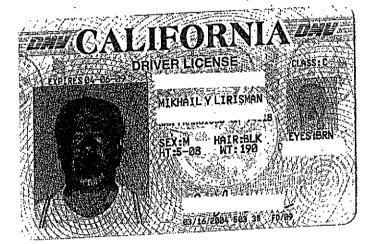
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AND AND AND AND AND AND AND PROPERTY OF MADRICAL PROPERTY OF AND	- REGISTRATION CARE	TILL INSTRANCE CARD WITH THIS APPLICATION
YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION	' IZPOID HALLON OUNE	Di di fredoro di com di com

TOU MOST SUBMIT A CERTIFI				
	PLEASE PRINT CLE	ARLY - COMPLET	E ENTIRE FOR	
Applicant's Name (First, Middle, Last	Levisman			Phone (4/1) 751 - 9374
Residence Address (Street Address, 165 AR & U.C.		a 34118		
Joint Applicant's Name (First, Middle	Lest)			Phone (.)
Residence Address (Street Address,	City, State, Zlp)	-		
Is this a Corporate permit	R GNo G Yes If yes,	Name of Corporation:		
If the sales ashome request in	granted by the Taxicab Commi	celon, list what your bus	iness name, add	ress and phone number will be.
Business Name	ab. 200 Mi	reet Address, City, State, Zip)		Business Phone ()3333333
Medallion Number(s)				G Owner / Operator
				G Gas & Gate G Long Term Lease
Please list the reason(s) w	· c~	/ /		
5 ws	ne 21 Opport	aurtey		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
				NOV 1 5 20u/
				. SAN FRANCISCO
				AXI COMMINISTON
I (We) certify (or declare) und Executed this	day of Novem	//)	foregoing is true and correct. t San Francisco, California
MN O	in sona)	Sia	nature of Applicant
Signature	of Applicant			
	TO BE COMPLETED	BY ACCEPTING CO	DOK SCHEMI	L-Title:
Name of person authorized to sign for	Color Scheme Holder:			1 Provelent
I, the Color Scheme Holder / pers hereby give consent to the applica	**		Ť	axicab Color Scheme
certify (or declare) under penalty	of perjury under the laws of the S	tate of California that the f	oregoing is true ar	nd correct.
Signature of Color Scheine Holder	/ person authorized to sign for Color Scheme	ı Halder		/ Date
		FIGE HAT ALL V		· ·
Accede Natice Date	OF Hearing Date	FICE USE ONLY Decision of Taxical	ib Commission	New Declaration Signed
Agenda Nolice Date Worker's Comp Submitted	Insurance Submitted	Paint Chips Subm		Photos Submitted
Received by:	Receipt No.	Amount		Date
THE STATE SOME STORY OF STREET APPENDING	lorz			(Rev. 08/10/05)

RECEIVED:

OCT 04 2007

SAN FRANCISCO TAXI COMMISSION





ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007 MIKHAIL Y. LIRISMAN

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



Consent Calendar: Item G

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

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

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab, Commission

☐ NEW COLOR SCHEME Complete hold sides (Complete front side only)	From: World Wide (
(Complete both sides) 'YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, &	& INSURANCE CARD WITH THIS APPLICA
PLEASE PRINT CLEARLY – COMPLETE ENTIR	E FORM
Applicant's Name (First, Middle, Last) William Patrick Jones	
Paeldence 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	e, address and phone number will be.
Business Name Business Address (Sirect Address, City, State), Eley	Business Phone
Bruchocker 1999 Pennsylvania	
redallion Number(s)	Owner / Operator
0(7	Gas & Gate
862	☐ Long Term Lease
World Wide Calr is Closing its color A	
We) certify (or declare) under penalty of perjury under the laws of the State of California that xecuted this 16th day of October 2007 William Patrick Jones William Print Name of Applicant	Patrick Jones Signature of Applicant
We) certify (or declare) under penalty of perjury under the laws of the State of California that xecuted this	Patrick Jones Signature of Applicant
We) certify (or declare) under penalty of perjury under the laws of the State of California that xecuted this	Patrick Jones Signature of Applicant
We) certify (or declare) under penalty of perjury under the laws of the State of California that xecuted this/6	Patrick Jones Signature of Applicant
We) certify (or declare) under penalty of perjury under the laws of the State of California that xecuted this/	at San Francisco, California Patrick Jones Signature of Applicant Titla: MAINACER Taxicab Color Scheme
We) certify (or declare) under penalty of perjury under the laws of the State of California that xecuted this	at San Francisco, California Patrick Jones Signature of Applicant Title: MAINACER Taxicab Color Scheme
We) certify (or declare) under penalty of perjury under the laws of the State of California that xecuted this	at San Francisco, California Patrick Jones Signature of Applicant Title: MA MACER Taxicab Color Scheme re and correct. Date
We) certify (or declare) under penalty of perjury under the laws of the State of California that xecuted this	at San Francisco, California Patrick Jones Signature of Applicant Title: MANACER Taxicab Color Scheme Te and correct. Date The Color Scheme The Col
We) certify (or declare) under penalty of perjury under the laws of the State of California that kecuted this	at San Francisco, California Patrick Jones Signature of Applicant Title: MA MACER Taxicab Color Scheme re and correct. Date

INSURANCE BINDER

0ATE (MU/DD/YYY) 10/22/2007

the same of the sa	A Married Control of the Control of		IO OLINIU	N AN THE DEL	FRAE SID	E OF THIS F	ORM.
THIS BINDER IS A TEMPORARY	INSURANCE CONTRACT, SUBJEC						
1		Lincoln General In		mpany	TWCQQQQ16Q		
Public Livery Insurance Services, Inc. 1380 El Cajon Bivd Ste 212	<i>,</i>	DATE	CTIV2	TIME	DA	TE	TIME
El Cajon CA 92020	•	10/12/2007	12:01	X AM PM	12/12	/2007 ×	12:01 A
PHONE (Arc. No. Saul: (619) 702-7022	(AG, No): (619) 593-2176	THIS BINDER COMPANY PER	IS ISSUED EXPIRING PO	TO EXTENO COV	erabe in T	HE ABOVE NAI	MED
CODE:	SUB GOOD!	DESCRIPTION OF OPER	ATKONSIVEHI	ULES/PROPERTY (I	naluding Loca	Hon)	
AGENCY QUETCHER D: INSURED Black & White Check 3450 Geary St Sta 10 San Francisco CA 94	00	Texi Cab Operation Medaltion #758, #1	1				
COLEDICES					LIMI	18	·
COVERAGES TYPE OF INSURANCE	COVERAGE	FÖRRIS		DEDICTHIE	COM9 %	AMOU	NT.
PROPERTY CAUSES OF LOSS BASIC BROAD \$PEC		***************************************					
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Black & White Checker Cab Company		LOSS PAYEE				·	
3450 Geary St 5te 100		LOAN#					_
San Francisco CA 94118-3379							
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		VUJUCA		the same			
ALL DE LOS AS	Par	1 07 2 © ACO	RDCORP	DRATION 1993	-2007, Al	rights rese	rved

IDENTIFICATION CARD INSURANCE

CALIFORNIA

MPANY NUMBER

COMPANY

LICY NUMBER

BEFERCTIVE DATE MAKE/MODEL 10/12/01 EORD

> ¥ g

10/12/08 VEHICLE IDENTIFICATION NUMBER EXPIRATION DATE DISURANCE COMPANY LINCOLN CENERAL

ENCY/COMPANY ISSUING CARD

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

CHARGE.

BLACK 6 WHITE CRECKER CAB # 862

SAN FRANCISCO, CA 94107 999 PERKSYLVANIA ST

SEE IMPORTANT NOTICE ON REVERSE SIDE

SAN FRANCISCO

TAXI COMMISSION

INSURANCE IDENTIFICATION CARD

CALIFORNIA MAPANY MUMBER

COMPANY

INSUTANCE COMPANY Linoden general. Effective date 10/12/07

MAICY NUMBER

EXPIRATION DATE 10/12/08

VEHICLE IDENTIFICATION NUMBER MAKE/MODEL FORD

GENCY/COMPANY ISSUING CARD

000

PUBLIC LIVERY INS SERVICES, INC 1380 EL CAJON BEVD, SULTE 212 EL CAJON, CA 92020

NSURED

BLACK & WHITE CHECKER CAB # 862 999 PENNSTLVANIA ST SAN FRANCISCO, CA 94107 SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

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

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

ACORD 50 (1/83)

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

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

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

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

ACORD 50 (1/83)

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i IMPORTANTI ENTER BOTY DEALER'S AND SALESPERSON'S NUMBERS. sarctice of curchase of vehicle. Compl. 58 as an application for registerion or legisterion or	580809.5 290809.5 200809.5 200809.5 200809.5 200809.5 200809.5 200809.5 200809.5 200809.5 200809.5	2F () F	PARY IDENTIFICATION	
STATE ZIP DODE	5/8/2 5.8/1	358885	50	

RECENTED

NOV 06 ZUU/
SAN FRANCISCO
TAXI COMMISSION

John Mide COD 862

867

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

*CHANGE OF COLOR SCHEME - From: World Will (Complete front alde only)

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

100 MODE SOBRELL VOLVER INVESTOR AND	
PLEASE PRINT CLEARLY - COMPLETE ENTIRE	FORM
Applicant's Name (Figst, Middle, Last) I ON W VINCENT DONNELL	\mathcal{L}^{i}
Residence Address (Street Address, City, State, Zlp) .	" CA CA 940
Joint Applicant's Name (First, Middle, Last)	Phone ()
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit X No Yes If yes, Name of Corporation:	
1.6644 and an above related by the Tayloch Commission list what your husiness name.	address and phone number will be.
If this color scheme request is granted by the Taxicab Commission, list what your business name, Business Address (Street Address, City, State, Zip)	Business Phone
BHU Checker 1999 Tenusylvania	()
Medallion Number(s)	☐ Owner / Operator
Q = Q	☐ Gas & Gate
001	Long Term Leasa
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Name of person authorized to sign for Color Schema Holder:	11116:
benady Epstitein	mandolk_
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for	CHCCKCK - Taxicsb 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 a	and correct. $O - IS - O - I$
Signature of Color Spheme Holder / parson authorized to sign for Color Scheme Holder	Date
	(Mary Essa, prop
OFFICE USE ONLY	New Declaration Signed
Agenda Notice Date 11/13/07 Hearing Date 11/27/07 Decision of Taxicab Commission	1
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Parallella Lamount C.	Date

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ACORD 75 (2007/01)

INSURANCE IDENTIFICATION CARD

CALIFORNIA (PAX NUMBER

COMPANY LICZ NIMORRA

MAKE/MODEL 10/12/01

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Lincoln General Refective Date

10/12/08 VERICLE IDENTIFICATION NUMBER EXPIRATION DATE INSURANCE COMPANY

ENCY/COMPANY ISSUING CARD

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

ELACK & WHITE CHECKER CAB # 859 999 PENNSYLVANIA ST SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE OR NEVERSE SIDE

SAN FRANCISCO NI COMMISSION

INSURANCE IDENTIFICATION CARD

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LINCOLN GENERAL INSURANCE COMPANY EFFECTIVE DATE

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AGENCY/COMPANY ISSUING CARD

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

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BLACK & WEITE CHECKER CAB # 859 SAN FRANCISCO, CR 94107 999 PENNSYLVANIA ST

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MOST BE KIPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

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

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

ACORD 50 (1/83)

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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. Wame of Insurance Company and policy number for each vehicle involved,

ACORD 50 (1/83)



Worldwide Cels 859



LICENSE RUMBER AMOUNT PAID 120.00 * INCOMPLETE APPLICATION ** SEE ABOVE ** THIS IS NOT AN OPERATING PERMIT * VERICLE/VESSEL ID NUMBER 120.00 AMOUNT RECVD CASH :: CHCK :: CRDT :: RDF REASONS: 0 5 F Z E ADJUST-UNDER AMOUNT DUE **R 2007 URLADER/6/CSW CC/ALCD V.F SLASS , ^{ਨੇ} ਚ YR 1ST SOLD 94124 WORLDWIDE CAB R 2560 MARIN #A / SAN FRANCISCO TX TYPE VEHICLE/MESSEL USE COMMERCIAL BODY TYPE MODEL A MAKE FORD

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SAN FRANCISCO YAMI COMMISSION



TAXICAB COLOR SCHEME APPLICATION Sun Francisco Taxicab Commission

☐ NEW COLOR SCHEME	## CHANG	E OF COLOR SCHEME -	-From: Worldwide Cab
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Applicante Nomo (First, Middle, Last) Maximilian	Toseph	David	14157793-8483
Flaskienos Address (Street Address, Cily, State, Zi. 432 Belvedere	ST. SUF	CA 9411	7
Joint Applicant's Nume (First, Middle, Last)	1 ′	1	Phona ()
Residence Address (Street Address, City, State, Zip,	}		
is this a Corporate permit?	☐ Yes Ifyes, Name	of Carparation;	
If this color scheme request is granted by t	he Taxleab Commission	, list what your business name	a, address and phone number will be.
By W Chrchel	Business Address (Street A	1 A	(415) 285-3860
Madaillon Number(s)	777 1648 19	<u> </u>	Couner / Operator
960			Ges & Gate Ling Term Lease
(Wa) certify (or declare) undor penalty of p	erjury under the laws o	f the Siste of California that t	he foregoling is frue and correct.
	October		at San Françisco, California,
	/	(11)	
Maximillian Davi	d	Manue	Signature of Applicant
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inda Nytigo Date , Haaring Date ,	0651051US	E-ONSE Decision of Taxicab Commission	Now Declaration Signed
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Page 1 of 2 © ACORD CORPO

INSURANCE IDENTIFICATION CARD

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10/12/08

10/12/08 VEHICLE IDENTIFICATION NUMBER

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SENCY/COMPANY ISSUING CARD

PUZLIC LIVERY INS SERVICES, INC 1380 EL CAJON BLVO, SUITE 212 EL CAJON, CA 92020

NOISCO NA FRANCISCO

SEE DAPORTANT NOTICE ON REVERSE SIDE

BLACK & WHITE CHECKER CAB #960 959 PERNSTLVAMIA ST SAN FRANCISCC, CA 94107

INSURANCE IDENTIFICATION CARD

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LINCOLM GENERAL INSURANCE COMPANY
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10/12/07

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AGENCY/COMPANY ISBUING CARD

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

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BLACK & WHITE CHECKER CAB #960 999 PERNISTLVANIA ST SAM FRANCISCO, CA 94107 SEE IMPORTANT MOTICE OF REVERSE SIDE

THIS CARD MOST BE KEDT IN THE INSORED WEHICLE AND PRESENTED UPON DEBRAND

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

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

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ACORD 50 (1/83)

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

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

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COMMERCIAL 10/23/07 38 10/23/07 9
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SAN FRANCISCO CRDT: 373.00

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World Wide Ch. \$ 960

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission ☐ NEW COLOR SCHEME M CHANGE OF COLOR SCHEME - From: 10 do (Complete front side only) (Complete both sides) PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM Applicant's Name (First, Middle, Last) Phone Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) Ů No is this a Corporate permit? ☐ 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 Address (Street Address, City, State, Zip) Owner / Operator Gas & Gate Long Term Lease TO BE COMPLETED BY ACCEPTING COLOR SCHEME Name of person authorized to sign for Color Scheme Holder. RD VUVLEZ 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. gnature of Colo. Scheme Holder / person authorized to sign for Color Scheme Holder Please list the reasons why you are requesting this change. Why are you moving from one color scheme to another? 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 at San Francisco, California OFFICE USE ONLY Decision of Taxicab Commission New Declaration Signed (NV) Hearing Date

Paint Chips Submitted

Amount

Insurance Submitted

Receipt No

Agenda Notice Date

Received by:

Worker's Comp Submitted

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(Rav. 09/09/03)

Photos Submitted Will No

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	YANT STREET YANCISCO CA 84103		INSURER C:				
•			INSURER D:				
COVER	AGES						
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INSURANCE IDENTIFICATION CARD

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AGENCY/COMPANY ISSUING CARD

FUBLIC LIVERY INS SERVICES, INC 1360 BL CAXON SIAD, SUITE 212 EL CAUDA, CA 92020

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FOG CITY CAB # 187 979 BRIMNI ST

SAM FRANCISCO, CA 94103

SEE INPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CAMP

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LINCOLN GENERAL EFFECTIVE DATE

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PUBLIC LIVERY INS SERVICES, INC 1380 EL CAJON ELVE, SUTTE 212 EL CAJON, CA 92020

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FOG CIDY CAB # 787 979 BRYANT ST SAM FRANCISCC, CR 94103

SEE IMPORTANT NOTICE ON REVERSE SIDS

THIS CARD MOST BE KEPT IN THE INSURED VEHICLE AND PRISEMENT UPON DEMAND

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

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

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ACORD 50 (1/83)

VEHICLE AND PRESENTED UPON DEMAND THES CARD MIST BE KEPT IN THE INSTRUCT

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

ACORD 50 (1/83)

fog city cab

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

To Whom It May Concern:

Medallion Holder # 78 7 ,	
chuck Bun Tong	will joint venture with
Fog City Cab Inc. Vehi	icle will be purchase and
ready for service with a	approval of transfer to
Fog City Cab.	·

Sincerely,

Greg Poon

Fog City Cab Inc

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission CHANGE OF COLOR SCHEME - From: North ☐ NEW COLOR SCHEME (Complete both sides) PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM Applicant's Name (First, Middle, Last) Renne-NCAN G.S ly, State, Zip) Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) ☐ Yes W No If yes, Name of Corporation: Is this a Corporate permit? If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be. Gas & Gale Long Term Lease TO BE COMPLETED BY ACCEPTING COLOR SCHEME Name of person authorized to sign for Color Scheme Holder: Musul I, the Color Schame 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 (of declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. of Color Scheme Holder / person authorized to sign for Color Scheme Holder Please list the reasons why you are requesting this change. Why are you moving from one color scheme to another? I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. OFFICE USE ONLY New Declaration Signed NOISSIWIALOO INV Decision of Taxicab Commission Hearing Date Agenda Notice Date Photos Submitted/ONV84 Ness Paint Chips Submitted Insurance Submitted Worker's Comp Submitted Amount Receipt No.

Received by:

ACORD 25 (2001/08)

Certificate #

62656

© ACORD CORPORATION 1988

PRODUCER Phone: (826) 300-9000 Fax: 628-570	CATE OF LIAE		P4.30-10-10-10-10-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0/30/20(
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979 Bryant Street San Francisco ca 94103		INSURER C:					
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COMPANY NOMBER

POLICY NUMBER

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10/12/07 MAKE/MODEL ST.T.SUB

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EXPIRATION DATE
19/12/08
VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

LIMBURED

FOG CITY CAB # 707 979 BRYANT ST SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

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POLICY NUMBER

EXPIRATION DATE LINCOLN GENERAL INSURANCE COMPANY REFERENTIVE DATE

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

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FOG CITY CAB # 707 979 BRYANI SI SAN FRANCISC, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

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

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

ACORD 50 (1/83)

VEHICLE AND PRESENTED UPON DEMAND THIS CARD MOST BE KEPT IN THE INSTRED

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

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

FOG CITY CAB

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

To Whom It May Concern:

Fog City Cab Inc. Vehicle will be purchase and ready for service with approval of transfer to Fog City Cab.

Sincerely,

Greg Poon

Fog City Cab Inc

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM Applicant's Name (First, Middle, Last) Applicant's Name (Mrst, Miccie, Last) Residence Address (Street Address, City, State, Zip) ☐ Yes Is this a Corporate permit? 🛛 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 Address (Street Address, City, State, Zip) Business Name Gas & Gate Long Term Lease TO BE COMPLETED BY ACCEPTING COLOR SCHEME Name of person authorized to sign for Color Scheme Holder: 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. Please list the reasons why you are requesting this change. Why are you moving from one color scheme to another? I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. at San Francisco, California Executed this OFFICE USE ONLY Decision of Taxicab Commission New Declaration Signer Agenda Nolice Date Hearing Date 110° Photos Submitted Paint Chips Submitted Insurance Submitted Worker's Comp Submitted **861 31 2007** Amount Receipt No. Received by: (Rev. 09/09/03) SAN FRANCISCO MC SIREIAAN

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

☐ NEW COLOR SCHEME
(Complete both sides)

INSURANCE IDENTIFICATION CARD CALIFORNIA

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LINCOLN GENERAL COMPANY

HEFFECTIVE DATE 10/12/07 MANN/MODEL

EXPIRATION DATE INSURANCE COMPANY 10/12/08

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ENCY/COMPANY ISSUING CORD

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SCHEED

FOG CIPY CAB # 957

379 BRYANT ST SAN FRANCISCO, CA 94103

BEE TAPOREZAT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

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

FOG CITY CAB # 957 379 BRIANT ST SAN FRANCISCO, CA 94103

SEE IMPORTANT MOTICE ON REVERSE SIDE

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

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

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

Sincerely,

Greg Poon

Fog City Cab Inc

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

NEW COLOR SCHEME (Complete both sides) CHANGE OF COLOR SCHEME - From: Willed Wilder (Complete front side only)
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM
Applicant's Name (First, Middle, Last)
Tack Shuck Fred
Residence Address (Street Address, City, Stata Zin)
Applicant's Name (First, Middlb, Vast)
Residence Address (Street Address, City, Stale, Zip)
Is this a Corporate permit? I No I 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
to ask and Parker CT CT Mind (+10) 200 0200
Medallica-Number(s)
→ O C Gas & Gate
S#6 Long Term Lease
TO DE COLOUETED DV ACCEPTING COLOUENE
TO BE COMPLETED BY ACCEPTING COLOR SCHEME Name of person authorized to sign for Color Scheme Holder; Title:
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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.
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REPERBETON DATE

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PUBLIC LIYERY INS SERVICES, INC 1380 EL CAJON BLYD, SUITE 212 EL CRJON, CA 92020

NEURED

FOG CITY CAB # 386 979 BRIANT ST

SAU FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD CALITYORNIA

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10/12/08

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

MSURED

FOS CITY CAB # 386 979 BRYANT ST

SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

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ACORD 50 (1/83)

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1.Mame and address of each driver, Passenger and witness.

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

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission CHANGE OF COLOR SCHEME - From: De Sito Col **NEW COLOR SCHEME** (Complete both sides) "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) CHONG CA 94587 Joint Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) Is this a Corporate permit? If yes, Name of Corporation: Yes 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) CF (A) Business Phone AUE. SECA Business Name PENNSYLVANIA OWX Owner / Operator Gas & Gate Medallion Number(s) Please list the reason(s) why you are requesting this change: I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 2011 day of OctoBEN , 2007 at San Francisco, California TO BE COMPLETED BY ACCEPTING COLOR SCHEME Name of person authorized to sign for Color Scheme Holder: MACHROUSKY 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) ander 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 Decision of Taxicab Commission Hearing Date Agenda Notice Date Insurance Submitted Paint Chips Submitted Worker's Comp Submitted

Amount

Revised 11/04/2005

Receipt No.

Received by:

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 #	
Tack Shuck Hoey	will joint venture with
Fog City Cab Inc. Vehice	cle will be purchase and
ready for service with a	pproval of transfer to
Fog City Cab.	

Sincerely,

Greg Poon

Fog City Cab Inc

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RECEVED

OCT 31 2007

SAN FRANCISCO KAYL COMMISSION

S.T. TATI#1040

DESOLO Cab

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL HOTICE, USE THIS FORM TO PAY YOUR RENEWAL PRES 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 PRES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

DO NOT DETACH - RECISTERED OWNER INFORMATION

REGISTRATION CARD VALID FROM: 11/08/2006 TO: 11/08/2007

YR MODEL YR 15T SOLD VLF CLASS "YR TYPE VEH TYPE LIC 2005 0000 CE 2007 175 11

0000 CZ 2007 175 VEHICLE ID RUMBER

PIC

BODY TYPE MODEL NP NO
SV G NV

TYPE VEHICLE USE DATE ISSUED CC/ALCO UT FEE RECYD

AUTOMOBILE 08/03/07 01 08/03/07 8
PR EXP DATE: 11/08/2007

REGISTERED OMER
LABIL T
LON DR ANOUNT DE ANOUNT RECYO

\$ NONE CASH :

CHCK CRDT 94587

DC FNCL SVCS AMER LLC PO BX 997533

UNION CITY

MARCONAL PROPERTY OF THE PROPE

DODG

CA

INSURANCE IDENTIFICATION CARD

119258331964

STATE CA

COMPANY HANY MUNBER

855 ICY NUMBER

REPECTIVE DATE

Lincoln Ganeral Insurance Co. EXPIRATION DATE

06/22/07

06/22/08

VERLICLE IDENTIFICATION NUMBER 317

Caravan

105 Dodge NCY/COMPANY ISSUING CARD

, A. Tittle Insurance aul Batmale

50-856-2120 NEURED

Michael T. Chong Desoto Cab #1040

CA 94587

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

CSR TG

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

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

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

ACORD 50 MM(2/95)

1040

Clie	nt#: 57315			TOWNTAXI			
ACORD. CERTIF					рате (мм/юд/у 10/31/07		
PRODUCER UnionBand Insurance Svcs, Inc. 750 B Street, Suite 2400		HOT	y and confers der. This certi	I ISSUED AS A MATTER OF IN I NO RIGHTS UPON THE CER IFICATE DOES NOT AMEND, I GE AFFORDED BY THE POLIC	TIFICATE EXTEND OR		
San Diego, CA 92101 800 421-6744	٠	INSTIBI	ers affording	COVERAGE	NAIC#		
				eral Insurance Co.	33855		
Town Taxi Cab Compar	-		INSURER 6:				
999 Pennsylvania Aven		INSURER	C:				
San Francisco, CA 941	07	INGURER	0:				
		INSURER	<u>택</u>				
THE POLICIES OF INSURANCE LISTED BELL ANY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFORDEL POLICIES, AGGREGATE LIMITS SHOWN MA	OF ANY CONTRACT OR OTHE BRY THE POLICIES DESCRISE	ER DOÇUMENT WITH TO HEREIN IS SUBJE	RESPECT TO WHIC	TH THIS CERTIFICATE MAY BE ISS	SUED ON		
ISR ADD'U TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFE DATE (MM/QD	TIVE POLICY EXPIR	ATION LIMITS	8		
. GENERAL LIABILITY	,		·	EACH OCCURRENCE	3		
COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA OCCUMBRICA)	3		
CLAIMS MADEOCCUR			į	MED EXP (Any one person)	S S		
				PERSONAL & ADV INJURY GENERAL AGGREGATE	\$		
GENT AGGREGATE LIMIT APPLIES PER:					\$		
POLICY PRO- LOO	!						
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea secident)	\$		
ALL OWNED AUTOS				BODILY INJURY (Per person)	\$		
HIRED AUTOS				BODILY INJURY (Fer accident)	,		
				PROPERTY DAMAGE (Par accident)			
GARAGE LIABILITY				AUTO ONLY - SA ACCIDENT S			
ANY AUTO			1	OTHER THAN EA ACO &			
EXCESSIUMBRELLA LIABILITY				EACH OCCURRENCE \$			
OCCUR CLAIMS MADE				AGGREGATE 5			
		1		3			
OEOUCTIBLE				s			
RETENTION S	······································			I WC STATUL I IOTH			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		10/12/07	10/12/08	WCSTATU- OTH- TORYLIMITS ER	,000,000		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER (EXCLUDED?			İ	E.L. EACH ACCIDENY \$1 E.L. DISEASE - EA EMPLOYEE \$1			
If yes, describe under		i	1	E.L. DISEASE - POLICY LIMIT ST			
SPECIAL PROVISIONS below							
RIPTION OF OFERATIONS / LOCATIONS / VEHICLES tificate Holder is named as addition pect to the following Medailion List ,	al insured as their inter	est may appear.	ovisions With				
TIERA TO HOLDEN		CANCELLAT	ION Ton Day M	otice for Non-Payment of F	Premium		
TIFICATE HOLDER				ed policies be cancelled befori			
	slon	I		WILL ENDEAVOR TO MAIL			
San Francisco Tavi Commis	Cult Landock Land Harmon			ce to the certificate holder named to the left, but failure to do so shall			
San Francisco Taxi Commis		NOTICE TO THE C	ERTIFICATE HOLDER	named to the left, but failure t	DD9 20 SHALL		
25 Van Ness Avenue, Room		1		named to the left, but failure t of any kind upon the insurer, its			
		impose no oblic Representativi	SATION OR LIABILITY 35,				
25 Van Ness Avenue, Room		IMPOSE NO OBLIG	SATION OR LIABILITY 35,				

TAXICAB COLOR SCHEME APPLICATION G CHANGE OF COLOR SCHEME - From: G NEW COLOR SCHEME (Complete front side only) (Complete both sides) "YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION. PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM Phone (415) JIN GIT HINDER Phone Joint Applicant's Name (First, Middle, Leet)) Residence Address (Street Address, City, State, Zlp) If yes, Name of Corporation: Is this a Corporate permit? (G No. G Yes 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 Phone | 1200 | MISSISSIPPISITE | (4,5) 2.82.37 (45)282·373 G Owner / Operator Medallion Number(s) G Gas & Gaiu G Long Term Lease Please list the reason(s) why you are requesting this change: (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. at San Francisco, California Executed this ahunder Signature of Applicant TO BE COMPLETED BY ACCEPTING COLOR SCHEME Name of person Bulherized to sign for Color Scheme Holder. MELLEGARD *farlan* YELLOW. CAB I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _ Taxlcab Color Sch hereby give consent to the applicant named to use my color scheme. I certify (of declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. gnature of Color Schame Holder person authorized to sign for Color Schame Holder OFFICE USE ONLY Decision of Taxicab Commission New Declaration Signed Hearing Date Pholos Submitted IV Agenda Notice Dale Palnt Chips Submitted insurance Submitter Worker's Comp Submit Amount Receipt No. OCT 1 8 2007 Day [1000] [1000]

SAN FRANCISCO .

OML 05/31/2007 TO 05/31/2008 31 TAX1

VERICLE IDENTIFICATION MEGT

DATE FIRST SOLD CLASS FORD YR. Model

TX

DATE FIRST SOLD CLASS FORD

TYPE WODEL

TX

DATE FIRST SOLD CLASS FORD

TYPE WEN. MP AX WC UNLADENIGIGGW TOTAL FIES PAID

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MOHINER SINGH

E 4E CA 94115-1410



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

M5952076

RHO-STERED

- MAHOLDER

INSURANCE IDENTIFICATION CARD

ີ່ວ (STATE) COMPANY NUMBER

POLICY NUMBER

MAKE/MODEL

FORD

10/12/07

AGENCY/COMPANY ISSUING CARD

VEHICLE IDENTIFICATION NUMBER

EXPIRATION DATE

INSURANCE COMPANY 10/12/08

LINCOLN GENERAL SPEECTIVE DATE

COMPANY

PUBLIC LIVERY INS SERVICES, INC 1380 EL CAJON BLVD, \$UITE_212 EL CAJON; CA 92020

INSURED

UNITED CAB # 67

SAN FRANCISCO, CA 9403. SFITA & AUTOS FOR HIRE....

SEE IMPONTANT NOTICE ON REVERSE SIDE

INSURANCE | IDENTIFICATION

(STATE)

Ö COMPANY NUMBER

POLICY NUMBER

LINCOLN GENERAL

EFFECTIVE DATE

10/12/07 MAKE/MODEL

AGENCY/COMPANY ISSUING CARD

.. VERICLE IDENTIFICATION NUMBER

EXPIRATION DATE

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

INSURED

UNITED CAB # 67 SFITA & AUTOS FOR HIRE 20 HERON ST

SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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ACORD 50 (1/83)

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OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

YELLOW CAB COOPERATIVE, INC.

(a California corporation) THIS IS TO CERTIFY, That

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

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

EFFECTIVE

DEPARTMENT OF INDUSTRIAL RELATIONS OF THE STATE OF CALIFORNIA 18 2003 THE 16th DAY OF JUNG

CHUCK CAKE

* Revocation of Certificate.—"A cortificate of consent to self-insure may be respixed by the Director of Industrial Relations at any time for good cause after a practice. Cood cause includes, among other things, the impairment of the solvency of such employer, the implifies of the administration of the solvency of such employer or his agent in charge of the administration of obligation under this division of any of the followings; (a) Habitually and as a matter of against inducing claimants for compensation to accord to the compensation due; (b) Discharfing his compensation due or making it necessary for them to resort to proceedings obligations in such a manner as to cause influy to the public or those dealing with him." (Section 3702 of Labor Code.) The Certificate may be revoked for concemplance with Title 8, California Administrative Code, Group &—Administration of Salf-Insurance.

MARK B. ASHCRAFI

FORM A.4-10 A