

Agenda: Item 4

Consent Calendar

Consent Calendar: Item A

Consideration of the Minutes for the October 23, 2007
Taxicab Commission Meeting



COMMISSIONERS TELEPHONE (415) 554-7737

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

HEIDI MACHEN, EXECUTIVE DIRECTOR

MINUTES
Commission Chambers
October 23, 2007 at 6:30 p.m.
City Hall, 1 Dr. Carlton B. Goodlett Place
Room 400

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

Absent: 0

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

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

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]

- **Dir Machen:** Introduces new investigator Scott Leon.
- **Scott Leon:** Introduction.
- **Com Breslin:** Welcome, hopes you don't focus on prop k violators but illegal limo drivers.
- **City Attorney:** Cannot go into further detail, since item was not agendized properly.
- **Jim, 49ers:** Problem at post games are lines are up to one hour wait. Fans are taking public transit to the games and taxis from the game. Have been getting lots of help from taxi companies and are continuing raffle and announced 4 winners.
- **Com Benjamin:** Can staff send a map of the area to the companies?
- **Dir Machen:** Periodically send out game dates and maps. Information is also on our website.
- **David Perry, Home for Halloween:** Overview of No Halloween in Castro campaign. Has lived in the City for 21 years, last few years have had violence, drunks and other violations. MUNI will be closed underground to that area but the F line will continue as usual. SFPD will be prepared.
- **Dir Machen:** Staff update.
- **Pres Gillespie:** Overview of the TLPA trip.

- **Com Benjamin:** Also discussed trip.
- **Lieutenant Schlotz:** DA does not want limos towed unless the driver is the owner, or if the owner knows the vehicle is being operated illegally.
- **Dir Machen:** We have good communications with the DA's office so we can relay anything the Commission would like.
- **Pres Gillespie:** Let the DA's office know we want illegal limos off the street.
- **Lieutenant Schlotz:** Many of the illegal limos do not have workers' compensation since it is owner operated. 311 complaints are about 500- 1/5 are limo complaints; 1/5 lost items; others are for speeding taxis and some calls should have been routed to 911.
- **Dir Machen:** Police will have to proceed with caution regarding illegal limos.
- **Com Heinicke:** Limo problem is important more of a crimp in the process, penalties would work better. Officers should be working on more pressing things and staff should be able to issue administrative fines.
- **Lieutenant Schlotz:** When she was working at the airport she would issue tickets to illegal limos.

Commissioner Announcements:

- **Com Breslin:** Reflecting on public comments from past meeting on peak-time medallions. Will hold additional Rules Committee meetings. Supports comments made at last meeting requesting more money for PC&N dispatch for outer areas.

Public Comment:

- **Barry Taranto:** Hopes staff creates a map for the 49ers games. No city official can tell drivers where to go on Halloween, drivers serve the customers.
- **Marty Smith:** 49ers staff should make some streets one way to allow taxis easier in/out access to the park. As well as allow left hand turns off some streets.
- **Thomas George Williams:** Diamond lanes should be available for all taxi cabs.
- **Bill Mounsey:** Welcomes Scott. Illegal limo issue looming, DA needs to prosecute even if it isn't a violent crime. Folks that cause the trouble in the Castro are usually from the East bay.
- **Mark Gruberg:** Limos are a priority but egregious violators need to be prosecuted.

SPECIAL ORDER 7:30- 8:00 PM (taken out of order)

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

- **Thomas George Williams:** Colorado trip is of concern because industry lobbyists with money usually attend. Employed drivers should be focused on central dispatch.
- **Charles Rathbone:** Worked out a cost-effective formula for peak-time medallions.
- **Barry Taranto:** Mr. Rathbone's numbers make sense. Illegal limos are at major hotels. They are paying to lease white zones at the hotels.
- **Jim Gillespie:** Large percent of drivers give good customer service. There's a small few that ruin it for the rest. TLPA meeting also has a state group which costs \$100/year to join. Open to anyone who would like to be a member. This group has been working on opening diamond lanes to taxi cabs but highway patrol opposes since it may open the topic for others like UPS, etc to also be included.

- **Emil Lawrence:** Has received tickets for dropping off and picking up customers in bus zones, one customer was handicapped and the officer saw him helping her out.
- **Isfaq:** SF Smart cards should let the driver know how much money is left on their card. Oftentimes people find they do not have enough and hold up the line to recharge their cards.
- **Mohammed:** UTW mess has created people waiting for cabs. Fees being charged to drivers. Always see illegal limos sitting in white zone.
- **Bill Mar:** Gate fees to be enforced which weren't before when brought before the Board of Supervisors years ago. UTW didn't support this.
- **Bill Mounsey:** Illegal for doorman to pay either limo or taxi. There will never be enough taxis in the City, and Commission should not add more. Proud member of the UTW.
- **Carl Macmurdo:** Agenda items should be done differently it seems like a wish list for staffers.
- **John Lazar:** Luxor receives 4- 5 thousand calls per day and cannot fulfill the demand. Peak-time medallions can be helpful if they are controlled and should be given to companies with a big fleet size.
- **Eric Hatten:** Third generation cab driver couldn't work in 2004- 2005 because of eye surgery would like to know his options.
- **Pres Gillespie:** This is an administrative issue that needs to be addressed by staff.

Public Comments closed at 8:05pm

3. Consent Calendar [ACTION]

- **Dir Machen:** Sever items F1 and H
- **Pres Gillespie:** Sever items D, E, F1 & H
- **Com Oneto:** Motion to approve items A- Minutes, B- Public Passenger Permits, C- Removal of names from the taxicab/ramp list, F2- Grant medallion, G- Consider applicant ineligible for Ramp medallion
- **Com Paek:** 2nd motion

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

- **Com Heinicke:** Item D, Director Machen can you explain the requirements for a time waiver.
- **Dir Machen:** Sure, a time waiver will help a candidate on the list, usually ramp applicants, fulfill an extra year of driving they have not met. For example if a driver receives an offer letter this year, they would be required to drive 3 out of the 4 consecutive years.
- **Com Breslin:** What was his history before 2005?
- **Eric Hatten:** Began driving in 2005 and 2006.
- **Com Heinicke:** When you signed up for the medallion list did you know about the driving requirement? Before Daly/Ma was there a driving requirement?
- **Com Breslin:** Was an accommodation offered to him?
- **Pres Gillespie:** Let's continue this item to answer all these questions.
- **Com Paek:** Motion to approve granting a time waiver to the following D1, D2, D4 – D6

- **Com Oka:** 2nd motion.

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

- **Com Heinicke:** Item E seems to me one way to regulate services is by limiting dispatch changes just as color scheme changes. Smaller color schemes using cheaper services to allow them to do their own thing. Commission should review further applications and not allow such transfers.
- **Pres Gillespie:** Agrees and looks forward to calendaring the issue for the future.
- **Com Paek:** Motions to approve item E-dispatch change
- **Com Benjamin:** 2nd motion

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

Public Comment:

- **Mrs. Stephen Keyes:** Has kept a thorough count of husband's waybills over the years and would like to submit them as proof he has met the driving requirement.
- **Pres Gillespie:** Staff could have possibly discounted some of his waybills if they were deemed inaccurate.
- **Carl Macmurdo:** Has known Stephen at Yellow for 31 years.
- **Mark Gruberg:** Sounds like he has driven and should be considered for this medallion
- **Com Heinicke:** Should have further review of his waybills for year 2004.
- **Com Breslin:** Continue to next agenda and not wait until next year.
- **Com Oneto:** Motion for staff to review this case.
- **Com Paek:** 2nd motion.

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

- **Dir Machen:** Review of Item H cs change for Anita Lee continued from the last agenda because lacked proof of workers' compensation work.
- **Com Heinicke:** When this medallion was at Bay did it have workers' compensation?
- **Dir Machen:** No.
- **Com Benjamin:** We are allowing the medallion to go from one company to another without workers' compensation?
- **Dir Machen:** Liability rests with the color scheme.
- **Com Benjamin:** Are we going to revoke the color scheme for not having workers' compensation?
- **Dir Machen:** We will have to ask the City Attorney. Bay and Regents went before a hearing officer on this issue and we are awaiting his decision.

- **Com Oka:** If it's the policy of this Commission that workers' compensation be apart of the color scheme then the message needs to be sent to the color schemes.
- **Com Heinicke:** Is it proper for the Commission to send a letter to the hearing officer requesting a decision on the matter?
- **Dir Machen:** One has already been sent out.
- **Com Heinicke:** Maybe we can approve this conditionally.

5. **Report of Clean Air Working Group and Consideration of Accompanying Resolution and/or Rule Change [DISCUSSION]**

- **Pres Gillespie:** This will only be a discussion to shape the final decision.
- **Dir Machen:** Overview and findings
- **Pres Gillespie:** Purchase plan should be put in place so as can plan their purchases making it affordable and doable.
- **Com Oneto:** Going through numbers of vehicle and standards.
- **Com Benjamin:** Why don't we follow the Department of Environments list?
- **Com Oneto:** Department of Environment summary uses standards of New York. But New York uses miles/gallon and we don't want to restrict that.

Public Comment: 9:36 PM

- **Todd Campbell:** Proposal before Commission uses mileage not wheel well to wheel well. AB 118 dollars would not apply to this. Would like to see DOE/ staff recommendations.
- **Doug Cameron:** Same remarks.
- **Hansu Kim:** Should have better input from companies before giving them unaffordable figures. Should meet with these companies to discuss this.
- **Mark Gruberg:** Windfall profits for color schemes with a \$7.50 gas and gate increase.
- **Charles Rathbone:** Smaller taxis do not have room for partitions and they will be necessary.
- **Assad:** Crown Victoria's are not the best looking cabs but it carries a lot of people. Sizes of cars very different, Commission should consider this.
- **Jim Gillespie:** Support minimum of \$10 gas and gate. Hybrid costs are expensive since mechanics aren't trained in this and must be re-trained in this. Frustrated with committee and Commissioner for a long subcommittee meeting.
- **Tom Stanghellini:** No talk of public and passenger vehicles. Why can't there be an aggregate average? What about carbon credits? Who is going to train the mechanics?
- **Thomas George Williams:** Driver's income lost over the years because of gas increase. No offset on income. Can be part of the solution; \$7.50 should be max.
- **Dan Hinds:** There should not be a difference between old and new vehicles. If there was a surcharge would the drivers be better off driving hybrid vs CNG? Should be a \$10 minimum charge.

- **Emil Lawrence:** Prius production creates pollution. Crown Victoria powers itself over the years. The problem is the big engine; prefers Toyota Camry.
- **John James, S&C Ford:** There are used alternative-fuel vehicles that can be used that are not on this list.
- **Tone:** Any bridge should include a toll fee. All vehicles are differently made than in 1990.
- **Isfaq:** Smaller vehicles do not due well in inclement weather. Folks with large pieces of luggage refuse to use Prius'.
- **Name:** Has been driving since 1997, Crown Victoria is good for comfort and safety.
- **Bashir Rahimi:** CNG vehicles cannot hold luggage and are not good for long distances. Tanks are very dangerous.
- **Mr. Kiki:** Alternative fuels are very expensive. Crown Victoria's are best vehicles.
- **Tariq Mehmood:** Commission should take their time when making decisions. 80% of calls are paratransit; wheel chairs cannot fit in Prius' or CNG's.

11:00 pm

- **Pres Gillespie:** Difficult to make changes, Crown Victoria's are ingrained in the industry and drivers bare the costs.
- **Com Oka:** Of the number of paratransit users how many used wheel chairs and how simple was transporting?
- **Pres Gillespie:** Never had a problem transporting. I want this policy to work
- **Com Heinicke:** Three issues here. Should new and /or used vehicles apply? Incentives for new/used vehicles. In favor of gas and gate increase. Heard a lot about the DOE's numbers and would like to know more about that as well as what the Mayor's office is saying about it.
- **Com Breslin:** There's been too much information presented tonight to make any decisions.
- **Com Paek:** Thought facts were flushed out well with the companies and not sure there is much more to go over. Not ready to make any decision tonight and would like to think about it to come up with something we all agree on.
- **Pres Gillespie:** Over the next month hope to have some clarity to be able to present it to the Board of Supervisors since they must approve gas and gates increase. The next two agenda items do not have time criticality can we continue the items since we are late into the evening?
- **Com Oneto:** We can continue this item, because the public comment on this will be long.
- **Com Breslin:** I thought because of the Rules Subcommittee meeting, we should have this item heard in our committee.
- **Pres Gillespie:** I would like for Deputy Director Thigpen to give us a 5 minute overview on item 8 so we can decipher whether this should be heard before the Commission or the Rules Committee.

6. Criminal Background Checks for Taxi Drivers [DISCUSSION and POSSIBLE ACTION]

*Continued to call of the Chair

7. Public Comment (Please limit public comment to items NOT on the agenda; also limited to public that did 6

not speak during Special Order)

8. Subpoena Authority and Hearing Rule Changes - Recommending Board of Supervisor Legislation

[DISCUSSION and POSSIBLE ACTION]

- **Jordanna Thigpen:** Overview of item 8.

Public Comment:

- **Charles Rathbone:** Subpoena power is given to people with good judgment and with this administration who have made poor judgment; it would not be a good idea.
- **Tom Stanghellini:** Officers go out and investigate without subpoenas, why can't the new investigator do the work?
- **Mary McGuire:** Medallion holder said waybills were lost by the office and Director told him that she would not do anything if he testified against color scheme.
- **Pres Gillespie:** I do not want to get into this item right now since we will go over this next week.

9. Adjournment

Consent Calendar: Item C

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

Medallion Holder Name:	Medallion #:	Change:
1. Michael Roach	1160	Metro to National

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) MICHAEL J. ROACH		Phone (415)
Residence Address (Street Address, City, State, Zip) 1 SAN FRANCISCO, CA, 94109		
Joint Applicant's Name (First, Middle, Last) MAILING ADDRESS		Phone ()
Residence Address (Street Address, City, State, Zip) SAN FRANCISCO CA, 94108		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name National/Veterans Cab	Business Address (Street Address, City, State, Zip) 2270 MCKINNEY AVE.	Business Phone (415) 648-4444
Medallion Number(s) 1160	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

Professional Environment
More support staff
Better repair and maintenance facilities

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 15TH day of October, 20 07 at San Francisco, California

MICHAEL J. ROACH
Print Name of Applicant

Michael J. Roach
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: Dan Hinos	Title: PRESIDENT
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>NATIONAL/VETERANS CAB</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<i>Dan Hinos</i> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>10/12/07</u> Date

OFFICE USE ONLY				RECEIVED
Agenda Notice Date <u>10/23/07</u>	Hearing Date <u>11/13/07</u>	Decision of Taxicab Commission	New Declaration Signed	
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted	OCT 16 2007
Received by: <u>Dan Hinos</u>	Receipt No. <u>1110002</u>	Amount <u>\$701</u>	Date	

Applicant's Name _____

TO BE COMPLETED FOR NEW COLOR SCHEMES ONLY

Distinguishing color scheme of vehicle to be used in business: (Must include color rendering upon submission.)

Body _____ Hood _____ Top _____ Trunk _____ Fenders _____

Logo shown on vehicles: _____ Lettering Color _____

Other markings _____

Dispatch Service: _____

Does the applicant understand that every person, firm or corporation operating a taxicab shall adopt and have approved by the Taxicab Commission a distinguishing color scheme and design for all such taxicabs and the operators thereof, and shall use the same on all such taxicabs operated; provided, however, that any person may, with the consent of another operator to whom a distinctive color scheme has been previously assigned, use said color scheme? ☐ Yes ☐ No

Does the applicant understand that it is unlawful to make or cause to be made any changes whatever in the color or distinguishing characteristics of taxicabs unless the permission of the Taxicab Commission has first been obtained? ☐ Yes ☐ No

TO BE COMPLETED BY THE ACCEPTING DISPATCH SERVICE ONLY

Name of Dispatch Service:

Address:

NATIONAL CAB DISPATCH

3270 McPherson Ave.

I, Dan Hinds

Print Name of Authorized Person of Dispatch Service

the person authorized to sign for the Dispatch Service hereby give

consent to the applicant named to use the dispatch service.

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

[Signature]

Signature of Authorized Person

President

Title

10/12/07

Date

2270 McKINNON AVE.
SAN FRANCISCO, CA 94124
DISPATCH: (415) 648-4444
OFFICE: (415) 648-4119
FAX: (415) 821-6861



dba VETERANS CAB, INC.
(415) 552-1300

DAN HINDS
PRESIDENT

October 16, 2007

To Whom It May Concern:

National/Veterans Cab has not at this time assigned a vehicle to Michael Roach to be used for medallion #1160.

National/Veterans Cab will provide the Taxi Commission with the registration of an assigned vehicle for medallion #1160 within thirty days.

Sincerely,

Dan Hinds
President
National/Veterans Cab

0003/007

CSR TG
NATIO-2

10/07/67

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: St. Paul Insurance Company

INSURER 8: Mercury Insurance Company

27553

INSURER C:

INSURER D:

INSURER E:

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED.

CANCELLATION

SFPD - - -

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Paul Batmale

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 05/04/2007
PRODUCER (415)564-4400 FAX (415)564-4494 DiNicola Insurance Services License# 0B29457 1635 Irving Street San Francisco, CA 94122		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED National Cab Company, Inc. DBA: Veterans Cab Company 2270 McKinnon Avenue San Francisco, CA 94124		
		INSURERS AFFORDING COVERAGE
		INSURER A: Delos Insurance Company
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		01/01/2007	05/01/2008	X WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Taxicab service re: medallion #'s: 22, 25, 26, 27, 28, 52, 56, 69, 124, 130, 137, 162, 170, 174, 182, 186, 193, 194, 204, 205, 207, 209, 210, 213, 214, 215, 216, 220, 221, 222, 223, 224, 225, 226, 233, 243, 301, 302, 306, 326, 330, 336, 354, 366, 377, 380, 417, 434, 446, 496, 522, 523, 543, 561, 712, 722, 724, 727, 734, 745, 748, 768, 842, 856, 860, 865, 881, 884, 887, 897, 980, 1015, 1064, 1100, 1111, 1146, 1167, 1185, 1231, 1279

CERTIFICATE HOLDER

City & County of San Francisco
 Taxi Commission
 25 Van Ness Avenue
 Suite 420
 San Francisco, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Nick DiNicola/MARCO

Consent Calendar: Item D

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

Taxicab Permit Applicant:	List #:	Color Scheme:	Medallion Type:
1. Arkadiy Dulman	271	Black & White Checker	Regular
2. Mikhail Lirisman	450	Luxor Cab	Regular
3. Gordon Bell	9079	Luxor Cab	Ramp
4. Yuriy Gasparyan	9080	SF Taxi Company	Ramp
5. Alula Woldeab	451	Yellow Cab Co-Op	Regular
6. William Wilkes	452	Luxor Cab	Regular
7. *Stephen Keyes	1013	Yellow Cab Co-Op	Regular

**Continued from 10.23.07*



MEMORANDUM

To: Honorable Commissioners

From: Heidi Machen
Executive Director

Date: November 6, 2007

Re: Medallion Applicants Arkadiy Dulman, List# 6-482, Mikhail Lirisman, List# 6-477 and Gordon Bell, List# 6-756 (Ramp), Yuriy Gasparyan, List# 6-777 (Ramp), Alula Woldeab, List# 6-480 and William Wilkes, List# 6-472

1. Arkadiy Dulman, List# 6-482

Mr. Dulman is being offered a Regular Taxicab Medallion Permit. Upon reviewing Mr. Dulman's waybills, staff found that he has violated the following rules and regulations:

Date Violation Occurred:	Rule Violated:	Explanation/Description of Violation:
2004: 84 waybills 2005: 135 waybills 2006: 51 waybills	MPC Section 1138(c)	Vehicle license number shall be recorded on waybills. <i>This information was not recorded on waybills.</i>

- The Taxi Commission has given Mr. Dulman a written formal admonishment for the above violations.
- Mr. Dulman has met the driving requirement for 2004, 2005 and 2006 by driving over 800 hours in each year.

2. Mikhail Lirisman, List# 6-477

Mr. Lirisman is being offered a Regular Taxicab Medallion Permit. Upon reviewing Mr. Lirisman's waybills, staff found that he has violated the following rules and regulations:

Date Violation Occurred:	Rule Violated:	Explanation/Description of Violation:
2005, 2006 and 2007	MPC Section 1138(h)	Ending time for the period covered by the waybill. <i>This information was not recorded on waybills.</i>
2005, 2006 and 2007	Taxicab Rules & Regulations Section 6.C.8.	Signature and total number of hours worked is should be recorded on waybills. <i>This information was not recorded on waybills.</i>

- The Taxi Commission has given Mr. Lirisman a written formal admonishment for the above violations.
- Mr. Lirisman has met the driving requirement for 2005, 2006 and 2007 by driving over 156 shifts each year.

3. Gordon Bell, List# 6-756, RAMP

Mr. Bell is being offered a Ramp Taxicab Medallion Permit. Upon reviewing Mr. Bell's waybills, staff found that he has violated the following rules and regulations:

Date Violation Occurred:	Rule Violated:	Explanation/Description of Violation:
2005	MPC Section 1138(f)	Starting mileage of the taxicab for period covered by waybill. <i>This information was not recorded on all waybills.</i>
2005	MPC Section 1138(g)	Starting meter units for period covered by waybill. <i>This information was not recorded on all waybills.</i>
2005	MPC Section 1138(h)	Ending time for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2005	MPC Section 1138(i)	Ending mileage of the taxicab for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2005	MPC Section 1138(j)	Ending meter units for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2005, 2006 and 2007	Taxicab Rules & Regulations Section 6.C.8.	The waybills shall be completed in indelible ink & shall include the total number of hours worked. <i>Waybills were written in pencil and the total hours were not recorded on all waybills.</i>

- The Taxi Commission has given Mr. Bell a written formal admonishment for the above violations.
- Mr. Bell has met the driving requirement for 2005, 2006 and 2007 by driving either 156+ shifts or 800+ hours each year.
- 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.
 - Completed over 400 hours in the last six months.
 - Mr. Bell only completed 93 wheelchair pick ups in the last six months however throughout the last three years, he has shown that he regularly picks up passengers that require a ramp van.
- The Paratransit Coordinating Council recommend approval of a ramp medallion permit to Mr. Bell.

4. Yuriy Gasparyan, List# 6-777, RAMP

Mr. Gasparyan is being offered a Ramp Taxicab Medallion Permit.

- Mr. Gasparyan has met the driving requirement for 2004, 2005 and 2006 by driving over 156 shifts each year.
- 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.
 - Completed over 76 shifts in the last six months.
 - Mr. Gasparyan completed 100 wheelchair pick ups in the last six months.
- The Paratransit Coordinating Council **do not** recommend approval of a ramp medallion permit to Mr. Gasparyan.

Continued on next page

5. Alula Woldeab, List# 6-480

Mr. Woldeab is being offered a Regular Taxicab Medallion Permit. Upon reviewing Mr. Woldeab's waybills, staff found that he has violated the following rules and regulations:

Date Violation Occurred:	Rule Violated:	Explanation/Description of Violation:
2004, 2005 and January through April of 2006	MPC Section 1138(f)	Starting mileage of the taxicab for period covered by waybill. <i>This information was not recorded on all waybills.</i>
2004, 2005 and January through April of 2006	MPC Section 1138(g)	Starting meter units for period covered by waybill. <i>This information was not recorded on all waybills.</i>
2004, 2005 and January through April of 2006	MPC Section 1138(h)	Ending time for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2004, 2005 and January through April of 2006	MPC Section 1138(i)	Ending mileage of the taxicab for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2004, 2005 and January through April of 2006	MPC Section 1138(j)	Ending meter units for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2006	MPC Section 1138 (h)	Ending time for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2004, 2005 and 2006	Taxicab Rules & Regulations Section 6.C.8.	The waybills shall be completed in indelible ink & shall include the total number of hours worked. <i>Waybills did not include the total hours worked.</i>

- The Taxi Commission has given Mr. Woldeab a written formal admonishment for the above violations.
- Mr. Woldeab has met the driving requirement for 2004, 2005 and 2006 by driving over 156 shifts each year.

6. William Wilkes, List# 6-472

Mr. Wilkes is being offered a Regular Taxicab Medallion Permit. Upon reviewing Mr. Wilke's waybills, staff found that he has violated the following rules and regulations:

Date Violation Occurred:	Rule Violated:	Explanation/Description of Violation:
2005, 2006 and 2007	MPC Section 1138(c)	The vehicle license number shall be recorded on waybills. <i>This information was not recorded on all waybills.</i>
2005, 2006 and 2007	MPC Section 1138(f)	Starting mileage of the taxicab for period covered by waybill. <i>This information was not recorded on all waybills.</i>
2005, 2006 and 2007	MPC Section 1138(g)	Starting meter units for period covered by waybill. <i>This information was not recorded on all waybills.</i>
2005, 2006 and 2007	MPC Section 1138 (i)	Ending mileage of the taxicab for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2005, 2006 and 2007	MPC Section 1138(j)	Ending meter units for the period covered by the waybill. <i>This information was not recorded on all waybills.</i>
2005, 2006 and 2007	MPC Section 1138 (m)	The charges authorized and made for each trip. <i>This information was not recorded on all waybills.</i>
2005, 2006 and 2007	MPC Section 1138 (n)	The time of hire and discharge for each trip. <i>This information was not recorded on all waybills.</i>
2005, 2006 and 2007	Taxicab Rules & Regulations Section 6.C.8.	The waybills shall include the signature and total number of hours worked. <i>Waybills did not include the total hours worked.</i>

Continued on next page

W. Wilkes Continued:

- The Taxi Commission has given Mr. Wilkes a written formal admonishment for the above violations.
- Mr. Wilkes has met the driving requirement for 2005, 2006 and 2007 by driving over 156 shifts and 800+ hours each year.

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

Applicant's Name (First, Middle, Last) ARKADY DULMAN		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip), San Bruno CA 94066			
Mailing Address (If different than residence address)			
Residence Phone Number: ()		Alternate Phone Number: ()	
Hours Available at this Number: ANY TIME		Hours Available at this Number: ANY TIME	
Social Security Number		Other name(s) used N/A	
California Driver's License Number / Expiration Year L - - - - -		Date of Birth 1 E	
Race (Optional) White	Sex <input checked="" type="radio"/> M / <input type="radio"/> F	Height 0	Weight 0
Color Scheme / Business Name Bay Cab Co		Eye Color Blue	Hair Color Black
Color Scheme / Business Address (Street Address, City, State, Zip) 999 Pennsylvania Ave San Francisco CA 94107		Business Number (415) 206-1908	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: 12-23-93 Permit #: P44-045319	

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

*I have been driving a taxi cab for 14 years
Because of my excellent service I have a lot of regular customers.
I am working in the same company for more than 6 years.
The City of San Francisco needs more taxis.
If this permit is issued, we will provide the public
with more service, especially during the peak time and
the weekends.
As a driver I will continue to provide an excellent
customer service.*

OFFICE USE ONLY

RECEIVED

Received by 	Receipt No. CH4381	Amount 630-	Date OCT 10 2007
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I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
04/2000	Current	no CA 94066

How long have you lived within a 30 mile radius of San Francisco? 15 years 4 months

How many years driving experience do you have in San Francisco? 13 years 10 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
7/2001	Current	Bay Cab	999 Pennsylvania Ave SF CA 94107	Driver

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

(Attach additional pages if needed)

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired?

☐ Yes ☒ No

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

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

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

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

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

B&W Checker

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

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

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

A.D. 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.

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

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

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

Executed on this 1st day of October, 20 07 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

OCT 10 2007

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

OCT 10 2007

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

SAN FRANCISCO
TAXI COMMISSION

☐ NEW COLOR SCHEME
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Arkadiy Dulman</u>	Phone (415)
---	----------------

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

Joint Applicant's Name (First, Middle, Last) <u>Bruno CA 94066</u>	Phone
---	-------

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

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

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>B & W Checker Cab</u>	Business Address (Street Address, City, State, Zip) <u>999 Pennsylvania Ave SF CA 94107</u>	Business Phone (415) <u>285-3800</u>
Medallion Number(s)		<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

I would like to work at B & W Checker Cabs. I know how this company is operating their business for along time. The company takes good care of the drivers and provides good service to the customers.

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

Executed this 2nd day of October, 2007 at San Francisco, California

Arkadiy Dulman
Print Name of Applicant

Arkadiy Dulman
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>GENNADY EPSHTEYN</u>	Title: <u>General Manager</u>
---	----------------------------------

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Black & White Checkers Cab
Taxicab Color Scheme

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

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

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

10-2-07
Date

OFFICE USE ONLY

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

RECEIVED

OCT 10 2007

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE

EXPIRES: 01-22-12

ARKADY DULMAN

SEX: M HAIR: BLK
HT: 5-09 WT: 210

CLASS: B

12/18/2004 589 15 F0V10



ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

ARKADY DULMAN

P44

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



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

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

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

There is shortage of taxicabs in S.F.

RECEIVED

OCT 04 2007

SAN FRANCISCO
TAXI COMMISSION

OFFICE USE ONLY

Received by: <i>[Signature]</i>	Receipt No. <i>644375</i>	Amount <i>638.00</i>	Date <i>10/4/07</i>
Office Date:	Hearing Date:		

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

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

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

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

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

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

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

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

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

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

M. L. Wiseman
Signature of Applicant

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OCT 04 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☒ NEW COLOR SCHEME
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) MIKHAIL LIRISMAN		Phone _____
Residence Address (Street Address, City, State, Zip) = Ca 94118		
Joint Applicant's Name (First, Middle, Last) _____		Phone () RECEIVED
Residence Address (Street Address, City, State, Zip) 765 ARGUELLO #2 SF Ca 94118		OCT 04 2007
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation: _____		SAN FRANCISCO TAXI COMMISSION

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name LUXOR Cab	Business Address (Street Address, City, State, Zip) 2230 Serrano, SF, Ca 94124	Business Phone () _____
Medallion Number(s) _____	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

taking medallion to color scheme below.
Please list the reason(s) why you are requesting this change:
 I've been with Luxor Cab for 27.5 years.
 I like this company, the best dispatch system in the City.

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

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

MIKHAIL LIRISMAN M. Lirisman
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

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

OFFICE USE ONLY

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

RECEIVED

OCT 04 2007

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA **DMV**

DRIVER LICENSE


EXPIRES 04-06-09

CLASS: C

MIKHAIL Y LIRISMAN

SEX: M HAIR: BLK EYES: BRN
HT: 5-08 WT: 190

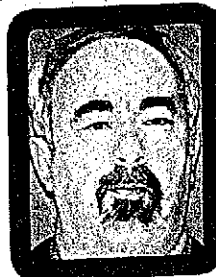
03/16/2004 503 35 F0/09

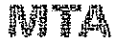


ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

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





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 Shehum | Director

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

November 2, 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 October 26, 2007, the PCC Advisory committee to the SF Taxi Commission interviewed Gordon Bell.

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:

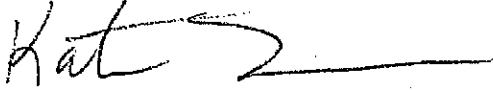
The consensus of the PCC's Taxi Advisory Committee is that Gordon Bell is an excellent candidate for the ramp taxi program.

Recommendation:

The PCC Advisory committee is strongly recommending Gordon Bell for the ramp taxi medallion, based on the general criteria listed above.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Kat', followed by a long horizontal line extending to the right.

Kate Toran, Paratransit Coordinator


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

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

Applicant's Name (First, Middle, Last) GORDON F. BELL		Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address 9 SF, CA 94102			
Mailing Address (if different than residence address)			
Residence Phone Number:		Alternate Phone Number: (415) 260-7463	
Hours Available at this Number: 16		Hours Available at this Number: 24	
Social Security Number		Other name(s) used	
California Driver's License		Date of	
Race (Optional)	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	Weight	Eye Color BLUE Hair Color RED
Color Scheme / Business Name LUXOR CAB CO.		Business Number (415) 401-1417	
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 JERRARD AVE. SF, CA 94124			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: JAN 2007 Permit #: T	

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

I HAVE DISPATCHED, FIRST AT DESOTO AND FOR THE PAST COUPLE OF YEARS AT LUXOR FOR OVER 10 YEARS AND ONE OF THE MOST FRUSTRATING SITUATIONS WHILE WORKING THAT JOB IS NOT BEING ABLE TO GET A CAB FOR THE WHEELCHAIR-BOUND. FOR THE PAST 3 YEARS I HAVE DRIVEN RAMP TAXI VIRTUALLY 5 DAYS A WEEK, BECAUSE IT BRINGS A REAL SENSE OF SATISFACTION KNOWING THAT YOU ARE PROVIDING A VITAL SERVICE TO THOSE WHO OTHERWISE CAN'T GET AROUND. MY DAD WHO JUST PASSED AWAY BACK EAST, WAS IN A WHEELCHAIR FOR SEVERAL YEARS; HE HAD A COUPLE OF RAMP TAXI DRIVERS (BARWOOD CAB IN MARYLAND!) WHO TOOK REAL GOOD CARE OF HIM AND THE FOLKS OUT HERE ARE (MAYBE) HIS PARENTS, RIGHT? MY RAMP TAXI WILL BE FULL OF WHEELCHAIRS. **THANKS RECEIVED**

OFFICE USE ONLY			
Received by: 	Receipt No. 0443910	Amount 119	Date OCT 18 2007
Notice Date:		Hearing Date: 11/15/07	
SAN FRANCISCO			

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

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

From Date	To Date	Res
1975	PRESENT	SE, CA 94102

How long have you lived within a 30 mile radius of San Francisco? 32 years 9 months

How many years driving experience do you have in San Francisco? 32 years 9 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1992	2004	DE JOTO CAB	555 JELBY ST. SE, CA 94124	DISPATCH CACHER DRIVER
2005	2007	LUXOR CAB	2230 TERRACAVE 94124	

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

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

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

AT LUXOR CAB AS A DISPATCHER I WILL PROVIDE SERVICE AND AS AN OPERATOR I WILL USE THAT SER-

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.

GB 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.

GB 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.

GB 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 25th day of SEPTEMBER, 20 07 at San Francisco, California.

GORDON F. BELL
Signature of Applicant

RECEIVED

OCT 18 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

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

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) GORDON FRANCIS BELL		Phone (415) _____
Residence Address (Street Address, City, State, Zip) _____, S.F. Calif 94102		
Joint Applicant's Name (First, Middle, Last) _____		Phone () _____
Residence Address (Street Address, City, State, Zip) _____		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation: _____		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name LUXOR CAB	Business Address (Street Address, City, State, Zip) 2230 JERROLD AVE, S.F. 94114	Business Phone (415) 282-1224
Medallion Number(s) _____		<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

NOT A CHANGE; I WANT MY RAMPTAXI MEDALLION AT LUXOR CAB BECAUSE THEY HAVE THE MOST EFFICIENT RAMPTAXI DISPATCHERS AND DRIVERS.

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

Executed this 17th day of SEPTEMBER, 2007 at San Francisco, California

Gordon F. Bell _____ Gordon F. Bell _____
 Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME	
Name of person authorized to sign for Color Scheme Holder: LUXOR CAB CO	Title: PRESIDENT
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR CAB</u> hereby give consent to the applicant named to use my color scheme. certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date <u>9/17/07</u>


OFFICE USE ONLY			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed OCT 18 2007
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date SAN FRANCISCO TAXI COMMISSION

RECEIVED

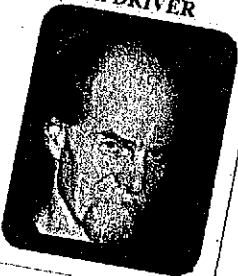
RECEIVED

OCT 18 2007


SAN FRANCISCO
TAXI COMMISSION

 ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER
EXPIRES: DECEMBER 31, 2007
GORDON F. BELL

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



CALIFORNIA
DRIVER LICENSE
CLASS: C
GORDON FRANCIS BELL
SEX: M HT: 6-03 HAIR: RED WT: 175 EYES: BLUE
DOB: 08/04/2003 235 RB FD/08



RAMP TAXI OPERATORS TRAINING CLASS

RECEIVED

OCT 22 2007

SAN FRANCISCO
TAXI COMMISSION

This certifies that

GORDON BELL

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

SEPTEMBER 10, 2005



Mark Powell

Mark Powell

Certified Ramp Taxi/Sensitivity Trainer



Gavin Newsom | Mayor

Rev. Dr. James McCray Jr. | Chairman

Tom Nolan | Vice-Chairman

Cameron Beach | Director

Shirley Breyer Black | Director

Wil Din | Director

Peter Mezay | Director

Leah Shahum | Director

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

November 2, 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 October 26, 2007, the PCC Advisory committee to the SF Taxi Commission interviewed Yuriy Gasparyan.

Summary of Review Categories:

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

Unsatisfactory

Experience driving a ramp taxi/knowledge of equipment:

Unsatisfactory

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

Unsatisfactory

Comments/Concerns:

The consensus of the PCC's Taxi Advisory Committee is that Yuriy Gasparyan would not be a good candidate for a ramp taxi medallion. He lacked the ability to either verbally explain or demonstrate the proper wheelchair tie-down technique. He also lacked the ability to verbally explain or demonstrate the proper technique used to escort a blind passenger. He did not express a willingness to serve the disabled community in the ramp taxi program. Mr. Gasparyan stated in the interview that he does not currently pick up the required number of wheelchair passengers per shift. The last documented wheelchair pick-up that the Paratransit Broker's office had on file for Mr. Gasparyan was February 2007. Based on Mr. Gasparyan's lack of basic knowledge of tie-downs and disability sensitivity, his failure to meet the three wheelchair pick-ups per shift, and his failure to express a commitment to serving the disabled community, the PCC Taxi Committee members think that Mr. Gasparyan is not a good candidate for a ramp taxi medallion.

Recommendation:

The PCC Advisory committee is NOT recommending Yuriy Gasparyan for the ramp taxi medallion, based on the reasons enumerated above. This decision was discussed thoroughly and it was reached by consensus. Each committee member stated clear reasons for their decision.

Since there are limited resources in the ramp taxi program, the PCC feels strongly that the medallions should be disbursed to candidates that express an interest in serving the disabled population. Unfortunately, Mr. Gasparyan was not able to demonstrate that he would provide service to our community.

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

Sincerely,

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

Kate Toran, Paratransit Coordinator

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

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

Applicant's Name (First, Middle, Last) YURIY GASPARYAN		Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 5, CA 94132			
Mailing Address (If different than residence address): 101 SAN FRANCISCO, CA 94132			
Residence Phone Number: 10		Alternate Phone Number: 415	
Hours Available at this Number:		Hours Available at this Number:	
Social Security Number: #		Other name(s) used: " - " - " - "	
California: #	Expiration Year: EX	Date of Birth:	Place of Birth:
Race (Optional):	Sex: <input checked="" type="radio"/> M <input type="radio"/> F	Height: 88	Eye Color: BRN Hair Color: BLK
Color Scheme / Business Name: DeSoto Cab Cooperative		Business Number: ()	
Color Scheme / Business Address (Street Address, City, State, Zip): 555 Selby Street, San Francisco, CA 94124			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number:		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: Permit # P-44-046565	

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

Permit enforces rules and regulations required to provide safe and most reliable transportation service to clients.

Rules under Appendix F of the charter of the city of San Francisco, and Article 16 outline all most important guidelines in order to avoid all incidents including human casualties.

OFFICE USE ONLY				RECEIVED
Received by: Danella	Receipt No.: 644378	Amount: \$119	Date: OCT 08 2007	
Notice Date:		Hearing Date:		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
04.15.02	02.01.07	San Francisco, CA 94132
02.01.07	present time	San Francisco, CA 94132

How long have you lived within a 30 mile radius of San Francisco? 16 years 4 months

How many years driving experience do you have in San Francisco? 15 years 4 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
05.13.95	05.30.05	Yellow Cab coop	1200 Mississippi St. S.F. CA	
06.24.05	present time	DeSoto Cab coop	555 Selby St S.F. CA 94124	

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

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

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

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

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

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

I'll have to request all necessary information from the dispatcher and follow communication

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) YURIY GASPARYAN		Phone (415) 920-0709
Residence Address (Street Address, City, State, Zip) 2121 EVANS ST, S.F. 94124		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name S.F. TAXI-CAB CO	Business Address (Street Address, City, State, Zip) 2121 EVANS ST, S.F. 94124	Business Phone (415) 920-0709
Medallion Number(s)		<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

Please list the reason(s) why you are ^{taking medallion to your company} requesting this change:
BECAUSE I WILL BE WITH A FRIEND OF MINE ROMAN ANTONOV WHO IS THE MANAGER OF S.F. TAXI-CAB CO.

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 10TH day of OCTOBER, 2007 at San Francisco, California

Y. Gasparyan 10.10.07
Print Name of Applicant Signature of Applicant
YURIY GASPARYAN

TO BE COMPLETED BY ACCEPTING COLOR SCHEME	
Name of person authorized to sign for Color Scheme Holder: JACK G. TRAD	Title: SOLE PROPRIETORSHIP
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for S.F. TAXI-CAB CO. hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>JACK G. TRAD</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>10-10-07</u> Date

OFFICE USE ONLY

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

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.

Y.G. 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.

Y.G. 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.

Y.G. 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 08 day of october, 20 07 at San Francisco, California.

Signature of Applicant

J. Garparian



CALIFORNIA DRIVER LICENSE CLASS: C

EXPIRES

YURIY GASPARYAN

SMN FMMVLSLU CA 74132

SEX: M HAIR: BLK EYES: BRN
HT: 6-01 WT: 188 DOB: 02/20/2004 599 A4 FD/09

I.D. Card or
Driver License No. A-9242369

Enter your new address below, " " " "

SAN FRANCISCO, CA 94132

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.

503 FEB 16 2007

DMV
A Public Service Agency



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

EXPIRES: DECEMBER 31, 2007

YURIY A. GASPARYAN

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



RAMP TAXI OPERATORS TRAINING CLASS

RECEIVED

OCT 26 2007

SAN FRANCISCO
TAXI COMMISSION

This certifies that

Yuriy Gasparyan

has successfully completed the requirements for Ramp
Taxi Operators Training, on this Twentieth day of
October, 2007. Valid through October, 2010

C. Damico

Cheryl Damico
Certified Sensitivity PASS
Trainer

Laurie Graham

Laurie Graham
Certified Ramp Taxi PASS Trainer

Ramp



Qualified

Certificate #

2233

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) Alula Woldeab				Type of Medalion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) S.F. Cal 94117					
Mailing Address (If different than residence address) Same as above					
Residence Phone Number: () 6:30 PM - 6:30 AM			Alternate Phone Number: () none		
Hours Available at this Number:		Hours Available at this Number:			
Social Security Number		Other name(s) used			
California Driver's License Number / Expiration Year		Date of Birth		Place of Birth	
Race (Optional) African American		Sex M / F	Height 5' 7"	Weight 140 lb	Eye Color Black
Color Scheme / Business Name Yellow Cab. Co - OP		Hair Color Gray		Business Number ()	
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 Mississippi, S.F. Cal.					
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If No, Alien Resident Card Number			If Yes - Date Permit was issued: Permit #:		

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

Population Growth; Energy Conservation; more Cars in the City, more Congestion, more business for the city; conventions, tourism etc- made it important to add cabs in the street.

RECEIVED

OFFICE USE ONLY			
Received by: <u>TC</u>	Receipt No. <u>644394</u>	Amount <u>638.00</u>	Date <u>OCT 22 2007</u>
Notice Date	Hearing Date: <u>11/2</u>		SAN FRANCISCO

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

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

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

4/1/1995 2007 Oct.

1970 - 1978

1978 - 1994

1984 - 1995

1995 to Present.

KS. S. F. Cal.

How long have you lived within a 30 mile radius of San Francisco? 1970 years 2007 months

How many years driving experience do you have in San Francisco? 1984 - years 2007 months

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

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

From Date To Date Company Name Address (Street Address, City, State, Zip) Type of Work

1984 to the present Yellow Cab 1200 Mississippi Cab Driver

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

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

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

Computer dispatch.

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

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

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

AW 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.

AW 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.

AW 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 Monday day of October 22nd, 2007 at San Francisco, California.

[Signature]
Signature of Applicant

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☒ NEW COLOR SCHEME
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last)		Phone
ALULA Woldeab		975 001 1001
Residence Address (Street Address, City, State, Zip)		
S.F. Ca. 94117		
Joint Applicant's Name (First, Middle, Last)		Phone
		()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

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

Business Name <i>Yellow CAB Co-op</i>	Business Address (Street Address, City, State, Zip) <i>1200 Mississippi St.</i>	Business Phone <i>(415) 282-3137</i>
Medallion Number(s)		<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

Good business opportunity

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

Executed this 22 day of Oct, 2007 at San Francisco, California

ALULA Wölde sk

Print Name of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

TO BE COMPLETED BY APPLICANT

Name of person authorized to sign for Color Scheme Holder: Hal Mellegard

Title: GM.

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Yellow CAB Co-op
Taxicab Color Scheme

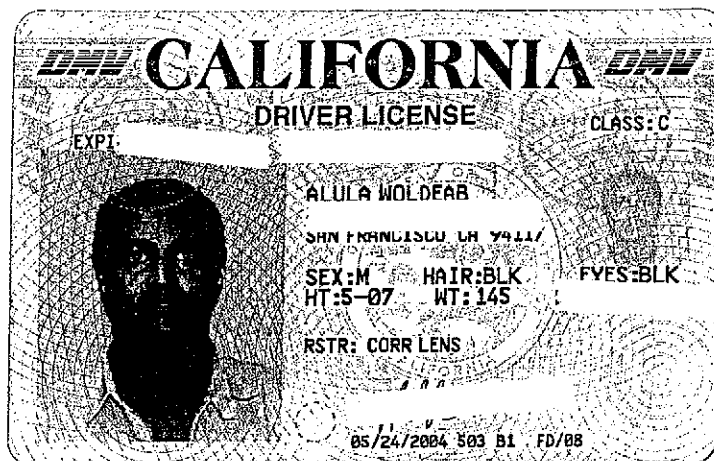
hereby give consent to the applicant named to use my color scheme.

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

Hal Mellegard 10/22/07
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date

OFFICE USE ONLY

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



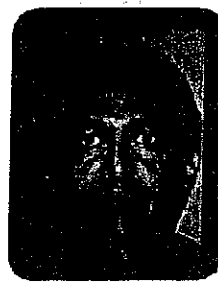
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

WOLDEAB ALULA

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) William Warner Wilkes		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) OAKLAND, Calif 94601			
Mailing Address (if different than residence address)			
Residence Phone Number: ()		Alternate Phone Number: ()	
Hours Available at this Number:		Hours Available at this Number:	
Social Security Number		Other name(s) used N/A	
California Driver's License Number / Expiration Year 2		Date of Birth 11	
Race (Optional) AFRICAN - AMERICAN		Sex <input checked="" type="radio"/> M <input type="radio"/> F	
Height 5' 11"		Weight 175	
Eye Color BROWN		Hair Color BLACK	
Color Scheme / Business Name LUXOR CAB CO.		Business Number (415) 282-1224	
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 JERROLD AVE			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: Dec 2007 Permit #: P 44 040795	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) 1. Longer Waiting Times In Neighborhoods. 2. Longer Waiting Times at Hotels. 3. With the expansion of SFO longer waiting. 4. Tourist can't get a Taxi when S.F. has large conventions			

RECEIVED

OFFICE USE ONLY			
Received by: <i>Donelle</i>	Receipt No. <i>044389</i>	Amount <i>\$ 638-</i>	Date <i>OCT 17 2007</i>
Notice Date: <i>10/23/07</i>	Hearing Date: <i>11/13/07</i>		SAN FRANCISCO

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
8/1/79	10/01	1818 St. OAKLAND, Ca 94601

How long have you lived within a 30 mile radius of San Francisco? 40 years 4 months

How many years driving experience do you have in San Francisco? 40 years 4 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1996	PRESENT	LUXOR CAB	2230 JERROLD	DRIVER

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

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

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

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

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

LUXOR CAB has 24-hour Radio dispatch service

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

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

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

WWW 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.

WWW 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.

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

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

Executed on this 30 day of SEPT, 20 07 at San Francisco, California.

William W. Walker

Signature of Applicant

RECEIVED

OCT 17 2007

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

OCT 17 2007

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☐ CHANGE OF COLOR SCHEME - From: _____
(Complete both sides only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>William Warner Wilkes</u>		Pt. ()
Residence Address (Street Address, City, State, Zip) <u>St, Oakland, 94601</u>		
Joint Applicant's Name (First, Middle, Last) <u>C</u>		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>LUXOR CAB</u>	Business Address (Street Address, City, State, Zip) <u>2230 Ferraro Ave SF 94129</u>	Business Phone ()
Medallion Number(s) <u>N/A</u>		<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

I have worked for Lutor for almost 11 years,
Everyone there is very Professional about the
Taxi industry.

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 17 day of Oct, 20 07, at San Francisco, California
William W. Wilkes William W. Wilkes
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>JOHN LAZAR</u>	Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR CAB Co</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date <u>10-17-07</u>

OFFICE USE ONLY

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



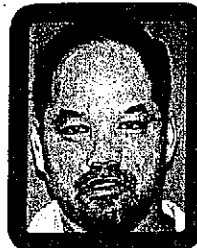
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

WILLIAM WARNER WILKES

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



CALIFORNIA
DRIVER LICENSE
CLASS C
EXPIR [REDACTED] S0423549
WILLIAM WARNER WILKES
1ST
WILKES, WILLIAM W. 601
SEX: M HAIR: BLK
HT: 5-07 WT: 165 DOB: [REDACTED]
09/07/2007 235 RB FD/12

RECEIVED

OCT 17 2007

SAN FRANCISCO
TAXI COMMISSION



MEMORANDUM

To: Taxi Commission

From: Heidi Machen
Executive Director

Date: November 7, 2007

Re: Steven Keys- 2004 Review

Background:

On October 23, 2007 Taxi Commission continued discussion of granting Mr. Steven Keys a Taxicab Medallion Permit and directed staff to re-review his 2004 waybills, which were contested by Mr. Keys as inaccurately reflecting his hours worked that year.

The original staff count of Mr. Keys waybills showed that he had worked the following hours:

2004:	676 hours
2005:	621 hours
2006:	899 hours
2007:	815 hours

Analysis:

After a second staff person reviewed Steven Keys waybills for 2004 the ending result totaled 665 hours driven for the 2004 calendar year. His wife, Ruth Keys provided a personal log of hours as well as receipts which in fact correspond to the dates that she shows in her log.

Following is a detailed review of all documents and waybills provided;

- Steven Keys has recorded 26 shifts beyond what Taxi Commission has counted that total 132 hours. His documentation consists of dates/hours he claims to have driven, income and gas/lease fees which were logged for tax and housing purposes.
- Taxi Commission has 12 waybills for dates that Mr. Keys has not documented in his own record-keeping of 2004.
- We have a copy of a Yellow Cabs Driver History for 2004 which shows Steven Keys (cab#637) only logged as driving twice during year 2004: 01/04/04 and 02/23/04.

Below are dates Steven Keys personal log has documented as having driven but for which waybills were not provided;

1/1/2004	5/8/2004	7/26/2004	10/9/2004
1/22/2004	5/19/2004	7/27/2004	10/24/2004
1/23/2004	6/4/2004	8/15/2004	11/11/2004
2/21/2004	6/18/2004	8/22/2004	11/20/2004
4/27/2004	7/10/2004	8/26/2004	11/26/2004
4/29/2004	7/17/2004	9/16/2004	
5/3/2004	7/25/2004	9/30/2004	

Taxi Commission staff was unable to determine hours or give credit for waybills without a time stamp the following dates;

1/10/2004	2/29/2004	7/4/2004	11/28/2004
1/11/2004	3/7/2004	7/11/2004	12/30/2004
2/1/2004	4/11/2004	8/8/2004	
2/22/2004	5/30/2004	9/5/2004	
2/23/2004	6/20/2004	11/25/2004	

Conclusion:

Based on a second staff review of waybills and additional documentation, Steven Keys did not meet the full-time driving requirement for 2004.

- According to waybills, he has only driven between 665 (second count) and 676 (original count) hours. Waybills without time stamps, as shown above, were excluded in the second count.
- If Mrs. Keys log were considered, it shows that Mr. Keys drove 898 hours, 132 hours of which do not have waybills to support his claim. It should also be noted that Taxi Commission has waybills for 12 dates that are not shown in Mrs. Keys log.
- If the waybills without time stamps are considered at an average rate of driving for Mr. Keys, he would have 713 hours once they are added to the waybills with time stamps.
- Yellow Cab has not been able to provide additional support for Mr. Keys driving dates since their roster only shows him driving two dates in 2004.


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

Applicant's Name (First, Middle, Last) STEVEN LAIRD KEYS				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SAN FRANCISCO, CA 94133					
Mailing Address (If different than residence address)					
Residence Phone Number: (415) _____			Alternate Phone Number: () _____		
Hours Available at this Number:			Hours Available at this Number:		
Social Security Number		Other name(s) used			
California Driver's License Number / Expiration Year			Date of Birth		Place of Birth
Race (Optional) NATIVE AMERICAN	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 5' 4 3/4"	Weight 165	Eye Color BLUE	Hair Color GREY
Color Scheme / Business Name YELLOW CAB CO-OP				Business Number (415) 282-3737	
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI, SAN FRANCISCO CA 94107					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number _____			Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was Issued: 12/22/06 Permit #: P44-039454		

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

AS A CAB DRIVER IN SAN FRANCISCO, I HAVE TWENTY- EIGHT
YEARS OF EXPERIENCE IN SERVING PUBLIC NEEDS AND AN
INTIMATE KNOWLEDGE OF THE CITY. I AM MINDEFUL THAT PEOPLE IN
THE OUTER NEIGHBORHOODS OF S.F. HAVE GREAT DIFFICULTY GETTING
TAXI SERVICE AND AM CONSCIENTIOUS IN RETRIEVING CALLS FROM THESE
AREAS. I AM VERY AWARE OF THE NEEDS OF THE DISABLED AND THE ELDERLY
AND ACTIVELY ASSIST THEM AS NECESSARY. NATNE ENGLISH- SPEAKING,
I AM ALSO CONVERSANT IN ITALIAN AND SPANISH. I AM GENUINELY CHEERFUL
AND HELPFUL WHEN ASSISTING PASSENGERS, DRESS NEATLY, AM ORGANIZED
WITH CHANGE, AND PRESENT A POSITIVE ATTITUDE AT ALL TIMES.
MY RECORD IS ONE OF ASSISTANCE TO EMERGENCY AND LAW ENFORCEMENT
AGENCIES AND A COMMITTMENT TO COMMUNITY SERVICE WITHOUT
REGARD TO AGE, RACE, GENDER, DISABILITY, OR ECONOMIC STATUS,
THAT EXTENDS BEYOND TAXI DRIVING. I ALSO MAKE A GREAT
SANTA IN DECEMBER.

RECEIVED

OFFICE USE ONLY			
Received by: 	Receipt No: 044372	Amount: _____	Date: OCT 01 2007
Notice Date: _____	Hearing Date: _____	SAN FRANCISCO TAXI COMMISSION	

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
8/29/89	PRESENT	SAN FRANCISCO, CA 94133

How long have you lived within a 30 mile radius of San Francisco? 30 years 5 months

How many years driving experience do you have in San Francisco? 30 years months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1979	PRESENT	YELLOW CAB CO-OP	1200 MISSISSIPPI, S.F., CA 94107	DRIVER

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

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

YELLOW CAB CO-OP

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

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

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

WV 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.

WV 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.

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

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

Executed on this 1ST day of OCTOBER, 20 07 at San Francisco, California.

WV
Signature of Applicant

RECEIVED

OCT 01 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) STEVEN LAIRD KEYS		Phr ()
Residence Address (Street Address, City, State, Zip) SAN FRANCISCO, CA 94133		Phone ()
Residence Address (Street Address, City, State, Zip)		OCT 01 2007
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		SAN FRANCISCO TAXI COMMISSION

RECEIVED

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name YELLOW CAB CO-OP	Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI ST., S.F., CA 94107	Business Phone (415) 282-3737
Medallion Number(s)	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please list the reason(s) why you are ^{taking medallion to chosen color scheme} requesting this change:

BEST EQUIPMENT, BEST MAINTAINANCE
BEST ORGANIZED
PROGRESSIVE, E.G.: CNG VEHICLES, CNG TANKS ON PROPERTY
POSITIVE LONG-TERM EXPERIENCE
FRIENDS AT COMPANY

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

Executed this 1ST day of OCTOBER, 2007 at San Francisco, California

STEVEN L. KEYS
Print Name of Applicant

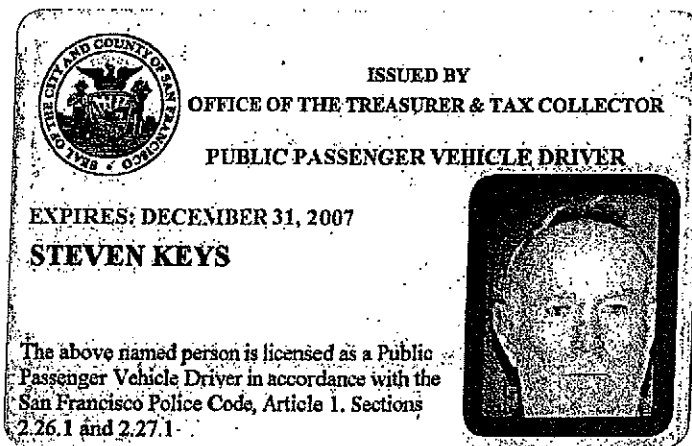
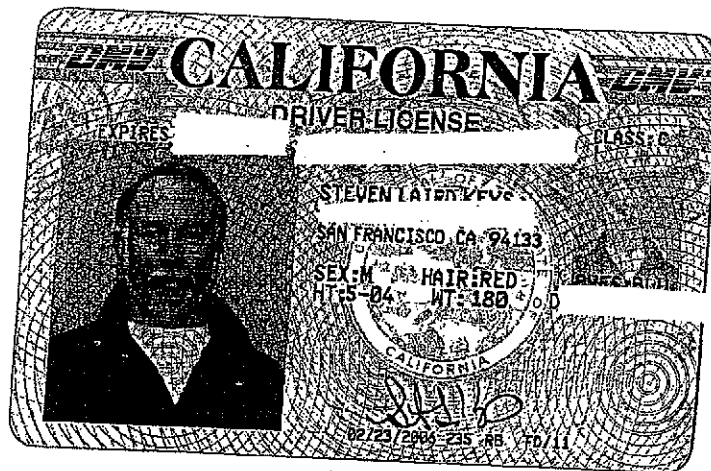
Signature of Applicant

TO BE COMPLETED BY AGREEING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: NATHAN DWIRI	Title: PRESIDENT
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder: <i>[Signature]</i>	Date: SEP 29, 2007

OFFICE USE ONLY

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



Consent Calendar: F 1 & F2

- F1. Consideration of the Taxi Commission to approve a Taxi Wrap Color Scheme for the following Color Scheme:

Color Scheme:	Luxor Cab
Medallion #s:	1085
Duration of Campaign:	November 19-2007 – January 13,2008
Advertiser:	American Red Cross – Earthquake Preparedness

- F2. Consideration of the Taxi Commission to approve a Taxi Wrap Color Scheme for the following Color Scheme:

Color Scheme:	Yellow Cab Coop
Medallion #s:	372, 586, 633, 759, 831, 996 1029, 1186
Duration of Campaign:	November 7,2007 – December 21,2007
Advertiser:	IShares-Cirque Du Soleil

07/16/2007 16:01 FAX

002

JUL. 16. 2007 2:27PM YELLOW CAB COOP

NO. 5818 P. 2



CITY AND COUNTY OF SAN FRANCISCO
TAXI COMMISSION
Taxi Advertising Application

Today's Date: 10-16-2007

Color Scheme Information (Please Print Clearly):			
<u>American Red Cross</u>		<u>Luxor Cab</u>	
Color Scheme Name		Phone Number	
<u>STANGHELLINI, TOM</u>		<u>415-401-1420</u>	
Manager Name (Last, First)		Phone Number	
<u>2230 Jerrald Ave</u>		<u>SAN FRANCISCO CA 94107</u>	
Address		City State Zip Code	

Taxi Ad Fund (Please turn in payment with this application):

<u>2</u>	<u>2</u>	<u>200</u>	<u>200</u>
Number of Vehicles used for Taxi Ad	Number of Months (6 month max./vehicle)		Total Fee Due

Advertiser Information (Please Print Clearly):			
<u>ANDREA NEWMAN</u>		<u>(510) 446-7255</u>	
Contact Person (Last, FI/SS)		Phone Number	
<u>Clear Channel Taxi Media</u>			
Company Name		<u>OAKLAND</u>	<u>CA 94607</u>
<u>555 12th STREET, SUITE 950</u>		City	State Zip Code
Address			
<u>American Red Cross - Earthquake preparedness</u>		<u>11/19/07 - 1/13/2008</u>	
Campaign/Advertiser		Duration of Campaign	
<u>1</u>		<u>#1085</u>	
Number of Taxis Being used for Campaign		List all Medallion Numbers that will be used for the Campaign	
<u>"Earthquake debris" atop white logo on side of taxi</u>			
Brief Description of Proposed Taxi Advertising			

*PLEASE INCLUDE 10 COLOR COPIES OF THE ADVERTISING CAMPAIGN ALONG WITH THIS APPLICATION AND FUND PAYMENT.

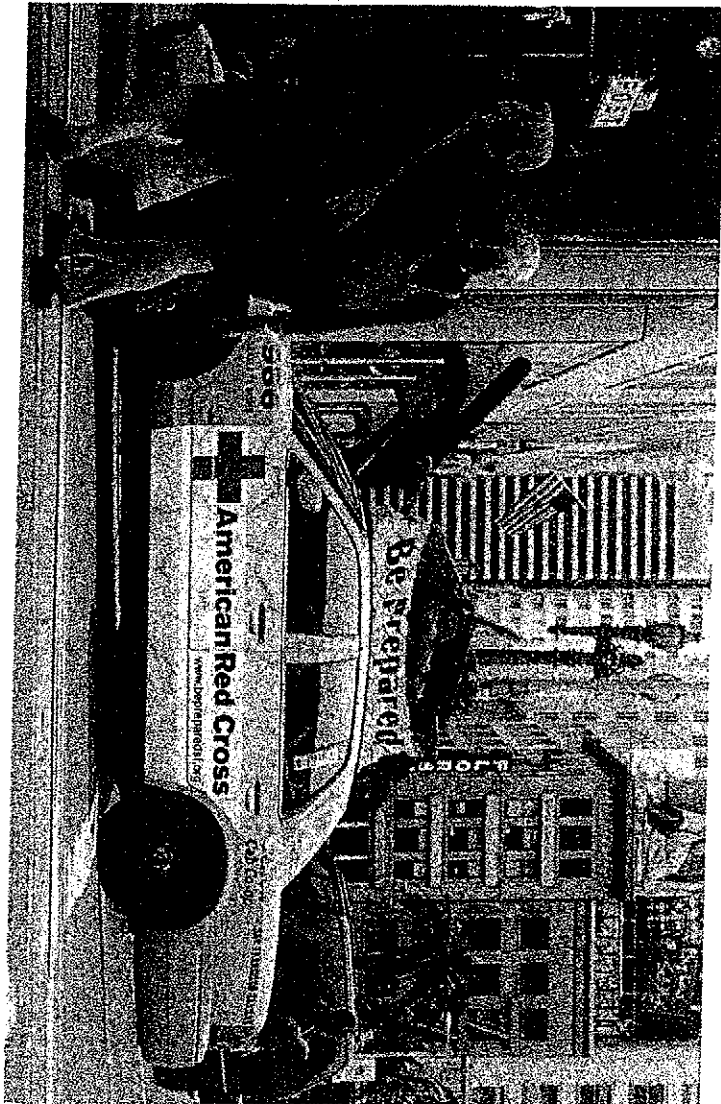
I (We) hereby agree to the proposed Taxi Advertising. Executed this 16th day of OCTOBER, 2007
Thomas J. Stanghellini THOMAS J. STANGHELLINI
 Color Scheme Manager Print Name (Last, First) Signature

Agency Notice Date	10/23/07	Posting Date	11/13/07	Decision of Taxicab Commission	Photos Submitted	Will submit later
Received by	<u>[Signature]</u>	Receipt No.	<u>044387</u>	Amount	<u>200</u>	Date

(Rev. 4/12/06)

RECEIVED

OCT 16 2007







CITY AND COUNTY OF SAN FRANCISCO
TAXI COMMISSION
Taxi Advertising Application

October 3, 2007

Today's Date: _____

Color Scheme Information (Please Print Clearly):
YELLOW CAB CO-OP

(415) 333-3333

Color Scheme Name
RICH WIENER

Phone Number
(415) 593-9223

Manager Name (Last, First)
1200 MISSISSIPPI STREET

Phone Number
SAN FRANCISCO CA 94107

Address

City

State

Zip Code

Taxi Ad Fund (Please turn in payment with this application):

8

1

\$800

X

X

\$100 =

Number of Vehicles used for Taxi Ad

Number of Months (6 month max./vehicle)

Total Fee Due

Advertiser Information (Please Print Clearly):
Dannelle Mielbrecht

(510) 446-7213

Contact Person (Last, First)

Phone Number

Clear Channel Taxi Media

Company Name

555 12TH STREET, SUITE 950

OAKLAND

CA

94607

Address

City

State

Zip Code

iShares - Cirque Du Soleil

11/7/07 to 12/21/07

Campaign/Advertiser

Duration of Campaign

8

1

Number of Taxis Being used for Campaign

List all Medallion Numbers that will be used for the Campaign

iShares - Cirque Du Soleil

372, 586, 633, 759, 831, 996, 1029, 1186

Brief Description of Proposed Taxi Advertising

I (We) hereby agree to the proposed Taxi Advertising. Executed this 5th day of OCTOBER, 2007.

WIENER RICHARD

Color Scheme Manager Print Name (Last, First)

Signature

RECEIVED

OFFICE USE ONLY

Agenda Notice Date

Hearing Date

Decision of Taxicab Commission

Photos Submitted

Received by:

Receipt No.

Amount

Date

(Rev. 4/12/05)

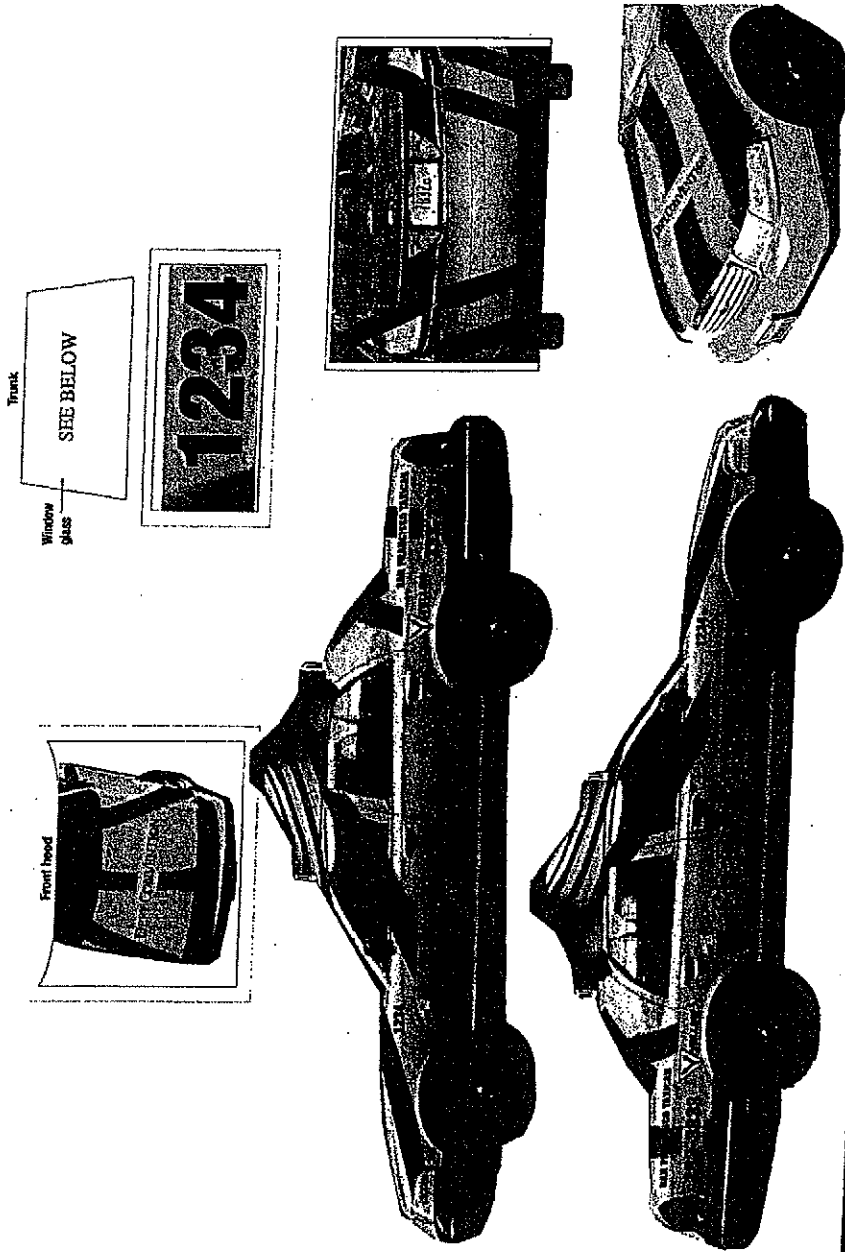
SAN FRANCISCO
TAXI COMMISSION

SuperGraphics

A Division of GMI Nameplate



2201 Fifteenth Avenue West | Seattle, Washington 98119 • Phone: 206.234.2201 | Toll Free: 800.695.4785 | Fax: 206.284.8510



10.02.07

(job) proof file name: IShares/Cirque du Soleil tent wrap FPO
notation: Clear Channel, "San Francisco taxi identification markings"
:: vehicle type (or other): Ford Crown Victoria (20th scale)