

Agenda: Item 6

Consent Calendar

Consent Calendar: Item A

Consideration of the Minutes for the September 11, 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
September 11, 2007 at 6:30 p.m.
City Hall, 1 Dr. Carlton B. Goodlett Place
Room 400

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

Absent: 0

President Gillespie called the meeting to order at 6:34 P.M.

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

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

1. **Call to Order/Roll Call**
2. **Adopting a Design for 311 Customer Service Information Card [ACTION]**
 - **Director Machen:** Overview of Resolution and item.
 - **Com Paek:** Motions to adopt version 10

Public Comment:

- **Robert Cesana:** Prominence of signs in vehicles an issue for riders.
- **Pres Gillespie:** Illegal limo needs to be capitalized.
- **Com Oka:** 2nds motion with amendment to “illegal limos”
- **Roll Call**

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

NOES: 0

ABSENT: Heinicke

RECUSED: 0

4. **Consent Calendar [ACTION]**

- **Dir Machen:** Recommends to continue Item G and sever items D1, D2, D4, & F

Public Comment:

- **Barry Taranto:** Philip Teri good driver and so is Calvin Tsu but sad because will be losing employee at airport. Item F, if it's denied by Taxi Detail why is it on the calendar?
- **Com Oneto:** Motion to approve items A, B,C, D3 and E2
- **Com Paek:** 2nd motion.
- **Roll Call**

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

NOES: 0

ABSENT: Heinicke

RECUSED: 0

- **Item D1**
 - **Com Oneto:** Motion to approve
 - **Com Paek:** 2nd motion
AYES: Breslin, Benjamin, Heinicke, Oka, Oneto, Paek
ABSENT: Heinicke
- NOES: 0**
RECUSED: Gillespie

- **Item D2**
 - **Com Paek:** Motion to approve
 - **Com Oka:** 2nd motion
AYES: Gillespie, Breslin, Oka, Oneto, Paek
ABSENT: Heinicke
- NOES: 0**
RECUSED: Benjamin

- **Item D4**
 - **Dir Machen:** Reviews staff memo
 - **Com Oka:** Ramp certificate expired as of 2006 not certified and therefore not qualified.
 - **Com Breslin:** Has he asked for a time waiver.
 - **Dir Machen:** He has not asked for one but would be entitled to one.
 - **Com Benjamin:** Motion to not approve or grant ramp medallion.
 - **Com Paek:** 2nd motion
 - **Frances Gonzales:** Did not fill out waybill properly or would reflect he picked up. Received 2nd ramp offer letter and began driving in 2003 with Yellow.
 - **Com Oneto:** Did staff mention your waybills were short?
 - **FG:** No
 - **Com Oka:** Mr. Gonzales why didn't you renew your certificate when it expired?
 - **FG:** Didn't know had to.
 - **Com Benjamin:** Even if we grant the ramp will he be committed?
 - **(6:55 PM Commissioner Heinicke arrives)**
 - **Com Oneto:** To give someone a medallion who doesn't seem interested is a concern.
 - **Com Breslin:** Is not a long time driver, needs to re-evaluate his approach.
 - **Com Breslin:** Motion and 2nd are on the floor let's take a vote.
AYES: Breslin, Benjamin, Oka, Oneto, Paek
ABSENT: Heinicke
- NOES: 0**
RECUSED: Gillespie

- **Item F**
- **Dir Machen:** Overview; Staff has been gradually assuming Taxi Detail's administrative duties, currently we are at 95%.
- **Tesfaldet Joseph:** Single shift driver was told to fill out form and is now denied. Only transportation he has.
- **Pres Gillespie:** He's being denied because he lives in Redwood City?
- **Dir Machen:** Yes, because SFPD has no jurisdiction.
- **Com Benjamin:** Where is your vehicle parked?
- **TJ:** In my driveway.
- **Com Breslin:** How many other taxis are parked off site?
- **Dir Machen:** No others
- **Com Heinicke:** Aren't other taxis parked off site? Frustrated with single-shifters, when do you drive?
- **TJ:** Monday through Friday 2-10 PM.
- **Dir Machen:** Not sure if anyone else does.
- Item continued until Sergeant Reynolds arrives.

7:55pm Item 4 continued

- **Sgt Reynolds:** Cannot approve application if driver is out of our jurisdiction.
- **Dir Machen:** PC&N doesn't restrict single shifting.
- **City Attorney:** Falls to the Taxi Commissions discretion whether Proposition K allows single-shift
- **Com Heinicke:** Single-shifting should be operating during peak-time
- **Roll call**

- **Com Benjamin:** Motion to not allow parking off lot
 - **Com Oka:** 2nd motion
- AYES:** Gillespie, Breslin, Benjamin, Oka, Heinicke Oneto, Paek
ABSENT:0

NOES: 0
RECUSED: 0

SPECIAL ORDER 7:00 – 7:30 PM

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

- **Chuffa:** Lots of infighting between Yellow and UTW, not sure who this will favor. Requesting UTW withdraw lawsuit. Need to unite to avoid passage of Prop A.
- **Ishfaq:** Please return medallions. Can we check if other companies are charging the same gas and gate?
- **Charles Rathbone:** Displaying to the Commission alternative sticker for the Bicycle Coalition proposal.
- **Pres Gillespie:** Should email the Bicycle Coalition.
- **Robert Vitcha:** Taxi Commission should remove medallion holders home addresses from the web. Displaying pictures of poser Yellow cabs he took in the City.
- **Mohammed:** Saw many poser Yellow taxis, especially during peak times. Town and Black & White Checker only take credit card fares to the airport, staff should look into this.
- **Jackie Sachs:** San Mateo ramp vehicles picking up in the City, is it legal? Are they licensed?
- **Mark Gruberg:** Illegal limo strike 7am – 5 PM economic crime of immense proportions. Millions of dollars lost every year.
- **Com Breslin:** Public opinion does not represent Commission.
- **Name:** Speaking on behalf of Grasshopper. Grasshopper called him when woman was in his vehicle, he was worried about her reaction.
- **Barry Taranto:** Part of Com Breslin's disclaimer comes because she works for the hotels. 49ers game, sea of limos called DPT but nothing was done. Need better collaboration during events.
- **Pres Gillespie:** Hotels filled with illegal limos.
- **Com Breslin:** Whose duty is it to clear white zones?
- **Robert Cesana:** Mayor wants all Commissioners to resign, Proposition A will do away with Commission. Asks Commission to reevaluate Director. All items on the agenda approved by Director not Commission.
- **Bill Mounsey:** Picked up hotel manager of Phoenix hotel and told him "no pay no play." She said she uses Town because they pay. Long term leases driving long hours.
- **Dilbert:** Driving with Yellow since 1991. How much is UTW getting for medallions?
- **Ray:** Bothered since no agendas are on the table.

5. Fact Finding Hearing and Disciplinary action including Possible Revocation: [ACTION]

a. Grasshopper Alec Kaplan medallion number 9062, violation of Rules 5.A.3, 5.A.5, 5.F.2, 5.H.a, 5.H.2, 5.H.3, 5.H.4, 5.H.5, 5.H.10, 5.H.11, 5.H.14, 5.H.16, 5.H.17, 5.I.3, 5.I.4, and 5.K.2, 4.A.5; MPC Section 1148.5, 1120, 1187.1, 1101 and 1123.

- **Pres Gillespie:** Item Continued to next meeting.

6. Audit Report [Information]

- a. 2007 Color Scheme Audit Results**
b. 2005 Medallion Holder Proposition K and Waybills Results

- **Jordanna Thigpen, Deputy Director:** Overview
- **Pres Gillespie:** First time staff is conducting this, used to be done sporadically by Taxi Detail.
- **Com Heinicke:** First offense admonishment second should be revocation. If there is a driving requirement and drivers are not following the rules, medallions should be revoked.
- **Dir Machen:** Gaining access to medallion holders files were difficult before because files were at taxi detail but we now have the files.
- **Com Heinicke:** How many 2nd time violators? We should revoke 2nd time Prop K violators.
- **Com Breslin:** We should vote on that since there are differences of opinions.
- **Jordanna Thigpen:** 18-20 Post K violators with Royal.

- **Com Benjamin:** How can we enforce through color scheme when they are not performing their duties? Waste of staff time and resources if the color schemes are not doing their part.
- **Dir Machen:** Only color scheme requirement is to fax a weekly statement that waybills have been turned in. That has only been enforced since August of this year.
- **Pres Gillespie:** Audit is first in several years. Tedious and time consuming appreciates commissioners' comments but must have facts in order before case brought before Commission.
- **Com Oka:** Problems stem from what should have been done. Should have had a mechanism to clarify rules in order to comply with rules.
- **Com Paek:** Truth in all that is said, there is only so much staff can do. Must protect them from over stretching and burn out. Should revisit budget.
- **Com Benjamin:** Can we focus our resources on one point? If we clean house we should do it now.

Public Comment:

- **Bill Mounsey:** Appreciate staff's hard work. Cab industry is corrupt. Up to the Commission to do something.
- **Barry Taranto:** Should take this seriously, medallion holders are a high power and should be aware of how to fill out waybills. Staff should write letters to medallion holders as to how to fill out way bills.
- **Robert Cesana:** Most disputes are confusion of rules and regulations. Medallion holders were told by Detail to not worry about filling out waybills.
- **Jim Gillespie:** We posted workers' compensation in office. Believes there are several medallion holders who need to be admonished, but many work shifts. How many are under ADA?
- **Charles Rathbone:** Disabled medallion holders receiving admonishments. Wrong impression sent out. Waybills have no business purpose.
- **Tom Stanghellini:** 96 corporate medallions, whose looking into those? Looking forward to Rules Subcommittee. On busy Friday night how good are waybills?
- **Chuffa:** Admonished for waybill. Problem is no enforcement. Should have standards on filling out waybills.
- **Carl Macmurdo:** Should focus on egregious violators. Board of Appeals directive to Taxi Commission. Drive your own medallion difficult rule.
- **Mary McGuire:** Do the comments Heidi made that 50% are violators include small violations?
- **Emil Lawrence:** Based on report Taxi Commission has 3 sets of rules; pre-k, post k and corporate. No rules for corporate and pre-k.
- **Name:** Worked in marketing, City has tremendous potential to make a lot of money. City should step in to ensure outer areas are being serviced.
- **Mark Gruberg:** Comments that 175 violators are ADA do not add up.
- **Hansu Kim:** There isn't a graceful way of giving up ones medallion.
- **Thomas George Williams:** Agrees there should be an exit for older drivers. Should invest more staff resources into audits. Electronic swipe cards to replace waybills.
- **Tariq Mehmood:** 175 violators serious thing. Anyone who doesn't drive should be revoked.
- **Jordanna Thigpen:** Fingerprint technology possible \$275. Corporate medallions under investigation. Read Sgt Simpson's transcript on drive your own medallion rule and he didn't give a specific number on driving.
- **Com Heinicke:** Administrative fines less important. City has valuable asset on streets and only one stipulation is to drive. Staff to identify violators and present list before Commission
- **Com Breslin:** Drive your own medallion should not be apart of the admonishments since Commission agreed no one would receive admonishments based on that. Would like standards for revocation and taxi rules for driving over the years.
- **Com Heinicke:** Many are in compliance but would like staff to list second time violators.
- **Com Benjamin:** Agrees not convinced drive your own medallion rule. Admonishments should be held off. Any law needs two things respect or fear.
- **Pres Gillespie:** All Commissioners agree. If a more specific Resolution is needed then we should set it forth.
- **Com Breslin:** I do not agree, with driving requirement.
- **Pres Gillespie:** Under Naomi Little BOA overturned many complaints. This is by far the best Taxi Commission and staff we have had in 10 years.
- **Com Benjamin:** Can we prioritize a list?
- **Com Heinicke:** Doesn't want a list, but would like staff to match up who had received a 2nd admonishment.

7. Staff Report and Commissioner Announcements [INFORMATION]

- **Director Machen:** Overview.
- **Sgt Reynolds:** overview. Would like to include illegal limos in police officer and higher officer training. MPC prohibits Detail or staff to issue administrative fines.
- **Com Benjamin:** Can Sheriff's issue administrative fine?
- **Com Gillespie:** We should agendaize this item.
- **Sgt Reynolds:** Worked ball park on Saturday illegal limos are out of control.

Public Comment:

- **Barry Taranto:** Times and dates of Subcommittee should be posted ahead of time. Ball park parking for taxis should be reevaluated.
- **Charles Rathbone:** Ironic that Commission staff worry about waybills when illegal limos are out.
- **Tom Stanghellini:** Make taxi only zones and ticket anyone who is parked and not a taxi.
- **Thomas George Williams:** Ball park mis-planning for taxis. Driving difficult because of limos.
- **Barry Korngold:** Astounding that illegal limos are getting away with this.
- **Mary McGuire:** Good money to be made at ball park/ Picks up at 5th inning always people leaving early.
- **Hansu Kim:** Noticed over the years taxis were never looked at as an integral part of transportation.
- **Robert Cesana:** Reporting to Taxi Commission is illegal, only should report if someone is breaking the rules.
- **Mark Gruberg:** Puzzled that Taxi Commission has impasse on issuing fines.
- **Bill Mounsey:** There are laws that make it illegal for limos to pick up off the street.
- **Name:** Long term lease \$40k/year, limos can be purchased for \$10k but don't have to pay anyone.

8. Resolution Supporting Blue Angels and Fleet Week [ACTION]

- **Com Breslin:** Commend staff for putting it together. Valuable resolution.

Public Comment:

- **Robert Cesana:** Should promote all these events and should have taxi stands.
- **Charles Rathbone:** Civic pride, good for business.
- **Barry Korngold:** Recently passed Resolution for Clean Fleet, this creates so much pollution.
- **Thomas George Williams:** In past these events have killed people.
- **Mark Gruberg:** Good business on 9-11-01
- **Com Oneto:** Amend "sky line"
- **Com Breslin:** Amend ¼ century.
- **Com Oka:** Motion to approve with those amendments
- **Com Benjamin:** 2nd motion
- **Roll Call**

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

ABSENT:0

NOES: 0

RECUSED: 0

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

- **Carl Macmurdo:** Doesn't agree with drive your own medallion rule. Not stated in Proposition K. If that should be the rule, Commission should create that.
- **Barry Korngold:** CNG/hybrid wishes there were more vehicles. Blue Angeles day cancels out hybrid initiative. CNG no much trunk room. Hybrids not practical taxis.
- **Rich Hybels:** Responds to remarks Dan Hinds made the week before.
- **Corey lamb:** Urged Police Commission to look into gypsy cab issue.
- **Hansu Kim:** Thursday MTA outreach meeting at 1: 00 PM 1 S Van Ness 3rd Floor.
- **Mary McGuire:** Grasshopper repeatedly driving and picking up customers.

10. Adjournment

Consent Calendar: Item C

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

Color Scheme:	Arrow Cab Company
Medallion #s:	278, 279, 282, 283, 285, 286
Duration of Campaign:	October 1, 2007 – October 31, 2007
Advertiser:	CTIA-Wireless I.T. & Entertainment



**CITY AND COUNTY OF SAN FRANCISCO
TAXI COMMISSION
Taxi Advertising Application**

Today's Date: August 22, 2007

Color Scheme Information (Please Print Clearly):			
ARROW CAB COMPANY		(415) 648-3181	
Color Scheme Name		Phone Number	
MARILYN SPECK		(415) 970-1104	
Manager Name (Last, First)		Phone Number	
2575 Marin Street	SAN FRANCISCO	CA	94124
Address	City	State	Zip Code

Taxi Ad Fund (Please turn in payment with this application):		
6	1	\$600
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$100 =
Number of Vehicles used for Taxi Ad	Number of Months (6 month max./vehicle)	Total Fee Due

Advertiser Information (Please Print Clearly):			
ANDREA NEWMAN		(510) 446-7255	
Contact Person (Last, First)		Phone Number	
Clear Channel Taxi Media			
Company Name			
555 12 TH STREET, SUITE 950	OAKLAND	CA	94607
Address	City	State	Zip Code
CTIA	10/1/07 to 10/31/07		
Campaign/Advertiser	Duration of Campaign		
6	278, 279, 282, 283, 285, 286		
Number of Taxis Being used for Campaign	List all Medallion Numbers that will be used for the Campaign		
CTIA - Wireless I.T. & Entertainment			
Brief Description of Proposed Taxi Advertising			

I (We) hereby agree to the proposed Taxi Advertising. Executed this _____ day of _____, 20____.

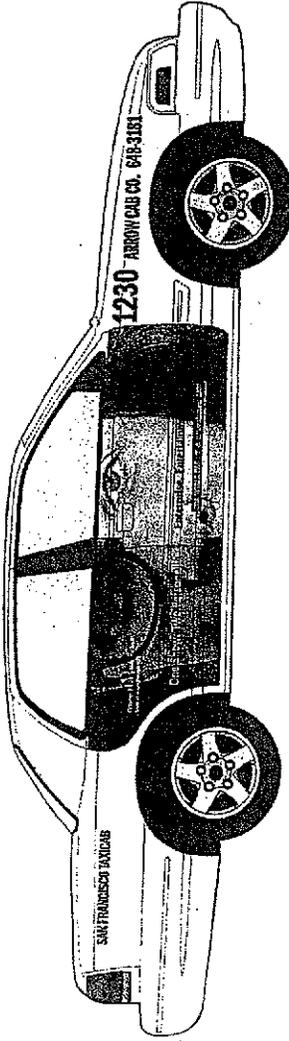
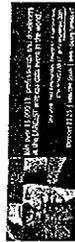
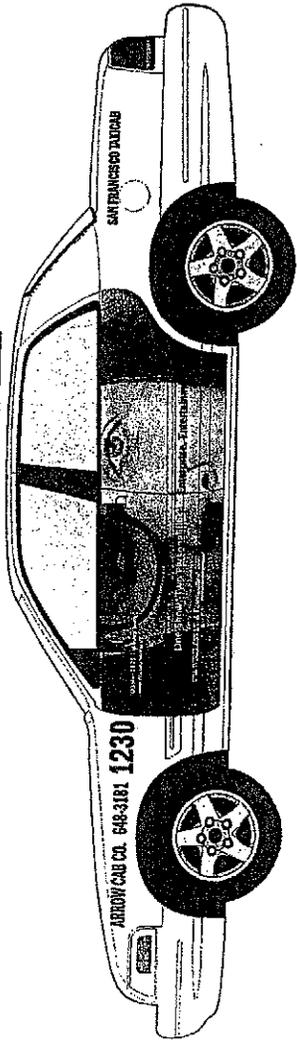
Color Scheme Manager Print Name (Last, First) Signature

<small>OFFICE USE ONLY</small>			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	Photos Submitted <input checked="" type="checkbox"/>
9/11/07	9/25/07		
Received by: <u>Danelle</u>	Receipt No. <u>644329</u>	Amount <u>\$6000 =</u>	Date RECEIVED

(Rev. 4/12/06)

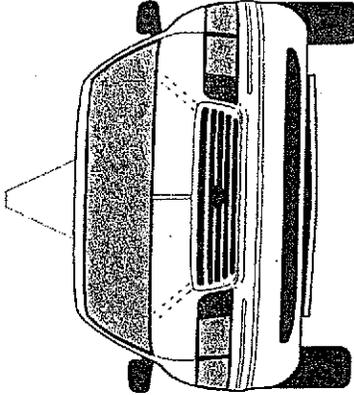
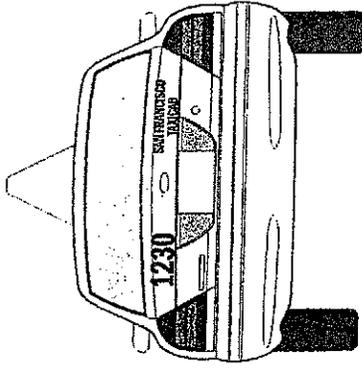
AUG 23 2007

SAN FRANCISCO



1230

TRUNK



Description:	Doors Live: W 86" - H 28" (doors outline) Doors Bleed: W 98" - H 29.4"	SideCaps Live: W 48" - H 14" SideCaps Bleed: W 48.5" - H 14.5"	EndCaps Live: W 10.75" - H 8.75" EndCaps Bleed: W 11.25" - H 9.25"
	Job #: 14185	Scale: 1/10th Scale	Approved by:
Date: 08.21.2007	Print	Design:	Sales:
Design by: derendal			



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Consent Calendar: Item D

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

Medallion Holder Name:	Medallion #:	Change:
1. Aron Rushinsky	696	Royal to SF Taxi Cab Co
2. Solomon Makkonnen	281	Yellow Cab to DeSoto Cab
3. James Lam	990	American to Luxor
4. Hikmut U Pople	1177	Luxor to DeSoto Cab
5. Fadel Jawdat Zaru	942	DeSoto to Royal Taxi

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

CHANGE OF COLOR SCHEME - From: ROYAL CAB CO.
(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>ARON RUSHINSKY</u>	Phone <u>(415)</u>
Residence Address (Street Address, City, State, Zip) <u>Ca. 94122</u>	
Joint Applicant's Name (First, Middle, Last)	Phone ()
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:	

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

Business Name <u>S.F. TAXI-CAB CO.</u>	Business Address (Street Address, City, State, Zip) <u>2121 EVANS ST., S.F., 94124</u>	Business Phone <u>(415) 920-0709</u>
Medallion Number(s) <u>696</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 would like to work with my friends, in more friendly and professional environment

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 20 day of August, 2007 at San Francisco, California

Rushinsky
Signature of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>JACK G. TRAD</u>	Title: <u>SOLE PROPRIETORSHIP</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>S.F. TAXI-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.	
<u>Jack Trad</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>20 AUGUST 07</u> Date

OFFICE USE ONLY

Agenda Review Date <u>09/10/07</u>	Hearing Date <u>08/21/07</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chlps Submitted	Photos Submitted
Received by: <u>Danelle</u>	Receipt No. <u>044320</u>	Amount <u>\$291.20</u>	Date <u>AUG 23 2007</u>

Applicant's Name ARON RUSHINSKY

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 SNOW WHITE Hood SNOW WHITE Top SNOW WHITE Trunk SNOW WHITE Fenders SNOW WHITE

Logo shown on vehicles: S.F. TAXI-CAB CO. Lettering Color NAVY BLUE/LETTERS NOS.

Other markings GOLDEN GATE BRIDGE - SAME COLOR AS THE G.G. BRIDGE

Dispatch Service: CITY WIDE DISPATCH

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

Name of Dispatch Service:

CITY WIDE DISPATCH

Address:

2121 EVANS ST., S.F., CA 94124

JAMES E. HOLMES
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.

James E. Holmes
Signature of Authorized Person

VICE PRES
Title

8-21-07
Date

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER	COMPANY	INSURANCE COMPANY
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
FI	10/12/06	10/12/07
2003	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
	TOYOTA	

AGENCY/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES
32107 W. LINDERO CANYON RD #126
WESTLAKE VILLAGE, CA 91361

INSURED

ARON RUSHINSKI DBA: SF TAXI # 696
SFITA & AUTOS FOR HIRE
2121 EVANS ST
SAN FRANCISCO, CA 94124

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

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

ACORD 50 (1/83)

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

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

***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



REGISTRATION CARD VALID FROM: 09/30/2006 TO: 09/30/2007

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
TOYOT	2003	2003	AW	2005	32X	31	
VDY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE
TX	G	MX	2	C	03340		
VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL		10/16/06	38	10/16/06	8		
		PR/HIST: SALVAGED					

J0539736

PR EXP DATE: 09/30/2006

AMOUNT PAID
\$ 130.00

REGISTERED OWNER
SF TAXI CAB CO
2121 EVANS ST

AMOUNT DUE	AMOUNT RECVD
\$ 120.00	CASH : 130.00
	CHCK :
	CRDT :

SAN FRANCISCO
CA 94124

ENHOLDER
ROMAN ANTONOV
2780 43RD AVE

SAN FRANCISCO
CA 94116

H00 599 E4 0013000 0008 CS H00 101606 31 7V94740 427

Dmitry Erenkov Insurance Agency

3450 Geary Blvd, Ste 100
San Francisco CA 94118
Tel (415) 752-4442
Fax (415) 752-4054

22 August 2007

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that an application for Workers Compensation coverage has been received for Medallion #696 from the medallion holder, Aron Rushinsky. This coverage will be provided through my Agency with Lincoln General Insurance Company effective 10 September 2007; a binder will be available shortly.

Sincerely,

A handwritten signature in black ink, appearing to be 'D. Erenkov', written in a cursive style.

Dmitry Erenkov
Agent/Broker

DIE/ece

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>SOLOMON MAKONNEN</u>	
Residence Address (Street Address, City, State, Zip) <u>TY, CA, 94015</u>	
Joint Applicant's name (First, Middle, Last)	Phone ()
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:	

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>DE SOTO CAB COOPERATIVE COMPANY INC.</u>	Business Address (Street Address, City, State, Zip) <u>555 SELBY STREET</u>	Business Phone <u>(415) 970-1405</u>
Medallion Number(s) <u>281</u>	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gata <input type="checkbox"/> Long Term Lease	

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

I AM REQUESTING THIS CHANGE BECAUSE I'VE BEEN TOLD BY MANY DRIVERS THAT DE SOTO HAS THE BEST RADIO BUSINESS, AND ALSO THEIR CHARGE FOR USING THEIR COLOR SCHEME AND RADIO EQUIPMENT IS SLIGHTLY LESS.

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

Executed this 27 day of 8, 2007 at San Francisco, California

SOLOMON MAKONNEN
Print Name of Applicant

[Signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>CINDY L. WARD</u>	Title: <u>GENERAL MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>DESOTO CAB COMPANY</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>August 24, 2007</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>9/11/07</u>	Hearing Date <u>9/25/07</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. <u>044331</u>	Amount <u>291.20</u>	Date <u>8/27/07</u>

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2007

GROUP:
POLICY NUMBER:
CERTIFICATE ID:
CERTIFICATE EXPIRES: 04-01-2008
04-01-2007/04-01-2008

SAN FRANCISCO TAXI COMMISSION
25 VAN NESS AVENUE ROOM 420
SAN FRANCISCO CA 94102

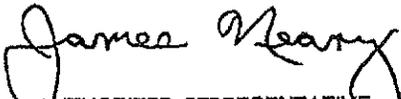
NG

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.


AUTHORIZED REPRESENTATIVE


PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

SEDAN OPERATORS COOPERATIVE, INC A CORPORATION
DBA: DESOTO CAB COMPANY
555 SELBY ST
SAN FRANCISCO CA 94124

M0409

PRINTED : 03-16-2007

INSURANCE IDENTIFICATION CARD

(STATE) CA
 COMPANY NUMBER COMPANY
 MERCURY INSURANCE COMPANY
 POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
 IN ISSUE 10/12/06 10/12/07
 YEAR MAKE/MODEL
 2003 FORD
 AGENCY/COMPANY ISSUING CARD VEHICLE IDENTIFICATION NUMBER

ABI BUSINESS INSURANCE SERVICES
 32107 W. LINDERO CANYON RD #126
 WESTLAKE VILLAGE, CA 91361

INSURED
 YELLOW CAB # 281
 SFITA & AUTOS FOR HIRE
 1200 MISSISSIPPI ST
 SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

REGISTRATION VALID FROM

COHL 08/31/2006 TO 08/31/2007 31 TAXI

281

VEHICLE IDENTIFICATION NUMBER

DATE FIRST SOLD	CLASS	MAKE	Yr Model
00/00/2002	EP	FORD	2003
DATE ISSUED	TOTAL FEES PAID		
07/27/2006	\$164		3800

REGISTERED OWNER

YELLOW CAB CO OP
 1200 MISSISSIPPI
 SAN FRANCISCO CA 94107-3436



W0024
 R0040
 L0078

148071720062411

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

K 0253165

J/C

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

CHANGE OF COLOR SCHEME - From: American
(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>JAMES P LAM</u>		Phone <u>(415) 282-1224</u>
Residence Address (Street Address, City, State, Zip) <u>SAN FRANCISCO CA 94108</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>LUXOR CAB CO</u>	Business Address (Street Address, City, State, Zip) <u>2230 FERROLO AVE, S.F. CA 94114</u>	Business Phone <u>(415) 282-1224</u>
Medallion Number(s) <u>990</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:

BETTER COMPUTER DISPATCH SYSTEM

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

Executed this 30th day of August 2007 at San Francisco, California

JAMES P. LAM Signature of Applicant

Name of person authorized to sign for Color Scheme Holder: <u>Mr 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>8/30/07</u>

Agenda Notice Date <u>08/11/07</u>	Hearing Date <u>08/25/07</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted RECEIVED
Received by: <u>Danette</u>	Receipt No. <u>644335</u>	Amount <u>\$291</u>	Date <u>AUG 30 2007</u>

LUXORCAB

ACORD™ INSURANCE BINDER		DATE 05/01/07
THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.		
PRODUCER John Burnham SD 1610 750 B Street, Suite 2400 San Diego, CA 92101	PHONE (A/C, No, Ext): 800-421-6744 FAX (A/C, No): 6192369134	COMPANY American Home Assurance DATE EFFECTIVE TIME DATE TIME 05/01/07 12:01 X AM 06/15/07 X 12:01 AM PM NOON THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Loc#1: 2230 Jerrold Avenue, San Francisco, CA 94124
CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID: 6212 INSURED: Luxor Cab Company 2230 Jerrold Avenue San Francisco, CA 94124		

COVERAGES	LIMITS
TYPE OF INSURANCE	COVERAGE/FORMS
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC	DEDUCTIBLE COINS % AMOUNT
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
RETRO DATE FOR CLAIMS MADE: _____	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
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	ACTUAL CASH VALUE \$ STATED AMOUNT \$ OTHER \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COL: _____	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	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
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY Effective: 05/01/2007 - 05/01/2008 Policy# 1	FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$
SPECIAL CONDITIONS/OTHER COVERAGES Luxor Cab Company	

NAME & ADDRESS San Francisco-Taxi Commission 25 Van Ness Avenue Rm 420 San Francisco, CA 94102	MORTGAGEE LOSS PAYEE	ADDITIONAL INSURED X Certificate Holder LOAN # AUTHORIZED REPRESENTATIVE <i>Masoud Shahin</i>
---	-------------------------	---

Client#: 6212

LUXORCAB

DATE (MM/DD/YY)
08/29/07

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
John Burnham SD 1610
750 B Street, Suite 2400
San Diego, CA 92101
800 421-6744

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

INSURERS AFFORDING COVERAGE

INSURED
Luxor Cab Company
2230 Jarrold Avenue
San Francisco, CA 94124

INSURER A: Lincoln General Insurance Co.
INSURER B: By Authority of AequiCap
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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

INSR LTR	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	\$
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TCAI	10/12/06	10/12/07	COMBINED SINGLE LIMIT (Per accident)	\$1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	
					OTHER	
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

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

The city and county of San Francisco, the police commission and the airport commission of the city and county of San Francisco and all their officers and employees are named as additional insured.

EFF. 9/1/07 ADD:
(See Attached Descriptions)

CERTIFICATE HOLDER: SFPD Permit Sect #45B Hall of Justice
 ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION Ten Day Notice for Non-Payment of Premium

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

AUTHORIZED REPRESENTATIVE

SFPD Permit Sect #45B Hall of Justice
 850 Bryant St Taxi Cab Detail
 Attn: Taxi Detail
 San Francisco, CA 94102

DESCRIPTIONS (Continued from Page 1)

005 Ford cab105 TAXI VIN# :
005 Ford cab116 TAXI VIN# :

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Hikmot U Pople</u>		Phone (925)
Residence Address (Street Address, City, State, Zip) <u>Antioch Ca-94531</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>Desoto CAB</u>	Business Address (Street Address, City, State, Zip) <u>555 Selby Street S.F Ca-94124</u>	Business Phone (415) 970-1405
Medallion Number(s) <u>#1177</u>	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input checked="" type="checkbox"/> Long Term Lease	

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

Better Radio Business

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

Executed this 5 day of sep, 2007 at San Francisco, California

HIKMOT POPLE
Print Name of Applicant

[Signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>CINDY L. WARD</u>	Title: <u>GENERAL MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>DESOTO 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.	
<u>Cindy L. Ward</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>9/5/07</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>09/11/07</u>	Hearing Date <u>09/25/07</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted <u>SEP 05 2007</u> Date
Received by: <u>Danelle</u>	Receipt No. <u>044342</u>	Amount <u>\$291.20</u>	SAN FRANCISCO (Rev. 11/30/05)

RECEIVED

INSURANCE IDENTIFICATION CARD

OP ID JK

STATE CA
 COMPANY NUMBER 33855
 POLICY NUMBER 33855
 COMPANY Lincoln General Insurance Co.
 EFFECTIVE DATE 10/12/06
 EXPIRATION DATE 10/12/07
 MODEL
 VEHICLE IDENTIFICATION NUMBER

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

2001 Ford Crown Vi
 AGENCY/COMPANY ISSUING CARD
 Y. A. Tittle Insurance

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

650-856-2120
 INSURED

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

Hikmut Pople

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

Antioch

CA 94531

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

ACORD 50 WM(2/95)

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

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

***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



REGISTRATION CARD VALID FROM: 06/30/2007 TO: 06/30/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER	
FORD	2001	0000	BN	2004	37X	31		
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID #		
TX	G	NU	2	D	04300			
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC			
COMMERCIAL	07/11/07		07	07/11/07	9			
PR/HIST: TAXI			PR EXP DATE: 06/30/2007					
REGISTERED OWNER							AMOUNT PAID	
POPLE HIKMUT							\$ 161.00	
				AMOUNT DUE	AMOUNT RECVD			
				\$ 161.00	CASH :			
					CHCK :			
					CRDT :	161.00		
ANTIOCH								
CA	94531							

LIENHOLDER

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2007

GROUP:
POLICY NUMBER:
CERTIFICATE ID: 3
CERTIFICATE EXPIRES: 04-01-2008
04-01-2007/04-01-2008

SAN FRANCISCO TAXI COMMISSION
25 VAN NESS AVENUE ROOM 420
SAN FRANCISCO CA 94102

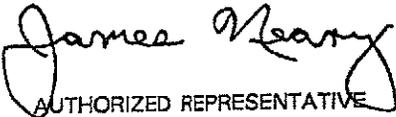
NG

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.


AUTHORIZED REPRESENTATIVE


PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2005 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

SEDAN OPERATORS COOPERATIVE, INC A CORPORATION
DBA: DESOTO CAB COMPANY
555 SELBY ST
SAN FRANCISCO CA 94124

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

*CHANGE OF COLOR SCHEME - From: DE SOTO CAB
(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>FADEL JAWDAT ZARU</u>	Pr ()
Residence Address (Street Address, City, State, Zip) <u>AV D. C CA 94015</u>	
Joint Applicant's Name (First, Middle, Last)	Phone ()
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:	

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>ROYAL TAXI</u>	Business Address (Street Address, City, State, Zip) <u>2121 EVANS AVE S.F. CA 94124</u>	Business Phone <u>415 643-9500</u>
Medallion Number(s) <u>942</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 like to be with ROYAL TAXI for personal license

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 5th day of September, 2007 at San Francisco, California
FADEL ZARU Fadel Zaru
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder. <u>NISHAN SWEIS</u>	Title: <u>PRESIDENT</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>ROYAL TAXI</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Nishan Sweis</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>09/05/07</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>9/17/07</u>	Hearing Date <u>9.25.07</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. <u>644346</u>	Amount <u>291-</u>	Date <u>9/5/07</u>

CERTHOLDER COPY

NA

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 05-02-2007

GROUP:
POLICY NUMBER:
CERTIFICATE ID: B
CERTIFICATE EXPIRES: 05-02-2008
05-02-2007/05-02-2008

CITY AND COUNTY OF SAN FRANCISCO
SAN FRANCISCO TAXICAB COMMISSION
25 VAN NESS STE 420
SAN FRANCISCO, CA 94102

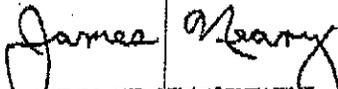
NA

This is to certify that we have issued a valid Workers' Compensation Insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.


AUTHORIZED REPRESENTATIVE


PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1800 - NISHAN SWEIS, PRES-TRE - EXCLUDED.

ENDORSEMENT #1800 - SUHAILA SWEIS, VICE-PRE - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 05-02-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

C & J LEASING (A CORP.) DBA: ROYAL TAXI NA
2121 EVANS AVE # G
SAN FRANCISCO CA 94124

[RDA,SC]
PRINTED : 08-14-2007



A Public Service Agency



REGISTRATION CARD VALID FROM: 02/28/2007 TO: 02/28/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
DODG	2005	2004	DN	2004	32S	31	7M34524
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
SW	G	NM	2	D	04020	4	
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL	01/09/07		39	01/09/07	8		

PR EXP DATE: 02/28/2007

REGISTERED OWNER

ZARU FADEL JAWDAT
 CMRCL VEHICLE FOR HIRE
 DESOTO CAB TAXI 942
 5604 FRED RUSSO DR
 STOCKTON
 CA 95212

AMOUNT PAID
 \$ 214.00

AMOUNT DUE	AMOUNT RECVD
\$ 214.00	CASH :
	CHCK : 214.00
	CRDT :

LIENHOLDER

DAIMLERCHRYSLER SVCS NA LLC
 PO BX 977

ROANOKE
 TX

76262

H05 B40 5A 0021400 0061 CS H05 010907 31 7M34524 814

50

Consent Calendar: Item F

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. Tesfaye Chuffa	6-645	Luxor Cab	Ramp



MEMORANDUM

To: Honorable Commissioners

From: Heidi Machen
Executive Director

Date: September 6, 2007

Re: Medallion Applicant Tesfaye Chuffa, List# 6-645 (Ramp)

1. Tesfaye Chuffa, List# 6-645

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

Date Violation Occurred:	Rule Violated:	Explanation/Description of Violation:
2004: All waybills 2005: All waybills 2006: All waybills 2007: All waybills	MPC Section 1138(c)	Vehicle number and vehicle license number shall be recorded on waybills. <i>This information was not recorded on waybills.</i>
2004: 46 waybills 2005: 62 waybills	Vehicle Code Section 21702(a)	No person shall drive a vehicle for hire for more than 10 hours.

- The Taxi Commission has given Mr. Chuffa a written formal admonishment for the above violations.
- In addition to the above violations, staff found the following minor violations:
 - 7 waybills throughout the four years of waybills did not have the date written on them.
 - 6 waybills in 2007 did not have the end time stamp.
 - 9 waybills in 2007 did not have the total hours worked written down.
- Mr. Chuffa has met the driving requirement for 2005, 2006 and 2007. Total hours he drove each year:
 - 2005: 984 hours
 - 2006: 859 hours
 - 2007: 889 hours
- Per MPC Section 1148.1(f) and (g), six months preceding this hearing, drivers are to drive either 400 hours or 76 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver during the six months before the hearing.
 - Mr. Chuffa drove the required hours in a ramped taxicab in the last six months.
 - He has met the required 100 wheelchair pick up. He has a total of 144 wheelchair pick ups.

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

Applicant's Name (First, Middle, Last) TESFAYE DAMTEW CHOFFA		Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SAN FRANCISCO, CA 94115			
Residence Phone Number: (415) 2-XXXX		Alternate Phone Number: (415) XXX-XXXX	
Hours Available at this Number: ALL THE TIME		Other name(s) used: NONE	
Social Security Number		Date of Birth	
Color Scheme / Business Name LYFOR Cab 2230 Jerold Avenue	Sex M	Height 5'8"	Weight 120
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 Jerold Avenue San Francisco, CA 94124	Business Number (415) 282-1241	Permit #	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Permit #:

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

As a matter of fact this ramped taxi medallion is one of the 25 medallions (ramp) that were added to taxi fleet in 2007 by the San Francisco Taxicab Commission. The Commission's careful deliberation as to how improve service to San Francisco taxi cab users, came up with different solutions of which one of them was to add 50 more new medallions of those 25 are ramped taxis. Even before the 2007 PC&N, I was one of the persons who were advocating for more medallions. If that action would solve the shortage complaints identified in the survey presented by the Commission office in the above mentioned PC&N date proceeding and also shortage confirmation remarks by Taxicab Commissioners and public support in issuing new medallions. The Commission's decision to add 25 new ramped taxis the survey by the Commission Office, and their request for additional medallions, and also the public's out cry that it is not under served proves that the inadequate survey sustains if no additional

OFFICE USE ONLY			
Received by: DAMTEW	Receipt No: 0108	Amount: \$108	Date: SEP 06 2007
Notice Date: 09/10/07	Hearing Date: 09/25/07		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
02/1998	Now	San Francisco, CA 94115

How long have you lived within a 30 mile radius of San Francisco? 19 years 0 months
 How many years driving experience do you have in San Francisco? 19 years 0 months
 Are you physically qualified to drive a standard vehicle safely? Yes No

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
04/24/07	Now	LUKO	2 Jerold Avenue San Francisco, CA 94124	driving
04/24/07		Bay Cab	999 Penn St CA 94124	driving
7/21/04	7/21/04	LUKO	National cab with contract who came to bay cab	driving
8/31/03	11/14/03	ABC	Jerold San Fran, CA 94124	driving
			999 Penn St CA 94124	driving

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

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

Offense	Date	Place of Arrest	Disposition
<i>[Handwritten signature across the table]</i>			

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)
For the last few months, while working at LUKO cab I use GPS in all fares I picked up. If I'm granted the permit I will follow the same pattern in order to challenge any fare unavailable.

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) TESFAYE DAMTEW CHUFEA		Phone (415) 415-XXXX
Residence Address (Street Address, City, State, Zip) N FRANCISCO, CA 94115		
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 JERRARD AVE SF 94114	Business Phone (415) 421-1714
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 (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 8 day of 28, 2007 at San Francisco, California

CHUFEA, TESFAYE Chuffa Tesfaye
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: PRISIDENT
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR CABLO</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>8/28/07</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.

CT 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.

CT 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.

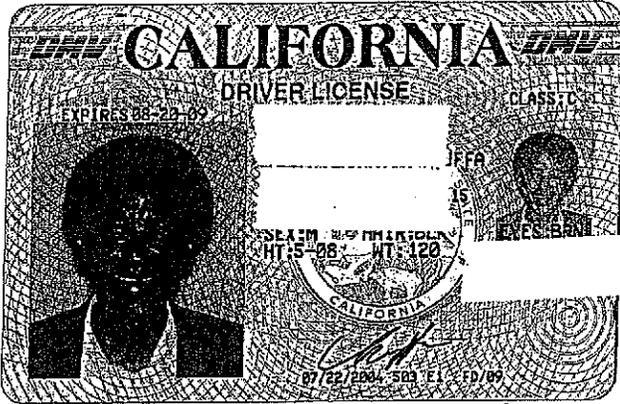
CT I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial 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 August day of 31st, 20 07 at San Francisco, California.

Chuppa Testage
Signature of Applicant

09/04/07



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

EXPIRES: DECEMBER 31, 2007
TESFAYE D. CHUFFA
P44-G

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



Consent Calendar: Item G

Consideration of Taxi Commission to Allow Medallion Holder to Park Taxi at Alternate Site:

Applicant Name:	Medallion #:	Alternate Site:	Color Scheme:
1. Sonny Tam	318	Home, SF	Fog City



CITY AND COUNTY OF SAN FRANCISCO

TAXI COMMISSION MAYOR GAVIN NEWSOM

RECEIVED

SEP - 4 2007 Request to Shift Change/Park at Alternate Location

SAN FRANCISCO TAXI COMMISSION

Today's Date: Sep 4 07 Medallion Number: 318

Medallion Holder: Sunny Tam Manager: Greg Peon / Sunny Tam

Phone: 318-9951 Color Scheme: Fog City Cab

[X] Request to Park at an Alternate Location: 1407 Irving Street Address of Alternate Location

Reason for Request: To ~~Send~~ Pick up Radio Call Right way and use less Gas

[] Request to Shift Change at an Alternate Location: Address of Alternate Location

Reason for Request: SEP 06 2007

SAN FRANCISCO TAXI COMMISSION

Decision of Taxi Commission and/or SFPD Taxi Detail

Scheduled For Hearing? [] No [X] Yes September 25, 2007 Hearing Date

[] Site Inspected: [] No [X] Yes 9/6/07 C KULSTAD Date Inspected Inspected By

[] Approved By:

[X] Denied By: R. REYNOLDS 137 (RESIDENTIAL AREA)

[] Other:

Rules & Regulations Regarding Shift Change or Parking at Alternate Locations:

- 4.A.9 Medallion Holders shall ensure that the taxicab operating under the medallion issued to them begins and ends all shifts at their color scheme's place of business, except with the approval of the Taxicab Commission or their designee for "formal employee operations". When the taxicab is not employed, Medallion Holders shall either leave the vehicle at their color scheme's place of business or at an alternative location approved by the Taxi Detail that is off the public street and sidewalk. Each request for the use of an alternative site must be made in writing. Medallion Holders shall ensure that all waybills, reports and found property are turned in at the taxi company premises at the conclusion of each shift.
- 5.B.6 Color Scheme Holders shall ensure that every taxicab driver starts and ends each shift at the color scheme's principal place of business, except with approval of the Taxicab Commission or their designee for "formal employee operations".
- 5.B.7 When the taxicab is not employed, Color Scheme Holders shall ensure that the vehicle either remains at their place of business or at an alternative location that is off the public street and sidewalk and that they can gain immediate access to the vehicle. Prior approval by the Taxi Detail must be obtained for each written request for the use of an alternative site.

Initial each line below:

ST

I have read and understand the above rules and regulations.

ST

I will not shift change or allow taxi drivers to shift change on alternate sites that have not been approved.

Severf Tam
Manager Signature

[Signature]
Medallion Holder Signature