

## 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:** 2<sup>nd</sup> 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:** 2<sup>nd</sup> motion  
**AYES:** Breslin, Benjamin, Heinicke, Oka, Oneto, Paek  
**ABSENT:** Heinicke  
**NOES:** 0  
**RECUSED:** Gillespie

- **Item D2**
- **Com Paek:** Motion to approve
- **Com Oka:** 2<sup>nd</sup> 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:** 2<sup>nd</sup> motion
- **Frances Gonzales:** Did not fill out waybill properly or would reflect he picked up. Received 2<sup>nd</sup> 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 2<sup>nd</sup> 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:** 2<sup>nd</sup> motion
- AYES:** Gillespie, Breslin, Benjamin, Oka, Heinicke Oneto, Paack
- 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]**

- 2007 Color Scheme Audit Results**
- 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 2<sup>nd</sup> time violators? We should revoke 2<sup>nd</sup> 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 2<sup>nd</sup> 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:** Ironical 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 5<sup>th</sup> 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:** 2<sup>nd</sup> 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:

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





CITY AND COUNTY OF SAN FRANCISCO  
TAXI COMMISSION  
Taxi Advertising Application

Today's Date: August 22, 2007

<b>Color Scheme Information (Please Print Clearly):</b>			
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

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

<b>Advertiser Information (Please Print Clearly):</b>			
ANDREA NEWMAN		(510) 446-7255	
Contact Person (Last, First)	Phone Number		
Clear Channel Taxi Media			
Company Name	OAKLAND	CA	94607
555 12 <sup>TH</sup> STREET, SUITE 950			
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\_\_\_\_.

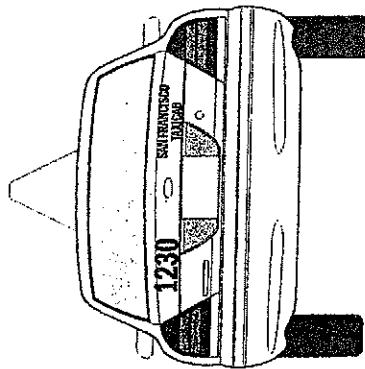
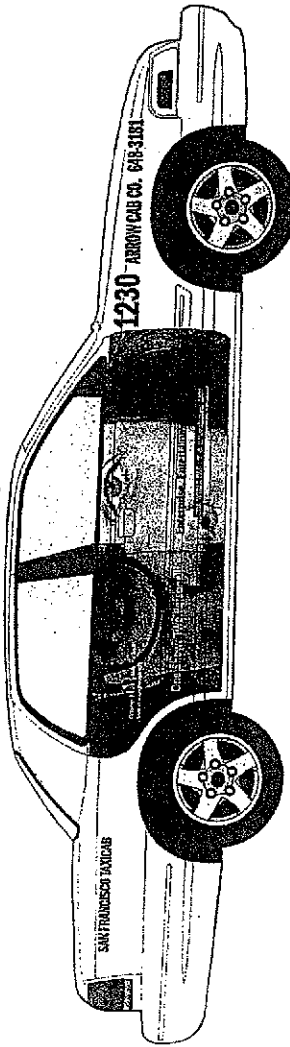
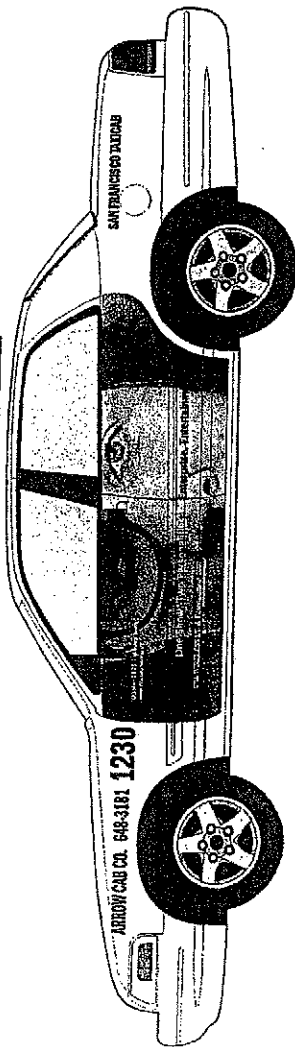
Color Scheme Manager Print Name (Last, First) \_\_\_\_\_ Signature \_\_\_\_\_

OFFICE USE ONLY			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	Photos Submitted
9/11/07	9/25/07		<input checked="" type="checkbox"/>
Received by: Danelle	Receipt No. 644329	Amount \$600.00	Date
RECEIVED			

(Rev. 4/12/06)

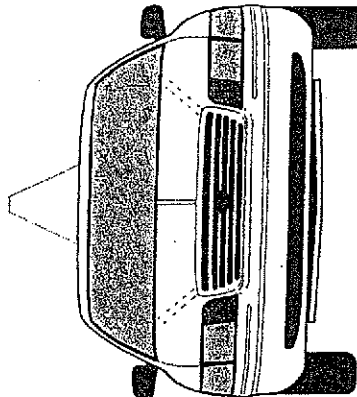
AUG 23 2007

SAN FRANCISCO



TRUNK

1230



Description:	Doors Live: W 86" - H 28" (doors outline) Doors Bleed: W 88" - 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:
	Design by: derandal		Sales:



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### Consent Calendar: Item D

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

<b>Medallion Holder Name:</b>	<b>Medallion #:</b>	<b>Change:</b>
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

G NEW COLOR SCHEME  
(Complete both sides)

G 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="radio"/> G No <input type="radio"/> G 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="radio"/> Owner / Operator <input type="radio"/> Gas & Gate <input type="radio"/> Long Term Lease	

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

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

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 G. 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>09/11/07</u>	Hearing Date <u>08/21/07</u>	Decision of Taxicab Commission	New Declaration Signed <b>RECEIVED</b>
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted
Received by: <u>Danette</u>	Receipt No. <u>644320</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/LETTERED 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, the person authorized to sign for the Dispatch Service hereby give  
Print Name of Authorized Person of Dispatch Service

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  
MERCURY

INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

47

10/12/06

10/12/07

FI

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2003

TOYOTA

AGENCY/COMPANY ISSUING CARD

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

INSURED

ARON KUSHINSKY 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
TOYT	2003	2003	AW	2005	32X	31	
ODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE
TX	G	MX	2	C	03340		
PE 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

REGISTERED OWNER  
SF TAXI CAB CO  
2121 EVANS ST

AMOUNT PAID  
\$ 130.00

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.

Cindy L. Ward  
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

August 24, 2007  
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  
04-01-2007/04-01-2008SAN FRANCISCO TAXI COMMISSION  
25 VAN NESS AVENUE ROOM 420  
SAN FRANCISCO CA 94102

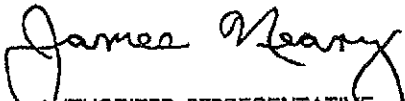
NG

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  
 POLICY NUMBER  
 IN ISSUE  
 YEAR  
 2003  
 AGENCY/COMPANY ISSUING CARD

COMPANY  
 MERCURY INSURANCE COMPANY  
 EFFECTIVE DATE  
 10/12/06  
 MAKE/MODEL  
 FORD  
 EXPIRATION DATE  
 10/12/07  
 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

COML 08/31/2006 TO 08/31/2007 31  
 281 TAXI

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		

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

REGISTERED  
 OWNER  
 LICENSE NUMBER



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

W0024  
 R0040  
 L0078

148071720062411

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 FERRERO 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 30<sup>th</sup> day of August 2007 at San Francisco, California

JAMES P. LAM  
Print Name of Applicant

[Signature]  
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>

<b>OFFICIAL USE ONLY</b>			
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 <b>RECEIVED</b>
Received by: <u>Danellie</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 05/01/07	TIME 12:01	DATE 06/15/07
			<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
CODE:		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:		
SUB CODE:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)		
AGENCY CUSTOMER ID: 6212		Loc#1: 2230 Jerrold Avenue, San Francisco, CA 94124		
INSURED Luxor Cab Company 2230 Jerrold Avenue San Francisco, CA 94124				

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

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

Client#: 6212

LUXORCAB

**ACORD CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)  
08/29/07

## PRODUCER

John Burnham SD 1610  
750 B Street, Suite 2400  
San Diego, CA 92101  
800 421-8744

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

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/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

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 94103

## 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>Hikmut u Pople</u>		Phone ( <u>925</u> )
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 ( <u>415</u> ) <u>970-1405</u>
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 Bussiness

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

Hikmut 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

<b>OFFICE USE ONLY</b>			
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>
Received by: <u>Danella</u>	Receipt No. <u>644342</u>	Amount <u>\$291.20</u>	Date

**RECEIVED**



INSURANCE IDENTIFICATION CARD

OP ID JK

STATE CA  
COMPANY NUMBER 33855  
POLICY NUMBER 33855  
EFFECTIVE DATE 10/12/06  
EXPIRATION DATE 10/12/07  
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.

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

Hikmut Pople

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  
04-01-2007/04-01-2008SAN FRANCISCO TAXI COMMISSION  
25 VAN NESS AVENUE ROOM 420  
SAN FRANCISCO CA 94102

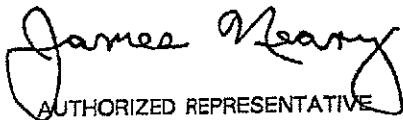
NG

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

## (Rev. 11/30/05)

JUN. 14. 2007 12:13PM

NO. 8850 P. 1/1

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

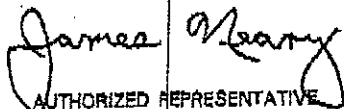
NA

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

# INSURANCE IDENTIFICATION CARD

(STATE) CA  
COMPANY NUMBER  
POLICY NUMBER  
IN ISSUE  
YEAR  
2005  
EFFECTIVE DATE  
10/12/06  
MAKE/MODEL  
DODGE  
COMPANY  
MERCURY INSURANCE COMPANY  
EXPIRATION DATE  
10/12/07  
VEHICLE IDENTIFICATION NUMBER  
8814

## AGENCY/COMPANY ISSUING CARD

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

## INSURED

DESOTO CAB # 942  
SFITA & AUTOS FOR HIRE  
555 SELBY ST  
SAN FRANCISCO, CA 94124

SEE IMPORTANT NOTICE ON REVERSE SIDE



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:

<b>Taxicab Permit Applicant:</b>	<b>List #:</b>	<b>Color Scheme:</b>	<b>Medallion Type:</b>
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) <b>TESFAYE DAMTEW CHOFFA</b>		Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>SAN FRANCISCO, CA 94115</b>			
Mailing Address <b>SAN FRANCISCO, CA 94115</b>			
Residence Phone Number: <b>(415) 223-1241</b>	Alternate Phone Number: <b>(415) 401-1401</b>		
Hours Available at this Number: Social Security Number	Hours Available at this Number: <b>ALL THE TIME</b>		
Other name(s) used <b>NONE</b>			
Color Scheme / Business Name <b>DIACIC 2400 Cab 2230 Jerold Avenue</b>		Business Number <b>(415) 282-1241</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>2230 Jerold Avenue San Francisco, CA 94124</b>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number	Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: Permit #:		

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

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 service proves that the inadequacy sustains it no additional

OFFICE USE ONLY		Permit #	
Received by: <b>Danielle</b>	Receipt No: <b>00045</b>	Amount: <b>\$108</b>	Date: <b>SEP 06 2007</b>
Notice Date: <b>09/10/07</b>	Hearing Date: <b>09/25/07</b>		

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 \_\_\_\_\_ months

How many years driving experience do you have in San Francisco? 19 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
04/24/07	NOW	LUKOR	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	LUKOR	National cab with owner 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

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 4 months, while working at LUKOR cab I use GPS. All fares I picked up. If I'm granted the permit I will follow the same pattern in order to challenge any taxi availability.

**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) <b>TESFAYE DAMTEW CHUFFA</b>		Phone (415) _____ (415) _____
Residence Address (Street Address, City, State, Zip) <b>N FRANCISCO, CA 94115</b>		
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 <b>LUXOR CAB</b>	Business Address (Street Address, City, State, Zip) <b>2230 Berrald Ave S.F. 94114</b>	Business Phone (415) 421-174
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, 20 07 at San Francisco, California

CHUFFA, TEFAYE 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: <b>JOHN LAZAR</b>	Title: <b>PRESIDENT</b>
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.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date <u>8/28/07</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

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.

CS 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.

CS 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](http://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.

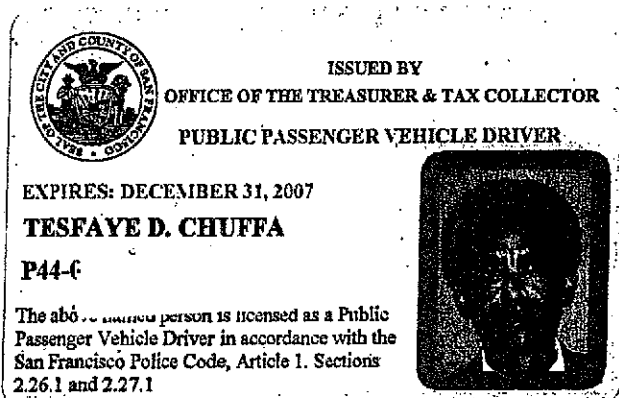
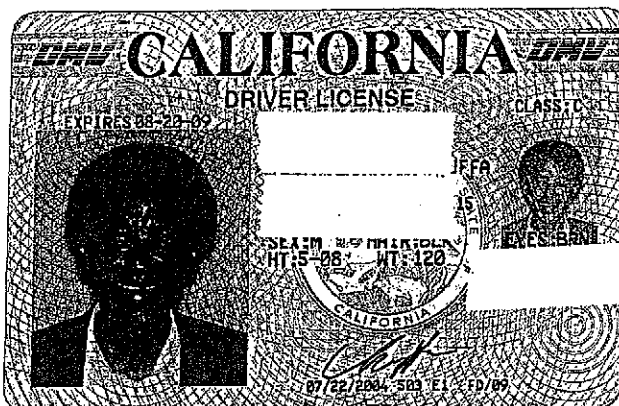
CS I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial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

Chuppa Testaye  
Signature of Applicant

09/04/07



## Consent Calendar: Item G

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

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

Sep. 5, 2007 3:44PM

TAXI COMMISSION

No. 0318 P. 1

CITY AND COUNTY OF  
SAN FRANCISCOTAXI COMMISSION  
MAYOR GAVIN NEWSOM

RECEIVED

SEP - 4 2007

Request to Shift Change/Park at Alternate LocationSAN FRANCISCO  
TAXI COMMISSIONToday's Date: Sep 4 07Medallion Number: 318Medallion Holder: Sunny TamManager: Greg Peen / Sunny TamPhone: 318-9951Color Scheme: Fog City CabRequest to Park at an Alternate Location: 1407 Irving Street

Address of Alternate Location

Reason for Request: To ~~Save~~ Pick up RadioCall 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 COMMISSIONDecision of Taxi Commission and/or SFPD Taxi DetailScheduled For Hearing? ☐ NoYes September 25, 2007

Hearing Date

Site Inspected: ☐ NoYes 9/6/07

Date Inspected

C KULSTAD

Inspected By



Approved By: \_\_\_\_\_

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.

Seemf Tam  
Manager Signature

[Signature]  
Medallion Holder Signature