Agenda: Item 6

Consent Calendar

All matters listed hereunder constitute a Consent Calendar, are considered to be routine by the Commission and will be acted upon by a single roll call vote of the Commission. There will be no separate discussion of these items unless a member of the Commission so requests, in which event the matter shall be removed from the Consent Calendar and considered as a separate item.

Consent Calendar: Item A

Consideration of the Minutes for the November 27, 2007 Taxicab Commission Meeting

CITY AND COUNTY OF SAN FRANCISCO



TAXI COMMISSION MAYOR GAVIN NEWSOM

COMMISSIONERS TELEPHONE (415) 554-7737

PAUL GILLESPIE, PRESIDENT, ext. 3

PATRICIA BRESLIN, VICE PRESIDENT

RICHARD BENJAMIN, COMMISSIONER, ext. 1

MALCOLM HEINICKE, COMMISSIONER, ext. 4

BRUCE OKA, COMMISSIONER, ext. 5

TOM ONETO, COMMISSIONER, ext. 6

MIN PAEK, COMMISSIONER, ext. 7

HEIDI MACHEN, EXECUTIVE DIRECTOR

MINUTES

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

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

Absent: Breslin, Paek

President Gillespie called the meeting to order at 6:30 P.M.

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

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

- 1. Call to Order/Roll Call
- 3. Allowing Newly Issued Hybrid or Alternative Fuel Taxi Restricted Permits to be Used Alternatively in Ramped Taxis. [ACTION]
- * Item was taken out of order.
- Director Machen: Introduction of item and amendment to resolution
- Pres Gillespie: Speaking on behalf of this and ramp drivers who will be using this. Hopes to pass this resolution.
- Com Oka: In support of this. If we have ramp drivers getting medallions but want to continue serving the community, this is a good way to do this.
- Com Benjamin: Will this be temporary? Will this then be 24 hybrid and 26 ramps? Who and when can they switch over if they would like to leave the program. This is a little confusing.
- Pres Gillespie: It would be up to the individual driver to replace hybrid with ramp. Knowing two of the drivers that want to do this, I know this would be serving the community.

• Director Machen: He could move his medallion in the future if he chooses to do so into a sedan vehicle.

Public Comment:

- Laurie Graham: I do not consider putting a regular medallion on a ramp as a restricted medallion since you can still pick up anyone in the vehicle.
- Charles Rathbone: Supporting this and anything else that provides options
- Tom Stanghellini: This goes against what the commission voted for when voting for hybrid CNG vehicles. Don't take a hybrid and put it into a ramp van. This will mix things up.
- Barry Taranto: Only four Commissioners here should have a full commission. New medallions for hybrids not for ramp vans.
- Mark Gurberg: Alt fuel medallion should drive that vehicle. These folks should wait for a regular medallion to keep the alt fuel intact and with the Mayor's 2011 goals.
- Grasshopper Alec Kaplan: Important to encourage non-idling technology in the city. Take all possible action in the city. If someone wants to keep a ramp vehicle with a regular than it should be allowed.
- Tariq Mehmood: Medallions to be considered should be allowed without the condition for pick ups and what vehicle is being used.
- Hansu Kim: What is the definition of an alternative fuel vehicle? We should have a definition before we have restrictions.
- Chuffa: Bad precedent passing this resolution.
- Com Benjamin: We do not have any alt fuel vehicle if we do not have a list, so we shouldn't be issuing these medallions.
- Com Oneto: No one has to buy an alt fuel until July 2008 so no one has to operate that vehicle until then.
- Dir Machen: The amendment to the Resolution would subject any of these medallions to van rules.
- Com Oka: Motion to approve resolution as amended
- Com Oneto: 2nd motion
- Roll Call
- Vote
- Ayes: Gillespie, Oneto, Heinicke, Oka Noes: Benjamin Absent: 0 Recuse: 0

Absent. 0

2. Public Convenience and Necessity: Establishing Appropriate Number of Taxis, Including Possible Issuance of Peak Time Medallions [DISCUSSION and POSSIBLE ACTION]

Pres Gillespie: Would like to first go to public comment.

Public Comment:

- Keith Raskin: Issue has been long in the industry. Has Heinicke read the Agnos report from years ago? Should fix the industry before the issues.
- Barry Taranto: Many drivers here to speak on this issue. There are no studies in the packet, should delay this to look at the study. What's the effect of the new medallions already issued. Should wait for that first.
- Tom Stanghellini: Peak time medallions a good idea. Let's utilize the fleet. Allow drivers to make same turns that MUNI drivers are allowed.
- Charles Rathbone: Peak time medallion drivers should allow the opportunity to return the medallion without a penalty. Should not be restrictive and mandatory for people on the list.

- Chuffa: New medallions are better does not agree with peak time medallions. Limos take up a lot of the business.
- Com Heinicke: After issuing these medallions this would be it, does not want to flood the market on Monday mornings. It's my plan to move for 69 fulltime additional medallions. Peak time medallions to be addressed in the prop k charter reform working group.
- Healy: Going into a recession, more is not necessarily better. Becomes dangerous since drivers will be racing each other to fares.
- Grasshopper Alec Kaplan: It is impossible to pick up people and not get tickets. City is not friendly to taxi drivers. Peak time medallions would be feasible.
- Mark Gruberg, UTW: Oppose additional medallions at this point. Since the previously issued 50 medallions have yet to hit the streets. Publish surveys first.
- Com Heinicke: Did you feel the last PCN study support 100 medallions, yes or no?
- Mark Gruberg: The last survey was flawed and would like to see some evidence for more medallions.
- Bill Mounsey: Never enough cabs in the city. People expect taxi service to wait at their door. There will never be enough taxis. Nothing has changed over the years.
- Com Heinicke: What was the effect on your business?
- Bill Mounsey: It took 4 years to pick up business.
- Barry Korngold: Too complicated to put out peak time cabs out. First get rid of the limos and then issue the medallions.
- Tariq Mehmood: This meeting should not talk about how many medallions to issue but a report for the future.
- Hansu Kim: Number of medallions important to service. Last PC&N study was flawed and this should not be done without a true survey. The numbers are all political, since there are no objective materials.
- Com Heinicke: Do you think there are enough taxis in the City?
- Hansu Kim: No, Bruce Schaller's survey was best done. Many ways to improve public service. But using public comments should not be the factor used to make the decision on issuing the medallions.
- Marty Smith: Always a proponent of more cabs. But economy is on a downslide and would rather see 20 medallions introduced at a time as opposed to the large number at once.
- Carl McMurdo: Weekend embarrassing shortage in the city. Since the approved medallions have not been put out on the streets, cannot judge the impact.
- Name: There is a shortage at all times especially conventions since the cabs won't service the outer parts of the city.
- Peter Witt: (Include handout in the minutes) More cabs are better service. Illegal limos and health care can happen if fares are increased.
- John Lazar: There's a law regarding limos. Sit at hotels in the evenings and cannot get a cab or town car. If you enforce the laws then possibly can put hundreds more medallions on the streets.
- Emil Lawrence: Shift changing during 3-7pm causes the biggest problem for need.
- Pres Gillespie: Giving the City 119 taxis will do the City service. One cab per every 500 people. Only DC and Honolulu have higher number of cabs per capita. There will be a follow-up on the illegal limo issue. There is no one formula to make sure this is correct but has done research and will vote for this.
- Com Heinicke: Dir Machen in reaction to comments made regarding the winter season can we issue 10 medallions per month over 2008.
- Dir Machen: Can do this, we have done this last year. And if you vote to approve tonight then the Controller's office would issue a report as well as a report from the planning department.

- Com Oka: If we put out more medallions, we will have to think about meter rate increases. The public should pay more for cabs if they want more cabs. How much we raise the meter, not too sure. But people he has spoken with have agreed.
- Com Heinicke: Does not agree but would like to see an increase in dispatch service. Not so much to set the market but allow dispatch surcharge programs within the color scheme to charge the outer city customers.
- Com Benjamin: Agrees with what he has heard so far. We should slowly release the medallions.
- Com Heinicke: The notion that the public is underserved and the current issuing process is not great and this is a relatively small increase that has for me been apart of the process from the beginning. Personal preference to do this tonight and address peak time at a later date.
- Com Heinicke: Motion to move 69 alternative fuel/hybrid new medallions

Com Benjamin: 2nd motion

Aves: Gillespie, Benjamin, Oka, Heinicke No: Oneto Recuse: 0 Absent: Breslin, Pack

6. Consent Calendar [ACTION]

* Item was taken out of order.

- Com Heinicke: Motion to approve items A 11.13.07 Minutes & B- New Public Passenger Permits
- Com Oka: 2nd motion
- Voice vote

Ayes: Gillespie, Benjamin, Oka, Heinicke, Oneto No: 0 Recuse: 0 Absent: Breslin, Paek

- Com Heinicke: Motion to approve items C1-Grant medallion to Michael Gibbons, C2- Grant medallion to John Nickulus & C9 - Grant medallion to Tam D Nguyen

Ayes: Gillespie, Benjamin, Oka, Heinicke, Oneto No: 0 Recuse: 0 Absent: Breslin, Pack

- Dir Machen: Staff memo and update.
- Raymond Delgado: Took another job during the years and lost track of the requirements to receive a medallion. In 2005 received a notice that would be required to drive but had not been driving.
- Jim Gillespie: No requirement when he was on the list to receive medallion to have driving time. No Daly/Ma when he was on the list. He is a victim and should be considered.
- Carl Macmurdo: The changed interpretation was an issue and for bonafide driver's Commission should be lenient. Daly/Ma may have amendment.
- Barry Taranto: What about all those other drivers that have to drive when they have health issues? Why didn't he start driving when he received the letter? Commission should not make an exception.
- Mark Gruberg: Legislation was prospective and drivers have had the opportunity and flexibility to be able to meet the driving requirement.
- Hansu Kim: All supported Daly/Ma and very unfair to driver's who have fallen through the cracks.
- Com Oka: Could Mr. Delgado apply for a time waiver? Dir Machen: A time waiver would not apply to Mr. Delgado since he needs more than one year.
- Emil Lawrence: This person drove years past and has been on the list regardless if he missed the deadline.

- Chuffa: This is strange that the Commission is going case by case on this issue. Commissioners should check this rule and requirements should be met.
- Nathan Dwiri: Delgado also drove a ramp taxi for several years.
- **JoanAnn:** The intent behind driving a cab is having qualified drivers. Unfair that he will be penalized for this.
- Grasshopper Alec Kaplan: Punishment the drivers go through daily basis.
- Bill Mounsey: Also a long time driver and continuously drove as a taxi driver. If drivers keep breaking the rules what is the point?
- Barry Korngold: Daly/Ma problem is it is unpredictable to know when you will receive your medallion. So drivers take other jobs to supplement income since they do not make as much money as medallion holders.
- Com Heinicke: No doubt that Mr. Delgado is a good guy but the rules are the rules and there is a driving requirement. Will be denying medallion.
- Com Benjamin: Will have to agree.
- Com Oneto: Also agree but he voluntarily took himself out of service.
- Com Heinicke: I do not think he has a good case for an appeal because the Daly/Ma is black and white. Board of Appeals should respect the rules passed.
- Com Oneto: Motion to deny medallion to C3- Raymond Delgado
- Com Heinicke: 2nd to deny
- Ayes: Oka, Heinicke, Oneto, Benjamin Recuse: Gillespie

Absent: Breslin, Paek No: 0

Public Comment: None

- Com Onto: Motion to approve items C4- Grant medallion to Georg J Rasmussen, C8- Grant medallion to Yosef Habtemarium, C12- Grant medallion to Frederick Lein & C-13 Grant medallion to Reynaldo Magno
- Com Heinicke: 2nd motion
- Ayes: Benjamin, Oka, Heinicke, Oneto Recuse: Gillespie

Absent: Breslin, Pack No: 0

- Com Oneto: Motion to approve C5-Ken Dao, C6- Robert MacKenzie, C7- Tai Yip, C10- Amilcar Pereira & C11- Nikolay Busel
- Com Heinicke: 2nd motion
- Aves: Gillespie, Oka, Heinicke, Oneto
 Recuse: Benjamin

Absent: Breslin, Paek No: 0

- Pres Gillespie: Continued C-14- Mikhail Lirisman because no quorum, since Yellow and Luxor must recuse from the vote.
- Com Heinicke: Apologies to Mr. Lirisman and would like to continue this to the call of the chair.
- Dir Machen: Remove D-26 Adel Aldalali from receiving a time waiver, since applicant withdrew his name.
- Com Oka: Motion to remove D-26
- Com Oneto: 2nd motion
- Ayes: Gillespie, Benjamin, Oka, Heinicke, Oneto
 Absent: Breslin, Paek
 Recuse: 0
 No: 0
- Com Oka: Motion to approve Item E- applicant ineligible for a ramp medallion for failure to respond
- Com Oneto: 2nd motion.

• Ayes: Gillespie, Benjamin, Oka, Heinicke, Oneto Recuse: 0
Absent: Breslin, Paek No: 0

• Martin Kazinski: Similar situation as Delagado has medical condition that does not allow him to drive. Daly/Ma does not accommodate him.

• **Dir Machen**: He has come before the Commission before and he did not accept Taxi Commission accommodation, which would allow him to meet the driving requirement prospectively.

Public Comment:

- Peter Witt: Supports Martin Kazinski. Commission can accommodate him.
- Mark Gruberg: There was no past opportunity for him to appeal; it has now become possible for him to appeal. This Commission needs to set standards for these conditions.
- JoanAnn: In favor of not removing Mr. Kazinski from the list. His information needs not be public but drivers should not be limited to speak to what accommodations were offered to him to the past.
- Bill Mounsey: Commission is digging a hole since every week there is an issue concerning all these problems. Should either stick to the law or make an accommodation.
- Hansu Kim: Legal question to retroactively apply to people who have already paid to be on the list.
- Com Heinicke: Motion to remove F-Martin Kazinski from the PC&N waiting list
- Com Oka: 2nd
- Com Heinicke: Motion to remove F1- Behailu Mekbib, F2- Samuil Zotman, F3- Katherine Taylor, F5- Kevin McCarthy and F6- Ronnie Larry from the PC&N waiting list.
- Com Oka: 2nd
- Ayes: Gillespie, Benjamin, Oka, Heinicke, Oneto Recuse: 0
 Absent: Breslin, Paek No: 0
- Pres Gillespie: Item G, will take public comment

Public Comment:

- Peter Witt: Fog City colors are not contrasting colors and are not the law.
- Com Heinicke: Can staff look into this.
- **Dir Machen**: This Commission would have approved original color scheme as have the police. What is the Commission requesting?
- Com Heinicke: Would like the Director to review the color scheme.
- Com Oneto: Fog City numbers difficult to detect.
- Com Benjamin: Agrees.
- Grasshopper: Also observed difficulty to see
- Richard Hybels: Medallions going to a highly performing to a low performing dispatch.
- Tariq Mehmood: B&W Checker sent a letter to the Commission that only a certain number of medallions are approved. Commission should find out which medallions are single shifts.
- Com Heinicke: Does staff know if these medallions are single shifts or not? Do you know why these drivers have gone to B&W as opposed to another color scheme? What about the others going to Fog City?
- Keith Raskin: They will be full-time and they switched to follow me. They made their own decision collectively.
- John Lazar: Disappointed Commissioners are allowing these color scheme changes to not fullservice companies

• Com Oka: Motion to approve color scheme change for items G1- William Jones, G2- John Donnelly, G3- Max David, G4- Chcuk Tong, G5- Edward Bennet, G6- George Blake, G7- Jack Schuck, G8- Michael Chong

• Com Oneto: 2nd motion

- Ayes: Gillespie, Benjamin, Oka, Heinicke, Oneto
 Absent: Breslin, Paek
 Recuse: 0
 No: 0
- Com Oka: Motion to approve color scheme change G9- Mahinder Singh

• Com Oneto: 2nd motion

• Ayes: Benjamin, Oka, Heinicke, Oneto Recuse: Gillespie

Absent: Breslin, Paek No: 0

SPECIAL ORDER 8:00 - 8:30 PM

- 4. Public Comment (Please limit public comment to items NOT on the agenda)
- Barry Taranto: Commission should have come up with rules and regulations months ago. There should be a fee charged to anyone who has not met the driving requirement. New cab stand at Intercontinental hotel. SFPD-Detail needed at 49er home games. There should be a handout by the Commission to tell driver's they do not have to pay.
- Hansu Kim: Why has this Commission approve medallions to people who have not qualified for a medallion? So what is the policy the Commission has?
- Eric Hatten: Spoke with Commission on two meetings previous but have not heard from the Commission on his status. Heard that everyone was given a letter for Daly/Ma, but only first 200 were mailed out.
- **Dir Machen**: This applicant was not an A card holder 4 years ago, it would be impossible for him to meet his requirement.
- Com Heinicke: Call the office to discuss this with the Director.
- Chuffa: Why do the Commissioners require newly issued medallion holders to drive 156 4 hour shifts? Shift changing is a problem since it cannot happen off the lot. This kills the business. Allow independent drivers to be able to shift off the lot.
- Lt. Schlotz: Trend of people approved without completing the driving requirement
- Dan Hinds: Unable to attend the last meeting. To my knowledge National has not been under investigation and that type of remark and suggestion says something to people.
- Emil Lawrence: Rules keep changing for post k medallions but none of the rules apply to those medallion holders. Pre-K medallions are now on the post K medallion list; if that is the case then the laws should apply to all people on the list.
- Keith Raskin, B&W Checker: Survey was taken in the spring and B&W did 100%.
- Bill Mounsey: Commission should enforce laws on limos before releasing more medallions. Limos are cutting into his business.
- **JoanAnn:** Will possibly be disqualified for being disabled since she signed contract and that should stand. Commission should have an open policy for all accommodations given to people that have disabilities. Minutes from the last meeting not on the web.
- Name: Passengers smoking crack in his cab and he notified dispatch that called the police and dispatched police to his location.
- Name: Similar situation to Delgado but has always worked for DeSoto. When information received it was not certified on Daly/Ma and never signed any agreement.
- Name: Green Cab flyer and not sure if the letter is violation or discrimination because it would allow UTW members first.

- Ruah Graffis: Reason Yellow and other companies do not charge for credit card slips is because UTW rallied BOS of this legislation.
- Barry Korngold: Has been on the list for many years and was sent his notice but won't be heard until 2008, but only has driving 3 out of the 4 years.
- Carl Macmurdo: On the next agenda should put on the agenda to prorate for 2008. JoanAnn and Mr. Saidniku may qualify under lawsuit.
- Jim Gillespie: Cannot charge for credit card use and only two companies have invested in equipment. Majority goes through vendors and pays a fee.
- Peter Witt: Handout and overview.
- Thomas George Williams: Drivers should not pay the business license fee. Hours for 2008 should be prorated. Green cab also has credit cards. Commission should make it mandatory that all taxis have credit card machines.
- Tone Lee: Three medallions should be ended. Prop K undermines the public. When the medallion holder ages they can't drive they will lease it to people.
- Tariq Mehmood: Michael Roach's medallion should have been approved at the last meeting.
- Mark Gruberg: UTW does not charge drivers as long as they follow the procedures of the company.

5. Criminal Background Checks for Taxi Drivers and Medallion Applicants [ACTION]

- Jordanna Thigpen, Deputy Director: Introducing the item.
- Com Heinicke: Resolution limited to discretion of police department to provide the Commission with the results.
- Deputy Director Thigpen: Correct, the background check would be not be disclosed to the public. Amendment to be made to include that.

Public Comment:

- Charles Rathbone: Support staff proposal.
- Emil Lawrence: Objects the Resolution. Was not posted online.
- Thomas George Williams: Should not meddle in drivers backgrounds.
- Spanky Williams: Was a prisoner and served term. Could not drive taxi in LA so came back to SF. Recidivism is high and Commission should not limit who drives taxis.
- Carl Macmurdo: Should not have too much rigidity on background.
- Peter Witt: Was a nice person before he became a driver.
- Tariq Mehmood: Resolution has been changing over the last few weeks.
- Chuffa: Supported this in the past but does not any more.
- Nate Dwiri: When he first applied police officers knocked on neighbors doors to find out who he was. How are you to check backgrounds of people from other countries?
- Deputy Director Thigpen: This will be solely for medallion holders with the discretion to review. Commission staff is not making the decision but rather detail will be.
- Com Heinicke: Motion to approve resolution with amendment
- Com Oneto: 2nd
- Ayes: Gillespie, Benjamin, Oka, Heinicke, Oneto Recuse: 0 No: 0 Absent: Breslin, Pack

7. Staff Report and Commissioner Announcements [INFORMATION]

- Dir Machen: Update and overview.
- Commissioner Announcements:
- Com Oka: B&W Checker certificate for most improved cab company

• Com Benjamin: Can we agendize that anyone who is given a letter in 2007 will be held to 2007 requirements.

Public Comment:

- Charles Rathbone: Read on the Mayor's website a charter reform working group separate from the Commission's Charter Reform working group.
- Barry Korngold: Language of Daly/Ma vague for 2008.
- Peter Witt: Macy's stand is always blocked by limo.
- Chuffa: Thanks Commissioner Benjamin to address this issue. Why should drivers have to drive 156 4 hour shifts?
- Thomas George Williams: All taxi stands are occupied by limos.
- 8. Public Comment (Please limit public comment to items NOT on the agenda; also limited to public that did not speak during Special Order)
- Tom Stanghellini: There are a lot of shady things going on with the leases that are paying for shifts.
- 9. Adjournment at 10:15pm

Consent Calendar: Item B

Consideration of the Minutes for the November 30, 2007 Special Taxicab Commission Meeting

CITY AND COUNTY OF SAN FRANCISCO



TAXI COMMISSION MAYOR GAVIN NEWSOM

COMMISSIONERS TELEPHONE (415) 554-7737

PAUL GILLESPIE, PRESIDENT, ext. 3

PATRICIA BRESLIN, VICE PRESIDENT
RICHARD BENJAMIN, COMMISSIONER, ext. 1

MALCOLM HEINICKE, COMMISSIONER, ext. 4

BRUCE OKA, COMMISSIONER, ext. 5

TOM ONETO, COMMISSIONER, ext. 6

MIN PAEK, COMMISSIONER, ext. 7

HEIDI MACHEN, EXECUTIVE DIRECTOR

SPECIAL MEETING MINUTES

Commission Chambers
November 30, 2007 at 2:00 p.m.
City Hall, 1 Dr. Carlton B. Goodlett Place
Room 400

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

Absent: Heinicke, Breslin

President Gillespie called the meeting to order at 2:00 P.M.

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

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

1. Call to Order/Roll Call

2. Consent Calendar [ACTION]

All matters listed hereunder constitute a Consent Calendar, are considered to be routine by the Commission and will be acted upon by a single roll call vote of the Commission. There will be no separate discussion of these items unless a member of the Commission so requests, in which event the matter shall be removed from the Consent Calendar and considered as a separate item.

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

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

Public Comment:

- Hansu Kim: Delay in granting medallion hurt Michael Roach. Inappropriate to hold up color scheme change under speculation of an investigation. Taxi Commission should create standards.
- Tariq Mehmood: Commission staff running office. Initially, granting Michael Roach a
 medallion was questionable because of his qualifications and now he is applying for a color
 scheme change, this should not be held up.
- Roll Call
- Com Oneto: Motion to approve color scheme change for Michael Roach.
- Com Benjamin: 2nd motion.

AYES: Gillespie, Benjamin, Pack, Oneto

NO: 0

ABSENT: Breslin, Oka, Heinicke

RECUSE: 0

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

- Tariq Mehmood: Commission should not vote on big items since it will be going under the MTA. Let the MTA take over the big action items.
- Wes Hollis, Executive taxi: Discussed his handout which he has revised to the Commissioners
 on hybrid and alternative fuel vehicles. Overview of other items.
- Pres Gillespie: You did not include the Civic CNG which we have approved.
- Wes Hollis: CNG is a dinosaur.
- Dan Hinds: Appreciates Commission for holding a special meeting on this issue.
- Michael Roach: Taxi business and public are here to serve the public. Regardless of the disagreements, "can't we all just get along?"

4. Adjournment 2:15pm

Consent Calendar: Item D

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

Taxicab Permit	Taxicab Permit Medallion		Medallion
Applicant:	#:	Scheme:	Type:
1. Yared Ephrem	1316	Yellow	Alt. Fuel
2. Manohar S. Bawa	1317	Yellow	Alt. Fuel
3. Dean Olsen	1319	Yellow	Alt. Fuel
4. Kham Ta	9085	Yellow	Ramp
5. George Wade	9088	Yellow	Ramp
6. Mikhail Lirisman*	450	Yellow	Regular
7. Jamal Tawasha	1315	Luxor	Alt. Fuel
8. Chris Hoang	9083	Luxor	Ramp
9. David Kreutner	9086	Luxor	Ramp
10. Ghassan	9087	Luxor	Ramp
Hammoudeh	}		
11. Tan Vuong	9089	Luxor	Ramp
12. Lawrence Kelley	1318	National	Alt. Fuel
13. Bernard Schnatter	1320	DeSoto	Alt. Fuel
14. Rafael Machkovsky	9084	Town	Ramp

^{*} Continued at last meeting because there was not a quorum.

CITY AND COUNTY OF SAN FRANCISCO



TAXI COMMISSION MAYOR GAVIN NEWSOM

MEMORANDUM

To:

Honorable Commissioners

From:

Heidi Machen

Executive Director

Date:

November 27, 2007

Re:

Medallion Applicants for Ramp and Alternative Fuel Medallions

1. Yared Ephrem, List# 6-493, Alternative Fuel Medallion

o 2004: 789 hours, short 11 hours

o 2005: 212 shifts

o 2006: 469 hours, short 331 hours

o 2007: 873 hours

2. Manohar S. Bawa, List# 6-497, Alternative Fuel Medallion

o 2005: 208 shifts

o 2006: 214 shifts

o 2007: 161 shifts

3. Lawrence Kelley, List# 6-504, Alternative Fuel Medallion

o 2004: 837 hours

o 2005: 825 hours

o 2007: 922 hours

4. Dean Olsen, List# 6-508, Alternative Fuel Medallion

o 2005: 163 shifts

o 2006: 174 shifts

o 2007: 188 shifts

5. Bernard Schnatter, List# 6-511, Alternative Fuel Medallion

o 2004: 211 shifts

o 2005: 159 shifts

o 2006: 1305 hours

6. Jamal Tawasha, List# 6-491, Alternative Fuel Medallion

o 2004: 214 shifts

o 2006: 234 shifts

o 2007: 167 shifts

7. Chris Hoang, List# 6-938, RAMP

- o 2005: 173 shifts
- o 2006: 184 shifts
- o 2007: 189 shifts

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.

- o Last 6 months: 588 hours
- o Wheelchair Pick Ups: 105

8. Rafael Machkovsky, List# 6-954, RAMP

- o 2005: 204 shifts
- o 2006: 196 shifts
- o 2007: 180 shifts

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.

- o Last 6 months: 330 hours
- o Wheelchair Pick Ups: 124
- o The Taxi Commission recommends continuing this item until all additional waybills have been verified by Staff.

9. Kham Ta, List# 6-967, RAMP

- o 2005: 211 shifts
- o 2006: 245 shifts
- o 2007: 243 shifts

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.

- o Last 6 months: 533 hours
- o Wheelchair Pick Ups: 105

10. David Kreutner, List# 6-982, RAMP

- o 2005: 1370 hours
- o 2006: 1520 hours
- o 2007: 850 hours

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.

- o Last 6 months: 400 hours
- o Wheelchair Pick Ups: 100

11. Ghassan Hammoudeh, List# 7-021, RAMP

- o 2005: 1100 hours
- o 2006: 266 shifts
- o 2007: 161 shifts

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.

- o Last 6 months: 161 shifts
- Wheelchair Pick Ups: 107

12. George Wade, List# 7-029, RAMP

2004: 189 shifts2005: 179 shifts2006: 209 shifts

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.

- o Last 6 months: 432 hours
- o Wheelchair Pick Ups: 86, short 14 pick ups
- o Mr. Wade indicates that he will meet the 100 pick ups by Friday, December 7th.

13. Tan Vuong, List# 7-033, RAMP

2004: 1377 hours2006: 998 hours2007: 962 hours

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.

Last 6 months: 565 hoursWheelchair Pick Ups: 102

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	-1\D		Type of Medallion Applyir	D. W
Residence Address (Street Address, City, State, Zip)	に / - (√.F	/.A	94102
Mailing Address (if different than residence address)	JAME	<u> </u>		£-//
Residence Phone Number: (O.AMC	Alternate Phone Numb		
Hours Available at this Number:	Other name(s) used	Hours Available at this	Number: ANY	TIME
Social Security Number		S:Am E		2014
California Driver's License Number / Expiration Year	Date of		Place of	
Race (Optional) BLACK	Sex Height,	Weight . F	ve Color)ろんかい N Busines	Hair Color CO BLK /S
Color Scheme / Business Name LUXOR TAX(6			7) 282
Color Scheme / Business Address (Street Address, City, St	ate, Zip) TERROLD	4 1	GE 94	123
Are you a U.S. Citizen? Yes □ No If No, Allen Resident Card Number	Driver Perm If Yes –Dat	it?	d:	Public Passenger Vehicle
Facts which show why the public will not t	oe adequately serve			ach additional pages if needed)
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Notice Date: Hearing Date: 12 11 (7) SAN SON PLANCISCO

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If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? A Yes No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab? XYes \sum No
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sal Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/o permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare unde penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false of incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during the twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read all of the above statements and declare under penalty of perjury that they are correct.
Executed on this 10/31/107 day of 1000
Signature of Applique
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RECEIVED

OCT 31 2007

SAN FRANCISCO TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

(Rev. 03/10/05)

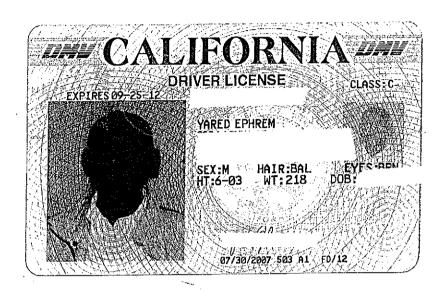
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(Complete (ront side only)

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*YOU MUST SUBMIT A CERTIFICA					CE CARD WITH THIS APPLICATION.
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Applicant's Name (First, Middle, Last)	and the second s	•			hone ·
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Residence Address (Street Address, City	, State, Zlp)		Sm	FRANC	150, CA 94102
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Joint Applicant's Name (First, Middle, Le	11)		-	()
Residence Address (Street Address, City	, Stale, Zip)	. ?		.,	
Is this a Corporate permit?	No G Yes If yes, Name	of Corporation	on:		
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If this color scheme request is gra	anted by the Taxicab Commission Business Address (Street Ad	, list what y o ddmss. Cliv. St	our busine ate. Ziplo-	ss name, address	Business Phone
Business Name ELLOW CAB	(200) 1200 MISS	ISSIPI		r	(45) 282-3737
Medailion Number(s) Saw F	earcisis. CA 94	107			G Owner / Operator Gas & Gate
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Please list the reason(s) why	vou are requesting this char	nae:			
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					ALERANGISCO I COMMISSION
					- Samuel A
I (We) certify (or declare), under	penalty of perjury under the laws	of the Stat	e of Califo	rnia that the fore	going is true and correct.
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Name of person authorized to sign for Col	· · · · ·			Tit	1 hosochet
NATHAN	DWIRI			N. A. primir	11/10
I, the Color Scheme Holder / person		eme Holder fo	r	Yaxla	Color Scheme
hereby give consent to the applicant					
I certify (or declare) under penalty of	perjury under the laws of the State o	of California th	at the fore	going is true and co	rrect.
The state of the s				11/15	12007
Signature of Color Scheme Holder / 25	erson authorized to algri for Color Scheme Holder	<del></del>			Date
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Agenda Notice Date	Hearing Date		of Taxicate C	<u>-</u>	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted		s Submitted		Photos Submitted
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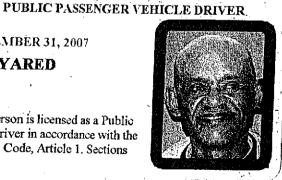


ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

**EXPIRES: DECEMBER 31, 2007** 

EPHREM Z. YARED

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



RECEIVED

OCT 31 2007

SAN FRANCISCO (AXI COMMISSION

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

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
Residence Address (Street Address, City, State, Zip) 11-7 DALY City	⊠ Regular ,□ Ramp
Mailing Address (If different than residence address)	CA. 94015
Residence Phone Number:	Alternate Phone Number: ( )
Hours Available at this Number: $4 \text{ AM} - 2 \text{ PM}$ Social Security Number Other name(s) used	Hours Available at this Number:
Social Security Number 7	
California Driver's License Number / Expiration Year Date of	Birth Place of Birth
Race (Optional) Sex Height	7 Living Eye Color Hair Color
M / F Color Scheme / Business Name	BROWN GREY-BROWN
	94107 Business Number (415) 282 -3737 x 22)
Color Scheme / Business Address (Street Address, City, State, Zip)	
If No, Alien Resident Card Number Driver Permi	
	e Permit was issued: Permit #:
Facts which show why the public will not be adequately served	
I have already been Serving to Consplement and gratitude to award Medallion for Serving in	of Public for many years. My
Consplement and gratitude to	S. F. Taxi Commission to
award Medallion for Serving in	Consider Fretzie
Transfer to the second of the	
	·
OFFIGE USE	ONLY 75 .

Hearing Date:

Notice Date
Revised 10/2/06

NOV 0.2.2007

I have driven a taxicab in the City of San Francisco and I meet the current year's driving req Police Code Section 1121(b). ☐Yes ☐ No	uirement pursuant to SFPD Municipal
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)	gayors
DEC TSI-2001	- 19: CA 94015
Francisco?	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,  ANGO NOV-1-07 YELLOW CAB MC 12-00 Mississ	Type of Work しがう S.ド・甲山の CAB DRIVE
Have you ever been convicted of, or plead guilty or No Contest to any crime?   Yes   Yes  Yes	(Attach additional pages if needed)
ls your eyesight impaired? □ Yes  ⊠.No Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.	Is your hearing impaired?
Do you have any physical impairments? ☐ Yes  ☐ No   If yes, describe the impairme	ent:
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	g? □Yes ဩNo
Were you previously licensed If yes, has the license been revoked? as a taxi driver or chauffeur? ☐ Yes ☒ No ☐ 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? し If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing about new service, other) ソニレムの CAB COOPs (N C.	YYes □ No gradio cab company, detail information

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal?   ☐ Yes ☐ No  . **
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab? Yes
Read each section and sign initials to the left of each section if you agree and understand.
<u>MB</u> I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . 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.
$\begin{tabular}{ll} MB & I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.$
have read all of the above statements and declare under penalty of perjury that they are correct.
Executed on this 15 at San Francisco, California.
Manshar Bawa Signature of Applicant
Signature of Applicant

RECEIVED

NOV 0 2 2007

SAN FRANCISCO SAXI COMMISSION



# TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

Date

(Rev. 11/30/05)

Ò NÉW COLOR SCHEME		F COLOR SCHEME – From: _	
(Complete both sides)	(complete ATE OF WORKER'S COMPENSATION		ICE CARD WITH THIS APPLICATION.
TOO MIOST GODMITTY CLEATING	PLEASE PRINT CLEARLY	- COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last)  MANOPAR  Address (Street Address City	BAWA		Phone (
Residence Address (Street Address, City	r, State, Zip)		
Joint Applicant's Name (First, Middle, Las	st)		Phone ( )
Residence Address (Street Address, City	, State, Zip)		
Is this a Corporate permit?	☑ No ☐ Yes If yes, Name of	Corporation:	
If this color ashome request is as	anted by the Taxicab Commission, li	st what your business name, addres	s and phone number will be.
Business Name	Business Address (Street Address)  A 1200 M 15515	sss, City, State, Zip) SIOPIST	(137582 373)
Medallion Number(s)		/ /	Owner / Operator  Gas & Gate
			☐ Long Term Lease
Good Comp	ary	. SAT	V 0 2 2007 FRANCISCO
I (We) certify (or declare) under	penalty of perjury under the laws of	the State of California that the for	egoing is true and correct.
Executed this	day of Oct	, 20 <u>0</u> 7 at S	an Francisco, California
MANDHAR P	SAW A		San Francisco, California  Sau   Ture of Applicant
Print Name of			
Name of person authorized to sign for Col	O BE COMPLETED BY ACCE	PTING COLOR SCHEME ON	itle:
Hall Millera	a constitutions.		6M
	authorized to sign for the Color Schemi	Holder for <u>Hellon</u>	Cel Co-sp
hereby give consent to the applicant		Taxx	ab Color Scheme
· –	perjury under the laws of the State of C	alifornia that the foregoing is true and	correct.
-Hel Melleran	erson authorized to sign for Color Schema Holder		) 3/07 Date
( Signature or Color Scheinis Indicer / pr	or your section made to organize and		,
	OFFICE L	SE ONLY  Decision of Taxicab Commission	New Declaration Signed
Agenda Notice Date  Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

Amount

Receipt Na.

Received by:

RECEIVED

NOV 0 2 2007

SAN FRANCISCO IAXI COMMISSION



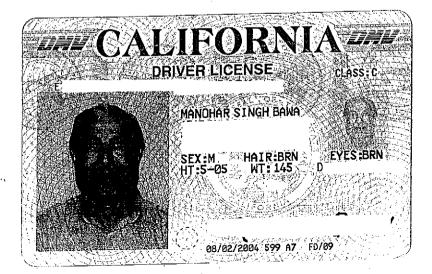
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

EXPIRES: DECEMBER 31, 2007

MANOHAR BAWA

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





### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
Dean Warner Olsen	`⊠Regular □ Ramp
Residence Address (Street Address, City, State) Zip)	500, CA 94110
Mailing Address (if different than residence address)	1
Residence Phone Number: ( ) Alternate Phone Num	iber ( 1:0. 0,0).
Hours Available at this Number: Hours Available at th	s Number: All times
Social Security Number Other name(s) used	·
California Driver's License Number / Expiration Year / Date of Pinh /	Place of Birth,
Race (Optional)  Sex Height   1 Weight   1 to 5	Eye Color Hair Color Green Grown - 17 Cy
Color Scheme / Business Name	Business Number
Color Scheme / Business Address (Street Address, City, State, Zip)	
2/2/ Evans Ave, Suit 6 S.F.	CA
Ale you a U.S. Chizell: At les Line	er and hold a current Public Passenger Vehicle
If No, Allen Resident Card Number Driver Permit? Lives Lives If Yes —Date Permit was issu	
Facts which show why the public will not be adequately served unless this per	mit is granted: (attach additional pages if needed)
Obviously in order to maintain &	antimoiso's reputation
for good taxi service we need the his	host quality of drivers we
can get. The facts of the matter will	show that I tout il this
requirement I am career taxi driver.	with no accidents no
Vc \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	record will reveal that
I deal with my preschagers in a politic	and doterontial manner
and that my most important goal is to	convey the placemaer
to their destination in the quickest	and estest way possible.
the record, will show that I do not ret	use takes and that I
am grompt and always ready to acom	white the passenger in
any way possible the some nexe	on I do not receive
the tx: pormit Thre worked ?	or so long T believe
the city of San Foliacisco Will Cose	a good embassatar
to the couplie and to the many vis	itors to our great city
The fact that I have a BA desire	rom S.F. statell and
speak Albert spanish containty and	to the competency
Tevel the taxicab industry can ill	attord to lose
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U4404   U387	Fig. 19 San Pray Clieb
Notice Date: Hearing Date 1211	

	ancisco and I meet the current year's driving re □ No	quirement pursuant to SFPD Municipal
List residences for last five years (List most red From Date To Date Residence Address 1980 Jan 30,07 Jan 3107 Jan 3107 Jan 3107 Jan 3107	cent first, attach additional pages if needed) ess (Street Address, City, State, Zip)	14131 - CA 94110
How long have you lived within a 30 mile radius of San Francisco? 35 yearsmonths	How many years driving experience do you have in San Francisco?	Are you physically qualified to drive a standard vehicle safely?  Yes  No
List employment for last five years (List most referred by the company Name 2002 2003 2003 2003 2003 2003 2003 200	Address (Street Address, City, States  230 CM  2560 Md  2560 MM  2560 MM	win a SFCA  win a
Failure to provide full information relative to prior of Offense Date	onvictions, guilty pleas or not contest pleas may be o	(Attach additional pages if needed) onsidered cause to deny the permit.  Disposition
ls your eyesight impaired? ☐ Yes ☑No Do not include ordinary nearsightedness or fa	arsightedness corrected by eyeglasses.	Is your hearing impaired? ☐ Yes 🕱 No
Do you have any physical impairments?	∃Yes ⊠No If yes, describe the impairm	ent:
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 Dru	ig? □Yes XNo
Were you previously licensed as a taxi driver or chauffeur? ☐ Yes 💢	If yes, has the license been revoked? No □ Yes ☑ No □	If yes, explain for what cause?
If you are granted a taxicab permit, will you us	e or provide 24-hour radio dispatch service?	ସ୍ୱିYes □ No g radio cab company, detail information

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a value seal? ☑Yes ☐ No	id current Weights and Measures
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a and smog inspection certificate and submit to an annual inspection of the general appearance taxicab?	State of California brake, road lamp, of the interior and exterior of your
Read each section and sign initials to the left of each section if you agree and understand.	
I understand that in addition to the regulations adopted by the Taxicab Commission Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic that are applicable to my business as a taxicab permit holder.	and of the City and County of San Code and California Vehicle Code
I understand that there may be sections of the San Francisco municipal Code that ar permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Lil at <a href="www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California incomplete information provided by me, relative to this application, may be considered cause to erevoke the permit that is granted.	brary, Legal bookstores and on-line the application, and I declare under a. I understand that any false or
I will actively and personally engage as a permittee-driver under any permit issued to any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during information submitted on my application and financial statement is true and correct. I understand information provided by me relative to this application, may be considered cause to either deny to permit if granted.	ng the calendar year and that the tand that any false or incomplete
I have read all of the above statements and declare under penalty of perjury that they are correct.	
Executed on this	at San Francisco, California.
DECOS	
Signature\of-Applicant	
	OF N F D. N. P. P. S.

REFEIVED

NOV 08 2007

SAN FRANCISCO FAMI COMMISSION

## TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

NEW COLOR SC.		NGE OF COLOR SCHEME – Fro	m;
		•	NSURANCE CARD WITH THIS APPLICATION.
		EARLY - COMPLETE ENTIRE	
Applicant's Name (First, Middle	e, Last)		Phone (Lf. C)
Residence Address (Street Ad	dans chistala dal	en	713.
Residence-Address (Street Ad	oress, City, State, Zip)	h 1 h	11 0 07 03 040
Joint Applicant's Name (First, N	Jean Well Strain	UUU II DIWIN	
Joint Applicant's Ivame (First, r	viladie, Last)		Phothe ( ) ( ) ( ) ( )
Residence Address (Street Add	dress, City, State, Zio)		18 % East Topp than O 17 Ship Call
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		NOV 0 8 2007
Is this a Corporate per	rmit? No Yes If yes,	Name of Corporation:	
To the desired part of the second part of the secon	<u> </u>		SAN ERANCISCO TAXI COMMISSION
	est is granted by the Taxicab Comm	nission, list what your business name,	address and phone number will be.
Business Name		Street Address, City, State, Zip)	Business Phone
VOLOU.		17(0)	<u> </u>
Medallion Number(s)	,	V i	Owner / Operator Gas & Gate
		•	Long Term Lease
Please list the reason(	s) why you are requesting this	change:	
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a same			1
170ch (	se it is	TWO DOST /	CAL, CONDOW
			* /
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		· · · · · · · · · · · · · · · · · · ·	
(We) certify (or declare)	under penalty of perjury under the	laws of the State of California that the	ne foregoing is true and correct.
A	1 Starte	ember ,2007	
xecuted this	day of	200	at San Francisco, California
DURNIC	1000 = 1000		13
Print	Name of Applicant	137-	Signature of Applicant
		BY ACCEPTING COLOR SCHE	17 18 18th F
ime of person authorized to sign	· 🗼 📝		Title:
- /CICNN.	NO WEX	)EN	opentose MMANGE
		1.2	(12 /12-/200
he Color Scheme Holder / p	erson authorized to sign for the Color	Scheme Holder for 1500 04	Touland Color Colored
reby give consent to the app	olicant.named to use my color scheme		Taxicab Color Scheme
artify (or declars) under con-	ally of periuny under the laws of the St	ate of California that the foregoing is true	and correct
orary (or decidine) under pen-	any or perjury union and laws of the St	are or camorina tractine foregoing is the	
/ last	War	NUV	0 8 2007
Signature of Color Scheme Ho	older / person authorized to sign for Color Scheme	Holder	Date
CALLED TO THE COLUMN TO THE CO			
		REUSE/ONLY	
enda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
ker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
sived by:	Receipt No.	Amount	Date

## RECEIVED

NOV 08 2007

### INTERIM DRIVER LICENSE

SAN FRANCISCO SAXI COMMISSION

CLASS C

ISSUED: 11-06-07

503

H7/

EXPIRES: 01-04-08

DEAN WARNER OLSEN

SEX:M

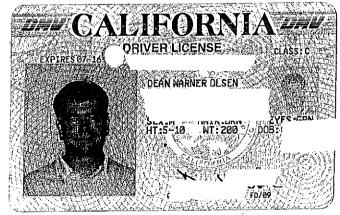
HAIR: BRN

EYES: GRN

HT.

THIS LICENSE IS ISSUED AS A LICENSE TO DRIVE A MOTOR VEHICLE; IT DOES NOT ESTABLISH ELIGIBILITY FOR EMPLOYMENT, VOTER REGISTRATION, OR PUBLIC BENEFITS.

503 11-06-07 H7/5014





ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

DEAN W. OLSEN

1

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



### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
	□ Regular ☑ Ramp
KHAM TA  Daeidanca Address (Street Address, City, State, Zig)	
Mailing Address (If different than residence address)	74112
N/A	emate Phone Number: ( 415)
(coldered : note : total	urs Available at this Number: 8 AM - 11 PM
Hours Available at this Number: $840 - 9:30 pm$ Hous Social Security Number Other name(s) used	d All I
- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Place of Birth
California Driver's License Number / Expiration Year Date of Birth	- Viet Nam
Race (Optional) Sex Height V	Veight Eye Color Hair Color Brown Black
Color Scheme / Business Name	Business Number (4/5) 282-3737
Ypllow Cab	
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 M LSS LSS LPP, ST S.F. C	Ca 94107.
Are you a U.S. Citizen? X Yes No Are you currently No, Allen Resident Card Number Driver Permit?	van active driver and hold a current Public Passenger Vehicle  ☑ Yes □ No
If Yes -Date Per	
acts which show why the public will not be adequately served un	less this permit is granted: (attach additional pages il needed)
Llive in San Francisco for 2	8 years and I drive law
Cab for over 22 years. ANd	7 Starfed to dring Ramp for A
	•
I love this city very much	
-	
T ONION Working as Tax	i cab driver in Sanfrance
Mear My trome.	
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THE WAS TALL A TOTAL OF THE PARTY OF THE PAR	
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THE WAS TRUE TO THE TOTAL TO THE TOTAL TOT	
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Police Code S	Section 1121(b)	. ⊠Yes □	] No			quirement pursuant to S	
List residence From Date  0.7-100	To Date	ears (List most rece Residence Addres	ent first, attach additions (Street Address, Ci	nal pages if neaty. State, Zip)	eded) San Faanel	800,CA 99112	
	u lived within a 30 n	nile radius of San	How many years dr	iving experienc	e do you have in San	Are you physically qualified to safely?	o drive a standard vehicle
Francisco?	28 years <u>01</u>	) months	Francisco?	years	10 months	¥ Yes	□No
List employme From Date 63/99 01/35	ent for last five y To Date <u>Present</u> DJ 199	Bay Ca	cent first, attach addit		PENNSYL	e. Zip) VANSA AVE MCISCO, CA	Type of Work  Cab / RAmp C  TAXI driver
	been convicte	d of, or plead gu	uilty or No Contes	eas or not con		No If yes, provide the infor (Attach additional considered cause to deny the	mation required below. Il pages if needed) ne permit.
Failure to provid Offense	ie fuii intormation	Date	Place	of Arrest		Disposition .	
·							
s vour evesial	nt impaired? □	Yes 🗖 No			and access	ls your hearing impair	red?
Do not include	ordinary nears ny physical imp	ightedness or te	arsightedness coa ] Yes  ☑ No	If yes, de	scribe the impain	nent:	
łave you ever	had: Ep	ilepsy □ Yes	s 🖾 No	Vertigo	☐ Yes	Heart Trouble	☐ Yes 🔯 No
Are you now, o Addicted to the	or have you eve use of intoxica	r been, iting liquor?	]Yes Ö⊠ïNo	U - 1!	Any Narcotic D		
as a taxi driver	iously licensed or chauffeur?	,	No	☐ Yes 🖸	se been revoked? No		
f you are gran	ted a taxicab pe	ermit, will you us	se or provide 24-l 4-hour radio disp	nour radio d atch service	spatch service? : (i.e. state existi	ng radio cab company, d	etail information
f yes, explain l about new sen	now you will usi vice, other)	and provide a	. ,			for Ractio D	15 paleh

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☑Yes ☐ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under benalty 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 evoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during my 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 ermit if granted.
have read all of the above statements and declare under penalty of perjury that they are correct.
xecuted on this 31 day of 00t , 20 07 at San Francisco, California.
Tanana
Signature of Applicant

NOV 01 2007

SAN FRANCISCO (AXI COMMISSION

### TAXICAB COLOR SCHEME APPLICATION

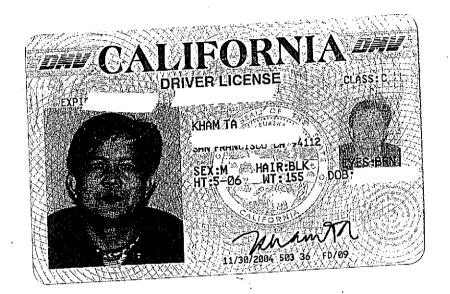
San Francisco Taxicab Commission

NEW COLOR SCHEME	لسبا	IGE OF COLOR SCHEME - From: _ (Complete front side only)	
YOU MUST SUBMIT A CERTIF	CATE OF WORKER'S COMP	ENSATION, REGISTRATION CARD, & INSU	RANCE CARD WITH THIS APPLICATION
100	PLEASE PRINT CL	EARLY - COMPLETE ENTIRE FOR	RM
Applicant's Name (First, Middle, Last)			Phone (4(5)
Lham	12		/ / /
Residence Address (Street Address, C	ity, Slate, Zip)	S.F-Col 91	115
Joint Applicant's Name (First, Middle, I	ast)	)-T- Col -1 (	Phone
Joint Applicant's Name (Filst, Middle, t	.031/		( )
Residence Address (Street Address, C	ity, State, Zip)		
Is this a Corporate permit?	No Yes If yes,	Name of Corporation:	
		The hot year business name add	roce and abone number will be
If this color scheme request is g	Business Address (3	ission, list what your business name, add Breet Address, City, State, Zip)	
Jollow Cab	1200 Mc	SS SSIPP. ST SF	(415) 282-3737
Medalion Number(s)			Owner / Operator Gas & Gate Long Term Lease
	iblo	obongo:	
Please list the reason(s) wh			
Better APP	ortunity a	this company.	
	<b>-</b>		
,			necel/ED
	•		Il de como de
			NOV 0 1 2007
			SAN FRANCISCO IAXI COMMISSION
(We) certify (or declare) under	penalty of perjury under the	e laws of the State of California that the f	
·			San Francisco, California
Executed this 3	day of OCT	, 200 (	277
KHAM TA	•	The	am
Print Name of	f Applicant	Sig	nature of Applicant
	TORECOMPLETED	BY/ACCEPTING/COLOR/SCHEME	
Name of person authorized to sign for Co	lor Scheme Holder:		Title:
Hol Melles	ard		- OM
		1/// \	1 C - 00
I, the Color Scheme Holder / person	authorized to sign for the Color	r Scheme Holder for Plan (	xicab Color Schame
hereby give consent to the applicant			·
I certify/(or declare) under penalty of	perjury under the laws of the S	itate of California that the foregoing is true and	f correct.
Anno Mondoc	a. I	10/31/9	37
Signature of Color Scheme Holder Ap	erson authorized to sign for Color Scheme	e Holder	Dale
	)	THE PROPERTY OF THE PROPERTY O	
Agenda Notice Date	OF Hearing Date	FIGE USE ONLY  Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submilted	Paint Chips Submitted	Photos Submitted
AAOLKAL 2 Onlih anatumaan	Pagaint No.	Amount	Date

Amount

Receipt No.

Received by:





### ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

**EXPIRES: DECEMBER 31, 2007** 

TA KHAM

P44-

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



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SAN FRANCISCO LAXI COMMISSION

### RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

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SAN FRANCISCO TAXI COMMISSION

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

MARCH 19, 2006

Mark Towell

' Mark Powell Certified Ramp Taxi/Sensitivity Trainer

Certified

### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	2 4 4 5	Type of Medallion Applying for	
LEARLE ERNEST	WADE.	□ Regular	∖∖∖iRamp
Residence Address (Street Address (City, State, Zip)	21/20000	AUF 9400	17
Mailing Address (If different than residence address)	DWOOD CITY, C	1900	<u> </u>
			A
Residence Phone Number: (650)	Alternate Phone Nu	mber: (4/5)	
Hours Available at this Number: ATTIR & AM	Hours Available at the	his Number: DAVTIME	
Social Security Number Other	r name(s) used		
California Driver's License Number 7 Expiration Year	Date of Birth _ / / /	Place of Birth	18- 1-1.
Race (Optional)	Heir Lavainh	Eya Color / H	an Color W
Color Scheme / Business Name M/ F	11, 60	Business Nur	
LUXOR (AB		(4/5)	282-414/
Color Scheme / Business Address (Street Address, City, State, Zip)	CF	_	
	Ora year ayyun atti on antiya diri	use and hold a surrent Dubli	a Regarding Vohiala
Are you a U.S. Citizen?   Yes □ No If No. Allen Resident Card Number	Are you currently an active driven Driver Permit?		3 Passenger Venicle
	If Yes -Date Permit was issu		mit #
Facts which show why the public will not be ade	equately served unless this pe	rmit is granted: (attach a	ddition all sages if needed)
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I HAVE DRIVEN A	KAMP JAXI	For laye	ARS.
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( WITH A RAMP TAXI			·
(WIN ) WAST JAX.	· · ·		
2 44 0 00 42	75	/ / /	
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AND USES MY SERVICE	FORM TIME	IN TIME	
THE USE THE SERVICE		O J/ //_	
			514 1/4 0
ALSO I HAVE BEEN O TWICK 1996 AND S	CHOSEN KAMP (	DRIVER OF )	XE VEAIL
THUCK 1994 AND !	DARC FOR WILL	IXILI CAR	
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The state of the s	Hearing Date of the property of the state of		
The contraction of the contraction $M(E_0)$ . We find a function of $E_0$			
Revised 10/2/06	* '	4X1 (	OMMessey

List resident	ces for last five y	ears (List most rec	ent first, attach	additional pages if	needed)			
From Date	To Date			011. 01-1- 75	-1	.1	aun 1	7
1994	(KISWI)		- ou	, (K)	KNWOOD C	(1)/ <u>(</u>	7408	3
<u> </u>								
How long have y	you lived within a 30	mile radius of San	How many ye Francisco?	$I \cap$	ence do you have in Sar	Are you safely?		drive a standard vehicle
	5 <u>5</u> years				smonths		Yes	□No
	nent for last five		cent first, attach		if needed) Street Address, City, St	ota Zin\	_	Type of Work
From Date	To Date	Company Name	CAR	17.00	MICCICOL	PDI	SE	TAXI DOLV
/// 0	( TURESPOS	100000		<u> </u>	<i>, ,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<u> </u>	7-12-1-1
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•	er been convicte				•		(Attach additional	
•					rime? <b>Æ</b> Yes C contest pleas may be		(Attach additional add	pages if needed)
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•		relative to prior co		ilty pleas or not o	•	considere	(Attach additional add	pages if needed)
•		relative to prior co		ilty pleas or not o	•	considere	(Attach additional add	pages if needed)
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•		relative to prior co		ilty pleas or not o	•	Disposition	(Attach additional ad cause to deny th on	pages if needed) e permit.
Failure to prov		Pate Date The second se	rsightednes	Ilty pleas or not o	eyeglasses.	Disposition Dispos	(Attach additional ed cause to deny the on the or t	pages if needed) e permit.
Failure to prov	ide full information	Pate  Date  Date  Wes Wood	onvictions, gu	Ilty pleas or not o	contest pleas may be	Disposition Dispos	(Attach additional ed cause to deny the cause to deny the control on the cause to deny the cause the cause to deny the cause to deny the cause to deny the cause the cause to deny the cause to deny the cause to deny the cause the cause to deny the cause to deny the cause to deny the cause the cause to deny the cause the	pages if needed) e permit.
Is your eyesig	ght impaired?  e ordinary nears any physical imp	Pate  Date  Date  Wes Wood	rsightednes	Ilty pleas or not o	eyeglasses.	is you	(Attach additional ed cause to deny the cause to deny the control on the cause to deny the cause the cause to deny the cause to deny the cause to deny the cause the cause to deny the cause to deny the cause to deny the cause the cause to deny the cause to deny the cause to deny the cause the cause to deny the cause the	pages if needed) e permit.
Failure to provi	ght impaired?  e ordinary nears any physical imp	relative to prior condition to p	rsightednes	Place of Arrest  S corrected by  Vertigo	eyeglasses.	is you Prement:	(Attach additional ad cause to deny the on ur hearing impairs	pages if needed) e permit.  e de
Failure to prove	ght impaired?  e ordinary nears any physical imp r had: Ep or have you eve	Pate  Date  Pate  Pate  Yes No ightedness or farairments?  Illepsy Yes r been, ting liquor?	rsightednes. Yes 201	Place of Arrest  S corrected by  No If yes, o  Vertigo	eyeglasses. describe the impair	Is you	(Attach additional ed cause to deny the on ur hearing impairs \$ \alpha \text{\text{\text{\text{\text{No}}}} No \text{\text{Heart Trouble}}	pages if needed) e permit.  ed?  □ Yes ☑No
Is your eyesign Do not included Do you have a Have you even Are you now, Addicted to the Were you present as a taxi drive	ght impaired?  e ordinary nears any physical important Ep or have you eve e use of intoxica viously licensed r or chauffeur?	Pes PNo ightedness or far aliments?	rsightednes.  Yes 27 No  Yes 27 No  If yes	Place of Arrest  S corrected by  No If yes, o  Vertigo  s, has the lice	eyeglasses.  describe the impair  Any Narcotic Dense been revoked	is you	(Attach additional ed cause to deny the on the cart Trouble the cart Trou	pages if needed) e permit.  ed?  □ Yes ☑No

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☑Yes □ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read all of the above statements and declare under penalty of perjury that they are correct.
Executed on this 5 day of November 1, 20 200 7 at San Francisco, California.
Signature of Applicant

NOV 05 2007

SAN FRANCISCO FAXI COMMISSION

### N

G Long Term Lease

TAXLCORATARISECTNI

on

•		ר	AXICAB	COLOR SCI San Fran	HEME API ncisco Taxica	PLICATION No. 10 Commission of the Commission of
G NEW COLOR SCHEME (Complete both sides)	(¢a	OF COLOR SCHEME mplete (ront side only)		TANCE CARDA	사/TU TWIC A	APPLICATIO
*YOU MUST SUBMIT A CERTIFICATE OF W	ORKER'S COMPENSAT	rion, registration cal LY - COMPLETE EN	RD, & INSUF	RANCE CARD V	WHE INDA	TEIONIO
	OF TRIMI OFFAR	LI - COMI LLIL EN		Phone		
Applicant's Name (First, Middle, Last)		•	}	(415)		
George Wade				14/2 ;	·	- , _
Residence Address (Street Address, City, State, Zip)	dwood City,	Ca 94063				
Joint Applicant's Name (First, Middle, Last)				Phone (		
Residence Address (Street Address, City, State, Zlp)						
Is this a Corporate permit? (GNo)	G Yes If yes, Nam	e of Corporation:				
					a mumbarsei	il be
	he Taxicab Commissio Business Address (Street / /200 M(SS(S)		, name, addi	(415	e Humber w s Phone ) 252- ner / Operator	3.73
Medallion Number(s)	•		•	Cas		

Please list the reason(s) why you are requesting this onchise.	
The been here for the year	is now WAS OFFERED
TO CTAY, YOUNDUNCHILL AU	VME ATAXI
I'M A LOT MORE AT EN	ISE (I troub) way
ARXWO) AT YRUNU CAB.	
71.00	
I (We) certify (or declare) under penalty of perjury under the laws of the	ne State of California that the foregoing is true and correct.
Executed this 6th, day of Mr.	, 20 0 7 at San Francisco, California

Signature of Applicant TO BE COMPLETED BY ACCEPTING COLOR SCHEME Title: Name of person authorized to sign for Color Scheme Holder: egard YELLOW CAB COOPERATIVE, INC. I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for 1200 MUSSISSIERI STREET SAN FRANCISCO, CA 94107 hereby give consent to the applicant named to use my color scheme. I certify (or declare) under penalty of penjury under the laws of the State of California that the foregoing is true and correct.

	OFFICE	USE ONLY	
Ágenda Notice Date	Hearing Dats	Decision of Textcab Commission	New Declaration Signed
1 7 .	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	NOV ) 8º2007
Conty Flest Come/Text and Color Scheme Application, door			(Rev. 03/10/06). SAN FRANCISCO

### **CALIFOR**

DRIVER LICENSE

CLASS: C



GEORGE ERNEST WADE

r CA 94063

SEX:M HT:6-04

HAIR:BRN WT:260

RSTR: CORR LENS

03/13/2006 599 38 FD/11



ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER EXPIRES: DECEMBER 31, 2007

GEORGE E. WADE

P44-

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



NOV 0 5 2007

SAN FRANCISCO DAY COMMISSION

### 

This certifies that

George Wade

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

Designation of the second

Cheryl Damico
Certified Sensitivity PASS
Trainer



Laurie Gráham Certified Ramp Taxi PASS Trainer



Pertificate #

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

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
1 ilisuan unimu	'⊠Regular □Ramp
Residence Address (Street Address, City, States Zin)	94118
Malling Address (If different than residence address)	
Residence Phone Number ( Alternale Phone Num	nben ( )
fours Available at this Number: 2:30 ~ 3.30 PM. Hours Available at thi	s Number:
Social Security Number Other name(s) used	
alifornia Driver's Licensa Number / Expiration Year 4.6.09 Date of Pinh	Place of Birth
ace (Optional) white (M)/F Height   Weight	Eya Color B20Wn Dark/ Grey
olor Scheme / Business Name Luxor Calo	Business Number (415) 282 - 4141
olor Schame / Business Address (Street Address, City, State, Zip)	
2230 Jezzold. St. Ca	r and hold a current Public Passenger Vehicle
re you a U.S. Citizen?	Dec 2006 Parell #
イ スと J む フラのち If Yes -Date Permit was issued	d: 2006, Permit#
acts which show why the public will not be adequately served unless this pern	nit is granted: (attach additional pages if needed)
The state of the s	:. < E
There is shortage of Taxicalis	<u> 14 S.F.</u>
·	•
	RECEIVED
	OCT 04 2007
·	SAN FRANCISCO YAXI COMMISSION
OFFICE USE ONLY	
/ed.by:	
Date with the aring Date.	Manager Control of the Control of th

List residences for last five y	ears (List most rec	ent first, attach add	ltional pages If needed)				•
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How long have you lived within a 30 n	nile radius of San	How many years	driving experience do you		Are you physically qualified safely?	i to drive a stan	idard veh
Francisco? 28+ years	months	Francisco?	27 years 6	months	Z Yes	s 🗆 No	
List employment for last five y		on) first sitach add	litional pages if needed)				
_ist employment for last live y From Date To Date	Company,Name	ام الم	Address (Street Addr	ess, City, State	a, Zip)	Type of V	
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ilure to provide full information n	elative to prior cor	nvictions, guilty pi		as may be co	onsidered cause to deny to	al nages if need	ded)
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If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☑Yes ☐No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under the tenter of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or neomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or neomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or neomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or neomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or neomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or neomplete.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during the calendar year and that the introduction in twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the introduction 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 ermit if granted.
have read all of the above statements and declare under penalty of perjury that they are correct.    ctolor   at San Francisco, California.   ctolor   at San Francisco, California.
xecuted on this day of
Signature of Applicant

OCT 04 2007

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

> 11.15.07 M. Rizisman 765 ARguello #2 SF a 9411; Tel. 751-9374

> > RECEIVED

NOV 1 5 2007

SAN FRANCISCO AXI COMMISSION

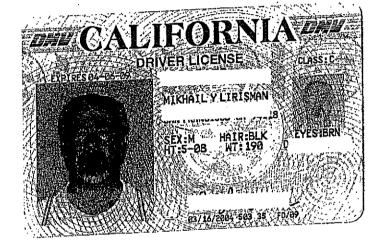
### TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

G NEW COLOR SCHEME (Complete both sides)	G CHANGE OF COLOR SCHEME (Complete front side only)	- From: LUXOK
YOU MUST SUBMIT A CERTIFICATE OF W	ORKER'S COMPENSATION, REGISTRATION CAR	D, & INSURANCE CARD WITH THIS APPLICATION.

·	PLEASE PRINT CLEARLY	- COMPLETE	MINEFORIN	
Applicant's Name (First, Middle, Last)	Levisman			Phone (4/1) 751 - 9374
Residence Address (Street Address, City ARAUELL		54113		
Joint Applicant's Name (First, Middle, La	at)			Phone ( . )
Residence Address (Street Address, City	r, State, Zip)	7		
Is this a Corporate permit?	GNo G Yes If yes, Name of	Corporation;		
	,	1 1		and phone number will be
If this color scheme request is gra	anted by the Taxicab Commission, li	st what your busine	ss name, addres	S and prione number will be.
Business Name  Yellow Co	26. 1200 MISSI			Business Phone ( )33333333
Medallion Number(s)				G Gas & Gate G Long Term Lease
	you are requesting this change			C Long rein 2000
Please list the reason(s) why	you are requesting this change	4		
	/ \	4.		ore tile
				NOVI 1 5 201
				NOV 1 5 20u/
		<u> </u>		SAN FRANCISCO
Executed this Signature of A	day of November days of		20at S	egoing is true and correct. ian Francisco, California
	TO BE COMPLETED BY AC	CEPTING COL	OR SCHEME	
Name of person authorized to sign for Coll	or Scheme Holder.		-1	Ho Provilent
, the Color Scheme Holder / person	authorized to sign for the Color Scheme	Holder for	Toylo	ab Color Scheme
nereby give consent to the applicant			· · · · · · · · · · · · · · · · · · ·	
certify (or declare) under penalty of	perjury under the laws of the State of Ca	alifornia that the fore	going is true and o	correct.
CICCO at Scheme Holder / ps	Ofercerson Sutherized to sign for Calar Schema Holder		_///15	/ 000 / /bate
	OFFICE U	SE ONLY		
Agenda Notice Date	Hearing Date	Decision of Taxicab Co		New Declaration Signed
Vorker's Comp Submitted	Insurance Submitted Receipt No.	Paint Chips Submitted Amount		Photos Submitted  Date
Received by:  Why Feed Forms/Taxistab Color Schame Application doc	TOUGHT 170,			(Rev. 03/10/05)

OCT 04 2007

SAN FRANCISCO TAXI COMMISSION





ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

MIKHAIL Y. LIRISMAN

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



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

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:    XRegular
Tamal HANNA Tawasha	ya togular 2 tamp
Residence Address (Street Address City State 7/2)	. 94015
Mailing Address (If different than residence address)	
Residence Phone Number: ((650 )	
S A Charles	at this Number.
Hours Available at this Number: 3 pm   Hours Available at Social Security Number   Other name(s) used	
California Driver's License Number / Expiration Year  Date of Birth	Place of Birth
Race (Optional)  Sex Height . Weight	Bye Color Hair Color Black
Color Scheme / Business Name	Business Number (415) 282 4141
Color Scheme / Business Address (Street Address, City, State, Zip)	1(-1) / 600 11-1
2330 Dervold	
Are you a U.S. Citizen? Sees No Are you currently an active of	driver and hold a current Public Passenger Vehicle
File Allen Resident Card Number Driver Permit?	□ No
If Yes -Date Permit was is	
Facts which show why the public will not be adequately served unless this p	permit is granted: (attach additional pages if needed)
The orblic will not be served	& Adequately
because there is not enough	cabs to servi
the commenty	
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	WELLIVEL!
OFFICE USE ONLY	Date UU 3 1 /UU/
Celved by Receipt No. Amount Color Letters	
	THE PROPERTY OF THE PROPERTY O

I have drive	en a taxicab in th	e City of San Fr	ancisco and l i ∃ No	meet the curre	ent year's o	driving re	equirement pursuant to S	FPD Municipal
	e Section 1121(I	vears (List most rec	ent first, attach ad	iditional pages if r	reeded)		•	
From Date	To Date	Residence Addre	ess (Street Addres	s, City, State, Zip	,	. 1		خده الأرق
1990			<del>\(`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		4	Daly.	City Ca	14015
7-1-10	NOW	·	MC ACA C CO				· /	
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· <u></u>							<del></del>	•
-								
How long have	you lived within a 30	mile radius of San	How many year	s driving experier	ice do you ha	ve in San	Are you physically qualified to safely?	drive a standard veh
Francisco?	da eta		Francisco?	30 years	mo	nths	Yes	□No
			<u> </u>	14			33	
List employr	nent for last five	years (List most re	cent first, attach a	dditional pages if	neeaea) treet Address	City State	e Zinl	Type of Work
From Date	To Date	Company Name		Address (S	litici Vadiess		T T	Driver
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Offense		Date		ace of Arrest		, ·	onsidered cause to deny the	•
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						•		
	<u></u>						<u> </u>	
ls your eyesig	ght impaired?	Yes 🚉 No		porrected by e	vedlasses.		Is your hearing impaire ☐ Yes ANo	ed?
Do not includ	e ordinary nears	ightedness or fa	signteuness	Officered by C	, , , , , ,	1 I		
Do you have	any physical imp	pairments?	Yes Mo	If yes, de	escribe the	impairm	ent:	
Have you eve	er had: Ep	ilepsy □Yes	BNO	Vertigo	□Yes	DN0	Heart Trouble	□Yes ŊNo
Are voll now.	or have you eve	r been,					a my - Mila	
Addicted to th	e use of intoxica	ting liquor?	Yes DyNo		Any Nar		ıg? □ Yes □ No If yes, explain for wi	nat cause?
as a taxi drive	viously licensed or or chauffeur?	Yes 🗆	No		<b>1</b> 0		_	
f you are grar f yes, explain bout new ser	how you will use	ermit, will you use and provide 24	or provide 24 -hour radio dis	l-hour radio d patch service	spatch ser : (i.e. state	vice? É e existing	Yes □ No gradio cab company, de	tail information
inoat liem set	VICE, OUTET)	-ov C	ab R	AD10				
	· · · · · · · · · · · · · · · · · · ·	****						

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? Thes   No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or pernit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any/twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read all of the above statements and declare under penalty of perjury that they are correct.
Executed on this 10/21/67 27 day of October, 20 07 at San Francisco, California.
les Tollo
Signature of Applicant

OCT 3 1 2007

SAN FRANCISCO TAXI COMMISSION

### Ru (In Vial)

OCT 3 1 2007

### TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

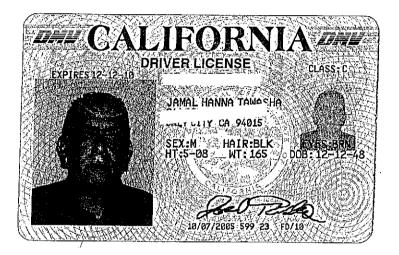
Photos Submitted

NEW COLOR SCHEME  NEW COLOR SCHEME  (Complete brits sides)	E - From:
(Complete both sides)  YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION (	CARD, & INSURANCE CARD WITH THIS APPLICATION.
PLEASE PRINT CLEARLY - COMPLETE E	NTIRE FORM
Applicant's Name (First, Middle, Last)	Phone (SSO)
TOMAN (IANA) TOMASHA	1000
Residence Address (Street Address, City, State, Zip)	
Joint Applicant's Name (First, Middle, Last)	Phone (GSC
Residence Address (Street Address, City, State, Zio)	
DAM THE CALL	1()
Is this a Corporate permit? No Yes If yes, Name of Corporation:	
If this color scheme request is granted by the Taxicab Commission, list what your busines   I Business Address (Street Address, City, State, Zip)	ss name, address and phone number will be.
If this color scheme request is granted by the Taxicab Commission, list what you Business Address (Street Address, City, State, Zip)	Business Phone
Business Name  Luxor lab  2230 Jeweld Ave Sun France	(0, 04 94124 (415) 401-1420  W Owner / Operator
Medallion Number(s)	Gas & Gate.
	Long Term Lease
(-) who was are requesting this change:	·
Please list the reason(s) why you are requesting this change:	· ·
T-Walk For INTO CAS (0)	· · · · · · · · · · · · · · · · · · ·
This As aborder For Isans	0
I LIKE TO WOLK TO	
,	
I (We) certify (or declare) under penalty of perjury under the laws of the State of Califo	rnia that the foregoing is true and correct.
on active	20 <u>07</u> at San Francisco, California
Executed this day of	$\mathcal{A}$
Annal Tamosha	Signature of Applicant
Print Name of Applicant	· Jugardan or Apparature
TO BECOMPLETED BY ACCEPTING COL	DRISCHEWE
Name of person authorized to sign for Color Scheme Holder:	Title:
TT: (1) S = 2 - 1 ( 11) ( 1 ( 1 1 1 1 1 1 1 1 1 1 1 1 1	Cherotions 16h
1400MBS O DATINGHERINI	C
i, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for	Taxicab Color Scheme
to use my color scheme.	·
hereby give consent to the applicant that the fore I certify (or declare) under penalty of perjury under the laws of the State of California that the fore	going is true and correct.
( certify of declare) mines behave a positive	10-30-07
Minnes Holunduller	Dale
Signature of Color Scheme Holder / poson authorized to sign for Color Scheme Holder	·
OFFICE USE ONLY	
Decision of Taxicab C	ommission New Declaration Signed
Agenda Notice Date Hearing Date	Dholos Submitted

Paint Chips Submitted

OCT 3 1 2007

SAN FRANCISCO TAXI COMMISSION





ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

JAMAL H. TAWASHA

P44

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



### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
Chris Hoang	□ Regular   Ramp
Residence Address (Street Address, City, State, Zio)	
	94606
Mailing Address (If different than residence address)	A / A 9/12/1
I KANCI) L	O, CA 94124 Number: ( )
Residence Phone Number: (\$10) Alternate Phone	Mullioet: ( )
Hours Available at this Number: 24 Hours Available a	at this Number:
Social Security Number Other name(s) used	
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
OS	1
Race (Ontional) Sex Hei Weight	Eye Color Hair Color Brown Black
CHINASE (M/F) Color Scheme / Business Name	Business Number
Color Scheme / Business Name	(415)-282-1224
LUXOR CAB.  Color Scheme / Business Address (Street Address, City, State, Zip)	
	194124
Ale you a o.o. Cidzetti pat tea Line	driver and hold a current Public Passenger Vehicle ☐ No
II 140, Appli 1703/00/11 Obita 170/1/201	
If Yes -Date Permit was is	
Facts which show why the public will not be adequately served unless this p	permit is granted: (attach additional pages if needed)
My Service will make it casi	or for the disabled
and elderly to move around the City	. The Service & will
1.000 0 : f	a allarly and disabled
parvide will make it convenient for the	a cracing and accounted
to keep their appointments, such as doct	or appointment and work.
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	SECTIVE
OFFICE USE ONLY	
eceived by Receipt No. Amount	Dale NOV 15 COU
THE TAXABLE PROPERTY OF THE PR	·····································

I have driven a taxicab in the	City of San Francisco and I meet the current year's driving	requirement pursuant to SI	FPD Municipal
Police Code Section 1121(b	). XIYes □No	•	
List residences for last five y	ears (List most recent first, attach additional pages if needed) Residence Address (Street Address, City, State, Zip)		
2001-04-30-01	2535 11 11 11 1	CA 94606	
05-DI-OS present	-	CA 94601	· · · · · ·
2001 04-30-05	- Julia	und CA 7400	2
How long have you lived within a 30 i	Flancisco 7 7	sately?	drive a standard vehicle
Z\ years	IIIO13413	X Yes	LINO
From Date To Date	years (List most recent first, attach additional pages if needed)  Company Name  Address (Street Address, City, St	ate, Zip)	Type of Work  Driver
0-01-07 present	Luxor Cab.	·	Driver
7-01-07 09-30-01	Yellow (ab.		Decimented
2004 06-30-07	Luxor Cab.	<u></u>	Driver
2001 2004	Regent's Cal.		<u> </u>
		* .	
<del></del>			<u> </u>
iffense	Date Place of Arrest		
your eyesight impaired?	Yes ⊠No ghtedness or farsightedness corrected by eyeglasses.	Is your hearing impaire ☐ Yes 🔼 No	d?
o not include ordinary hears		ment:	
ave you ever had: Epi	lepsy □Yes ⊠No Vertigo □Yes ⊠No	Heart Trouble	☐ Yes     No
re you now, or have you ever ddicted to the use of intoxical	r been, ting liquor? □ Yes 🌣 No Any Narcotic D	0rug? □Yes ⊠No	
ere you previously licensed a taxi driver or chauffeur?	If yes, has the license been revoked′ ⊠Yes □No □Yes ⊠No	? If yes, explain for wh	nat cause?
yes, explain how you will use out new service, other)	rmit, will you use or provide 24-hour radio dispatch service? and provide 24-hour radio dispatch service: (i.e. state existi	⊠ Yes □ No ng radio cab company, det	ail information
Luxor	cab.		

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If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal?   ✓ Yes ☐ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? 🗹 Yes 🗆 No
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . 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 reways the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read all of the above statements and declare under penalty of perjury that they are correct.
Executed on this 29 day of October , 20 07 at San Francisco, California.
Alie A.
Signature of Applicant

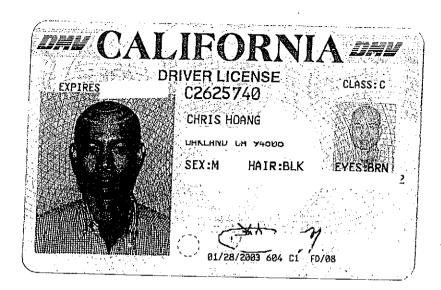
NOV 05 2007

SAN FRANCISCO TAXI COMMISSION

### TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

NEW COLOR SCHEM (Complete both sides)	E CHAN	GE OF COLOR SCHEME - Fro	m:
	CATE OF WORKER'S COMPE	NSATION, REGISTRATION CARD, & I	NSURANCE CARD WITH THIS APPLICATION.
100 Med 1 000 Mil 1 1 2 2 1 1 1		EARLY - COMPLETE ENTIRE	
Applicant's Name (First, Middle, Last)			Phone (5/0)
Residence Address (Street Address )	/ <b>/</b>	-, OAKJano	Ca, 94606
Joint Applicant's Name (First, Middle,			Phone ( )
Residence Address (Street Address, C	City, Stale, Zip)		•
is this a Corporate permit?	No Yes If yes,	Name of Corporation:	
fibic color scheme request is	granted by the Taxicab Commi	ssion, list what your business name,	address and phone number will be.
Susiness Name CAB	i Business Address (St	reet Address, City, State, Zip)	Business Phone (4/15) Z & Z - 12.2 \
Aedallion Number(s)	1000	1 20,70	Owner / Operator Gas & Gate Long Term Lease
LUFUR	Cart Tave		RECEIVED
			Les oggw
			NOV 9 5 2007
			SAN PRANCINCIO YAM COMMISSION
•		laws of the State of California that ti	he foregoing is true and correct.
xecuted this 29th	_day of <u>Octobe</u>	, 20 <u>0 7</u>	at San Francisco, California
C110. H	· •	Comment	Ale A.
CHRIS H	of Applicant		Signature of Applicant
	TO BECOMPLETED	BY AGGERTING COLOR SCHE	ME Tille:
ime of person authorized to sign for C	olor Scheme Holder: A-ZAR		President
the Color Scheme Holder / person	authorized to sign for the Color	Scheme Holder for	Taxicab Color Scheme
reby give consent to the applican		·	
ertify (or declare) under perialty o	f perjury under the laws of the St	ate of California that the foregoing is true	and correct.
Signature of Color Scheme Holder / s	person authorized to sign for Color Scheme	Holder .	Date
anda Matica Data	OFI Hearing Date	Decision of Taxicab Commission	New Declaration Signed
anda Notice Date	Insurance Submitted	Paint Chips Submitted	Photos Submitted
belived by:	Receipt No.	Amount	Date





OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

**EXPIRES: DECEMBER 31, 2007** 

### CHRIS HOANG

P44.

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



C. C. C. C.

NOV 05 Kuda

SAN FRANCISCO TAXI COMMISSION

# RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

CIZO ZOAZO

NOV 05 2007

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

JUNE 9 2007

Mark Powell

Certified Ramp Taxi/Sensitivity Trainer



### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

	Type of Medallion Applying for:
Applicant's Name (First, Middle, Last)  TOWN LEE KREUTWER	□ Regular ☐ Ramp
Residence Address (Street Address, City, State, Zip)  Applicant's Name (First, Middle, Last)  LEE KREUTWER  LUCODS IDE	C+ 9406Z
Mailing Address (If different than residence address)  A 7 1/0	
All made (	Phone Number: ( 2//5)
Residence Phone Number: ( 250)	silable at this Number: 1 6
Hours Available at this Number:  Social Security Number  Other name(s) used	
	Place of Birth
California Driver's License Number / Expiration Year Date of Birth	Fig Color / Hair Color
Race (Optional)  Color Scheme / Business Name  Color Scheme / Business Name	Eye Color Hair Color BUACK Business Number
Color Scheme / Business Name LUXOR CAS	(415) 282 1224
Address (Street Address City, State, Zip)	
TO TO THE COULD SANFARISE UP	
Are you currently an a	ictive driver and hold a current Public Passenger Vehicle
Are you a U.S. Citizen? Dayes Driver Permit? Driver Permit? If Yes —Date Permit!	es □No was Issued: Permit#:
Facts which show why the public will not be adequately served unless	this nermit is granted: (attach additional pages if needed)
Facts which show why the public will not be adequately served unless	and a soul his at time
Facts which show why the public will not be adequately served unless  Wheelchan passengers  too Long to be Serviced	are voto was ing
tro Long to be serviced	
	DECENTED
	B M SONG TOOL FOR B D YEAR SOCI
	OCT <b>30</b> 2007
	SAN FRANCISCO
	TAXI COMMISSION
	·

ist residence	es for last five y	ears (List most rec	ent first, attach ad	ditional pages if needed)		·
From Date	To Date	Residence Addre	ss (Street Address	s, City, State, Zip)	E CA 94067	ı
10/1987	NOW	. , , <del>, , , , , , , , , , , , , , , , ,</del>	<u>~;                                    </u>	WODDS 1D	( ) //300	
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		<u>,</u>				
						,
au loan have vo	ou lived within a 30 i	nile radius of San	How many years	s driving experience do you have in Sa		ed to drive a standard vehic
rancisco?	40 years		Francisco?	10 yearsmonths	safely?	es 🗆 No
-			ent first, attach ac	dditional pages if needed)		
ist employme From Date	⊋∩t ioriast live ; To Date	Company Name	Continua direction and	Vactess (Street Manuage, Cità, St	tate, Zip)	Type of Work
1990	wow	LUXOR	C9B	2230 Jerrold SF	<del>- 07</del>	<u>DRIVER</u>
7 1 10						
·	<del> </del>					
						•
ave you ever	been convicted	d of, or plead gu	ilty or No Cont	test to any crime? ☐ Yes Dipleas or not contest pleas may be	(Attach addition considered cause to den)	nformation required below. onal pages if needed) y the permit.
ilure to provid	been convicted	i of, or plead gu relative to prior co Date	nvictions, guilty	test to any crime?	/Attach addition	onal pages if needed)
ilure to provid	been convicted	relative to prior co	nvictions, guilty	pleas or not contest pleas may be	(Attach addition considered cause to den)	onal pages if needed)
ilure to provid	been convicted	relative to prior co	nvictions, guilty	pleas or not contest pleas may be	(Attach addition considered cause to den)	onal pages if needed)
ilure to provid	been convicted	relative to prior co	nvictions, guilty	pleas or not contest pleas may be	(Attach addition considered cause to den)	onal pages if needed)
ilure to provid	been convicted	relative to prior co	nvictions, guilty	pleas or not contest pleas may be	(Attach addition considered cause to den)	onal pages if needed)
ilure to provid	been convicted	relative to prior co	nvictions, guilty	pleas or not contest pleas may be	(Attach addition considered cause to den)	onal pages if needed)
ilure to provid	e full information	relative to prior co	nvictions, guilty	pleas or not contest pleas may be	(Attach addition considered cause to den)  Disposition  Is your hearing impa	onal pages if needed) y the permit.
ilure to provid	e full information	relative to prior co  Date	nvictions, guilty Pla	pleas or not contest pleas may be	(Attach addition considered cause to deny Disposition	onal pages if needed) y the permit.
ilure to provid ense your eyesigh not include	e full information	relative to prior co  Date  Date  Yes X No ghtedness or far	nvictions, guilty Pla	pleas or not contest pleas may be	(Attach addition of considered cause to deny Disposition  Is your hearing impa	onal pages if needed) y the permit.
your eyesigh not include you have ar	t Impaired?  ordinary nearsigny physical impaired:	relative to prior co  Date  Pes No phtedness or fara  airments?	nvictions, guilty Pla	pleas or not contest pleas may be ace of Arrest orrected by eyeglasses.	(Attach addition of considered cause to deny     Disposition       Is your hearing impair     Yes □(No     Ment:	enal pages if needed)  y the permit.
your eyesigh not include you have ar	t Impaired?  ordinary nearsigny physical impaired: Epliviate base of intoxication	relative to prior co  Date  Pes No ghtedness or far airments?	sightedness co	pleas or not contest pleas may be ace of Arrest  corrected by eyeglasses.  If yes, describe the impain  Vertigo □ Yes □ No	Is your hearing impa	e DYes Who
your eyesigh not include you have ar you now, or dicted to the re you previous taxis driver of the control of t	t Impaired?  impaired?  ordinary nearsigny physical impaired:  had: Eplication into a position of the control o	relative to prior co  Date  Pes No phtedness or farairments?  Pepsy Yes  been,  Ing liquor?	sightedness co	pleas or not contest pleas may be ace of Arrest  orrected by eyeglasses.  If yes, describe the impain	Is your hearing impa	e DYes Who

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures
If you are granted a taxicab permit, will you use all accurate taxing or all seal? [] Yes [] No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxlcab Commission and of the City and County of Sar Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxlcab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under at <a href="https://www.sfgov.org">www.sfgov.org</a> . 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 penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or penalty of perjury that the foregoing is true and correct. Executed at San Francisco or california. I understand that any false or penalty of perjury that the foregoing is true and correct. Executed at San Francisco.
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 2974 day of OCTOBER , 2007 at San Francisco, California.
had thet
Signature of Applicant

OCT 30 2007

SAN FRANCISCO TAXI COMMISSION

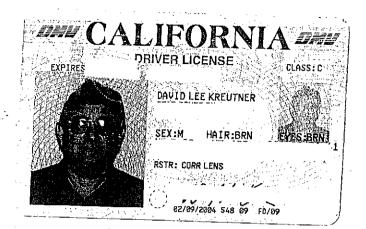
OCT 3 0 2007

on

	2 200	, AXICAB CO	LOR SCHEME APPLICATION
	SAN FRANCISCO		San Francisco Taxicab Commissi
NEW COLOR SCHEME (Complete both sides)	CHANGEOFIGOLOR S	CHEME – From:	
COLLEGE SUBMIT & CERTIFICATE OF	WORKER'S COMPENSATION, REGISTR	ATION CARD, & INSURAN	CE CARD WITH THIS APPLICATION
	EASE PRINT CLEARLY - COMPL		
	EASE PRINT CLEARLY - COMIT	P	hone _
plicani's N <del>a</del> me (First, Middle, Last)  LAV 11)  LeC	Krevtner		650 00, ,,
sidence Address (Street Address, City, State, 2	(Nords) DE	- CA 940E	52
nt Applicant's Name (First, Middle, Last)		PI (	)
sidence Address (Street Address, City, State, Z	ip)		
this a Corporate permit?	Yes If yes, Name of Corporation:		
his color scheme request is granted by	the Taxicab Commission, list what your Business Address (Street Address, City, Slate,	business name, address i	Business Phone
LXN CM3	2230 Ferror Au	1, SF, CA PHILY	1411282-1224
dallion Number(s)  WW			Owner / Operator Gas & Gate . Long Term Lease
ease list the reason(s) why you ar	e requesting this change:		·
I HAVE WO	AKED FOR L	UKON CA	b 17405
AND TOTENO		•	
	of perjury under the laws of the State of	California that the forego	ing is true and correct.
_	perjuly didder the father of the officer		
ecuted thisday of	OCIOBRIC	, 20 <i></i> _at San	Francisco, California
100 1100	2	Mark	
Print Name of Applicant		Signature of	of Applicant
	ECOMPLETED BY ACCEPTING	GALARISQUEME	
a of person authorized to sign for Color Scheme		Title;	
Tohw LAZAM			·
		1 NORCO	ip Co
Color Scheme Holder / person authorized		Taxicab Co	olor Scheme
by give consent to the applicant named to			
ify (or declare) under/penalty of perjury un	der the laws of the State of California that th	e foregoing is true and corre	ect.
			7

OFFICE!USE!ONLY New Declaration Signed Decision of Taxicab Commission Hearing Date rida Notice Date Paint Chips Submitted Photos Submitted Insurance Submitted ker's Como Submitted

Holder / person-authorized to sign for Color Scheme Holder



OCT 30 2007

SAN FRANCISCO TAXI COMMISSION



ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

DAVID L. KREUTNER

P44-

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



## RAMPTAXI OPERATORS TRAINING CLASS

OCT 30 2007

SAN FRANCISCO YAXI COMMISSION

This certifies that

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

ANUARY 14, 2006

Mark Powell

Certified Ramp Taxi/Sensitivity Trainer

### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:  □ Regular   ☐ Ramp
GNUSSAM M. HOLMMOURION  Basidance Address (Street Address City State, Zip)  Basidance Address (Street Address City State, Zip)  American Canym, C.	
Pasidence Address (Street Address City State, Zip)  Mailing Address (If different than residence address)  Mailing Address (If different than residence address)  H Sour Pabl	01 94206
Mailing Address (If different than residence address)  4 SOM Pabl Alternate Phone Nur	pher (415)
L Maridages Dhong Nilmber: 1 LC 1 I	nis Number: 24 Hours
Social Security Number Other name(s) used	
California Driver's License Number / Expiration Year  Date of Birth	Place of Birth
187809076	Eve Color Hair Color
Race (Optional)	Eye Color Hair Color Business Number
Color Scheme / Business Name	(415) 282-414)
Luxer Cab Co- Color Scheme / Business Address (Street Address, City, State, Zip)	Δ 9412A
Color Scheme / Business Address (Street Address, City, State, Zip)  ABBO Jewyld Ave, Sam Francisco;  Are you currently an active drive	ver and hold a current Public Passenger Vehicle
Argunia II S. Citizen? Light XNO	No.
If No, Allen Resident Card Number 074-941-475 If Yes -Date Permit was Issu	ed: 101/00 Permit #
Facts which show why the public will not be adequately served unless this pe	rmit is granted: (attach additional pages i needed)
1. This permit is important for people h	the live in St.
especially for handicap people-	
2. This permit will sen SF. Com.	tyx City.
a sul help other ne	rmits to serve the
3. This permit will help other perpent people, hecouse the current pe	in 13 are not enough
neeple, hecouse the current pe	land of lands to
- people, herouse the curent pe - Sometimes handicop people wait - Seru	nows a views
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OFFICE USE ONLY	NHA T P VINT
Receipt No. Amount Amount Receipt No.	AND STANDARD TO THE STANDARD T

		years (List most re	ecent first, attach a	dditional pages if n ss, City, State, Zip)				<b>.</b>	•
From Date	To Date	A			· com C	anyor	1 CA 94	<b>503</b>	
63/2003	11/2007				i com C	MAYOL	1 Ct 94	503	
6113001	<u>69/2003</u>				· (21-11)	DI V.C. I - V			
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How long have yo	ou lived within a 30	mile radius of San	How many yea Francisco?		e do you have in San	1 Are you pl safely?	hysically qualified to	drive a standa	ard venicie
-lailcisco.	years	months		years _	months		Yes	□No	
.lst employme	ent for last five	years (List most r		additional pages if n	eeded)	-1- <b>7</b> 7-1		Type of Wo	,rle
From Date	To Date	Company Name		•	eet Address, City, Sta		ST QUIDU	• • •	
43/05	NOW	Luxer (		~ ~ ~					
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fense	, Tun, III.				test pleas may be		(Attach additional po cause to deny the	ages if neede	d)
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vour evesigh	t impaired? □\	Date	Pl	ace of Arrest		Disposition	(Attach additional picause to deny the picause	permit.	d)
your eyesigh	t impaired? □\ ordinary nearsig	Date  Yes ⊠ No ghtedness or fa	rsightedness c	orrected by eye	eglasses.	Is your h	cause to deny the	permit.	d)
your eyesigh	t impaired? □\	Date  Yes ⊠ No ghtedness or fa	Pl	orrected by eye		Is your h	cause to deny the	permit.	
o not include d	t impaired? ☐ \ordinary nearsig	Date  Yes ⊠ No ghtedness or fa	rsightedness c	orrected by eye	eglasses.	is your h	nearing impaired	permit.	d)
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your eyesight o not include of you have an we you ever he you now, or dicted to the t	t impaired? [] \\ ordinary nearsig  y physical impa  nad: Epile have you ever use of intoxicati ously licensed	Yes No phtedness or fa	rsightedness colyes Al No	orrected by eye If yes, des	eglasses. cribe the Impairm □ Yes  ☑ No Any Narcotic Dru	is your h	nearing impaired  No	Permit.	
your eyesighten on tinclude of you have an eyou ever he you now, or dicted to the tere you previous a taxi driver of the tere, explain how the tere you previous are grantes.	t impaired?  ordinary nearsigny physical impaired: Epilohave you ever use of intoxicationsly licensed or chauffeur? d a taxicab perrow you will use ase, other)	Yes No ophtedness or farairments?  epsy Yes been, ing liquor?  MYes Main will you use and provide 24-	rsightedness con No If yes, No e or provide 24-thour radio dist	orrected by eye If yes, des Vertigo has the license D Yes D hour radio disponds service:	eglasses.  cribe the Impairm  ☐ Yes ☑ No  Any Narcotic Dru been revoked?  No  patch service? I	is your h	nearing impaired No leart Trouble Yes No explain for wha	?  I Yes  I information	No
rour eyesight not include of you have an re you ever h you now, or icted to the u re you previo taxi driver o u are grante s, explain hou it new service	t impaired?  ordinary nearsigny physical impaired: Epilohave you ever use of intoxicationsly licensed or chauffeur? d a taxicab perrow you will use ase, other)	Yes No phtedness or farairments?  epsy Yes been, ing liquor?  MYes Maint, will you use and provide 24-	rsightedness con No If yes, No e or provide 24-thour radio dist	orrected by eye If yes, des Vertigo has the license D Yes D hour radio disponds service:	eglasses. cribe the Impairm  Yes No Any Narcotic Dru been revoked?	is your h	nearing impaired No leart Trouble Yes No explain for wha	?  I Yes  I information	No

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Mea 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, roa and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior taxicab?   ▼Yes □ No	ad lamp, of your
Read each section and sign initials to the left of each section if you agree and understand.	`;
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicithat are applicable to my business as a taxicab permit holder.	
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and permit that is part of the application, and I declared to the second of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any formulation provided by me, relative to this application, may be considered cause to either deny the requested percevoke the permit that is granted.	e under alse or ermit or
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and the information submitted on my application and financial statement is true and correct. I understand that any false or inconformation provided by me relative to this application, may be considered cause to either deny the requested permit or revolvermit if granted.	mpiete
have read all of the above statements and declare under penalty of perjury that they are correct.	•
executed on this November day of 6th	rnia.
HAOTH	<del></del>
Signature of Applicant	

NOV 0 8 2007

SAN FRANCISCO TAXI COMMISSIÓN

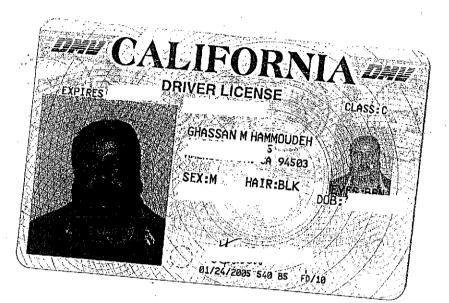
### TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

NEW COLOR SCHEN	ΛΕ ∐ CHANG	SE OF COLOR SCHEME - From: (Complete front side only)	
YOU MUST SUBMIT A CERTI	IFICATE OF WORKER'S COMPEN	ISATION, REGISTRATION CARD, & INSU	JRANCE CARD WITH THIS APPLICATION.
	PLEASE PRINT CLE	ARLY - COMPLETE ENTIRE FO	RM
opplicant's Name (First, Middle, Las			Phone (4)/5
tesidence Address (Street Address	. City, State, Zip)	me RICAN CANYON, CA	94503
pint Applicant's Name (First, Middle		THE REAL COLLY GOING CAS	Phone ( )
esidence Address (Street Address,	City, State, Zip)		
s this a Corporate permit	? XNo ☐ Yes . If yes, N	ame of Corporation:	,
	to-d by the Toyleah Commis	sion, list what your business name, add	fress and phone number will be.
siness Name  UXOR CAB		ral Address, City, State, Zip) rralD Ave, SF, CA 94.	
edailion Number(s)	122000		Owner / Operator Gas & Gate, Long Term Lease
lease list the reason(s) w	hy you are requesting this cl	hange:	
Becouse I	werk with	•	and I feel
		to them and the	rey Large
Ausiness 41	th handic	op wheelchour	RECEIVED
		,	NOV 0 8 2007
			SAN FRANCISCO
Ne) certify (or declare) under	er penalty of perjury under the la	ws of the State of California that the f	oregoing is true and correction
cecuted this Novemb	per day of The	1,2007 a	t San Francisco, California
Chassey Prior Name	ormo ueleli		gnature of Applicant
	TO ELECTION PLETED B	Y/ACCEPTING COLOR SCHEME	
ne of person authorized to sign for C			Title:_
007770	on authorized to sign for the Color So	cheme Holder for Luxur	PRESIDENT CABINC.
eby give consent to the applicar	nt.named to use my color scheme.		ixicab Color Schame
rtify (or declare) under penalty	of perjury under the laws of the State	e of California that the foregoing is true and	d correct.
Monature of Color Scheme Holder /	person authorized to sign for Color Scheme Ho	ider	Date
		acticc/only	
nda Notice Date	OFER Hearing Date	CEUSE ONLY    Decision of Taxicab Commission	New Declaration Signed
ker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Pholos Submitted

### RECEIVED

NOV 08 2007

SAN FRANCISCO PAXI COMMISSION





ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

GHASSAN M. HAMOUDEH

P44-

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



## RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

GHASSAN HAMMOUDIT

SAN FRANCISCO SAXI COMMISSION

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

**JANUARY 7, 2006** 

Mark Powell

Certified Ramp Taxi/Sensitivity Trainer



### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

AXI COMMISSION

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Residence Phone Number: (415 Alte Hours Available at this Number: Hou	ernate Phone Number: ( )	
Hours Available at this Harrison.	urs Avallable at this Number:	
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California Driver's License Number / Expiration Year Date of Birth		Place of Birth
Race (Optional)  Color Scheme / Business Name	Alaiana Eye Color 2 BLK	Hair Color Business Number
Color Scheme / Business Address (Street Address, City, State, Zip)		(41st 282 -18#1
2230 JEROLD AVE SF BA 94	124	current Public Passenger Vehicle
Driver Permit?	y an active driver and field a	
Facts which show why the public will not be adequately served un		
74 I granted This	s permit	, I Will
Serve The Public	better	
- Jenve Menone		
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Received by

Notice Date:

	s for last five ve	ars (List most rece	ent first, attach :	additional pages li	f needed)		
From Date	To Date	Residence Addre			ip)	tan a sa sa	
1990	present				SF CA	94132	
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How long have you	ı lived within a 30 m	ile radius of San	How many ve	ars driving experi	ence do you have in San	Are you physically qualified to	o drive a standard vehic
rancisco?	17 years		Francisco?		smonths	safely?	
	•					<b>X</b> Yes	□No
List employme From Date	nt for last five y	ears (List most red Company Name	cent first, attach		п певово) (Street Address, City, Stat	e, Zio)	Type of Work
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-					crime? ☐ Yes 🎏 contest pleas may be c	(Attach additional	pages if needed)
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`If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ★Yes □ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lampand smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sa Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Cod that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false of incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read all of the above statements and declare under penalty of perjury that they are correct.
Executed on this at San Francisco, California.
Signature of Applicant

RECEIVED

NOV 06 2007

SAN FRANCISCO FAXI COMMISSION

### TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

Medallion Number(s)				71
PLEASE PRINT CLEARLY—COMPLETE ENTIRE FORM  Applicant's Name (First, Middie, Last)  Treeleancid Address (Street Address, City, State, Zip)  Joint Applicant's Name (First, Middie, Last)  Fine Address (Street Address, City, State, Zip)  Joint Applicant's Name (First, Middie, Last)  Fine Address (Street Address, City, State, Zip)  Joint Applicant's Name (First, Middie, Last)  Fine Address (Street Address, City, State, Zip)  Joint Applicant's Name (First, Middie, Last)  Fine Address (Street Address, City, State, Zip)  Joint Applicant's Name (First, Middie, Last)  Fine Address (Street Address, City, State, Zip)  Is this a Corporate permit? No Pas If yes, Name of Corporation:  If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone Business Name  Business Address (Street Address, City, State, Zip)  Please list the reason(s) why you are pages that the Address (Street Address, City, State, Zip)  Please list the reason(s) why you are pages that the foreagon of the State of California that the foreagon is true Executed this Office Address (Street Address, City, State, Zip)  I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foreagon is true and correct.  Hours J. S. Address (Street Address, City, State, Zip)  Joint Applicant's Name of Papinese of Address (Street Address, City, State, Zip)  Please list the reason(s) why you are pages that the laws of the State of California that the foreagon is true and correct.  Hours J. S. TANICH HELL IN  Javes Coard Scheme Holder / person address to sign for Color Scheme Holder for Laws Coard Scheme Polater (Scheme Polater)  Plantage Coard Scheme Address (Street Address Commission New Declaration Coard Scheme Polater)  Please of Pages (Scheme			EME □ *CHAI	
Applicant's Name (First, Middle, Last)  Relidence Address (Byteet Address, City, State, Zip)  S. F. CA. 94/32  Joint Applicant's Name (First, Middle, Last)  Residence Address (Street Address, City, State, Zip)  Is this a Corporate permit? No Ves If yes, Name of Corporation:  If this color scheme requiest is granted by the Taxicab Commission, list what your business name, address and phone Business Name  Substances  L. Work C.B.  Please Is the reason(s) why you are required from the Color Scheme Address (Street Address, City, State, Zip)  Please list the reason(s) why you are required from the Color Scheme Address (Street Address, City, State, Zip)  Why certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true.  Executed this O.B. day of NOVEMBER 200 at San Francis  Why Control of the Color Scheme Holder of Scheme Holder for Scheme Forest Scheme for Scheme Holder for Scheme Holder for Scheme Forest Scheme for Scheme for Scheme Forest Scheme Fores	CARD WITH THIS APPLICAT	•	RTIFICATE OF WORKER'S COMPEN	
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Is this a Corporate permit? Ino Yes If yes, Name of Corporation:  If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phonical process of the State of California that the foregoing is true.    Susiness Address (Street Address, Cly, State, Zip)	5)			
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Please list the reason(s) why you are requesting this change.    Description   Descrip				
Please list the reason(s) why you are requesting this change.  LUCK IS She bast LIEL Compaire.  NO  SAP  IAXI  We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true executed this OB day of NONEMBER 2007 at San Francis  NO  SAP  First Name of Applicant  FORE COMPLETED BY ACCEPTING COLOR SCHEME ONLY  Taskeb Color Scheme Holder  To be COMPLETED BY ACCEPTING COLOR SCHEME ONLY  Taskeb Color Scheme Holder for Taskeb Color Scheme Holder Dado Notice Date Hearing Date Decision of Taskeb Commission New Declaration Decision of Taskeb Commission Decision Decision Decision of Taskeb Commission Decision Decision of Taskeb Commission Decision Decision of Taskeb Commission Decision Decision of	415) 282-122 4	- Gre 3/7 (B-1)	2300-11	
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Please list the reason(s) why you are requesting this change:  LICE COMPLETED BY ACCEPTING COLOR SCHEME ONLY  TO BE corrected to sign for Color Scheme Holder.  To be color Scheme Holder / person authorized to sign for the Color Scheme.  To be color Scheme Holder / person authorized to sign for the State of California that the foregoing is true and correct.  This is a signature of Person in the Color Scheme Holder for Live Color Scheme Holder.  To be color Scheme Holder / person authorized to sign for the Color Scheme Holder for Live Color Scheme Holder.  To be color Scheme Holder / person authorized to sign for the State of California that the foregoing is true and correct.  This is a signature of Color Scheme Holder / Decision of Taxicab Commission New Decision of Taxica	Gas & Gate			
Please list the reason(s) why you are requesting this change.  LYCK 13	Long Term Lease		!	
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the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Taxicab Color Scheme  Teleby give consent to the applicant named to use my color scheme.  Intify (or degrare) under penalty of perjury under the lews of the State of California that the foregoing is true and correct.  Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder  OFFICE USE ONLY  Index Notice Date  Decision of Taxicab Commission  New Declaration	RATIONS MAKAG		STANICHFULIMI	HORAS J. E
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### ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

### PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

### TAN K. VUONG

P44

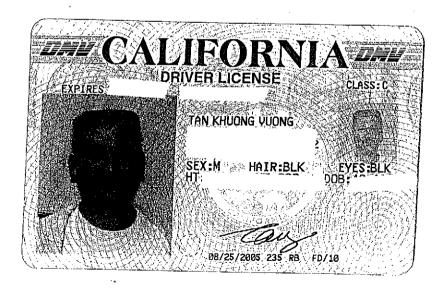
The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1. Sections 2.26.1 and 2.27.1



### RECEIVED

NOV 0-6 2007

SAN FRANCISCO TAXI COMMISSION



# RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

### W C O Z O

has successfully completed the requirements for Sensitivity/

JUNE 9 2007

Ramp

Ramp Taxi Operators Training on this date

Mark Powell

Certified Ramp Taxi/Sensitivity Trainer



SAN PRANCISE ( TAX! COMES - JA

### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

	San Francisco Taxicab Commissio
Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
Residence Address (Street Address. City. State. Zip)	
	Haward CA 94544
Mailing Address (If different than residence address)	
Residence Phone Number: /	Alternate Phone Number: ( )
Hours Available at this Number: 24	Hours Available at this Number:
Social Security Number Other name(s) used	
California Driver's License Number / Expiration Year Date of	Birth Place of Birth
Race (Optional)  White Sex Height	Weight Eye Color Hair Color Blue
Color Scheme / Business Name	Business Number
Color Scheme / Business Address (Street Address, City, State, Zip)	(415)532-1300
2270 McKinnon, Santrancis	co CA 94/24
Are you all S. Citizen? Tryes \( \sum \) No Are you curr	rently an active driver and hold a current Public Passenger Vehicle
If No Alien Resident Card Number Driver Perm	it? ☑Yes ☐ No e Permit was issued: Dec 2006 Permit #
Facts which show why the public will not be adequately serve	
The San Francisco Taxi	ommission in Connection
wish the annual PCEN	hearings determines
The number of caps no	cessary. I rely on
Their conclusions as	to the number of cabs
necessary to provide a	dequare service to the
public.	/
/	
	Promite
Received by Receipt No. Amount	E ONLY

I have driven a taxicab in the Police Code Section 1121(b).	City of San Fra	ncisco and I me	et the current yea	r's driving rec	quirement pursuant to S	FPD Municipal ُ
List residences for last five year From Date To Date		ent first, attach additions (Street Address, C		· · · /,	Hayward	CA 94544
How long have you lived within a 30 n Francisco?	months	Francisco?	riving experience do yo	_months	Are you physically qualified to safely?	o drive a standard vehicle
List employment for last five y  From Date To Date  2001 2002  1969 2001  1968 1969  1967 1968	Cirylu LUXOF Pellow	Cab Cab Cab	Address (Street Ad 2270 McKi 375 327 87h F You'v CENT FO	dress, City, State  NN ON Solar  Title Sala F  Title Sala F  Title Sala F  Title Sala F	tancisco EA	Type of Work  Driver  Driver  Driver  Officer  Pl Tech
Have you ever been convicted  Failure to provide full information		ilty or No Conte		☐Yes ☐N	No If yes, provide the informational	mation required below.
Offense	Date -	Plac	e of Arrest		Disposition	
Is your eyesight impaired?  Do not include ordinary nearsi	ghtedness or fa	rsightedness co lYes ⊠No	rrected by eyegla		ls your hearing impair □Yes ⊡No ent:	ed?
Do you have any physical imp						□Yes ☑No
Are you now, or have you ever Addicted to the use of intoxica		IJNo Yes IJNo	Vertigo ☐ \	es ☑No y Narcotic Dru	Heart Trouble	. 165 12110
Were you previously licensed as a taxi driver or chauffeur?	r Yes □	If yes, h No	as the license be ☐Yes ☑No	en revoked?	If yes, explain for v	vhat cause?
If you are granted a taxicab per lifyes, explain how you will use about new service, other)	and provide 24	l-hour radio disp	hour radio dispato atch service: (i.e	, state existin	DYes □No g radio cab company, d VICE 24	etail information

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☑Yes ☐ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or
revoke the permit that is granted.  I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read all of the above statements and declare under penalty of perjury that they are correct.
Executed on this 315r day of October, 2007 at San Francisco, California.
Signature of Applicant

### TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

"   NEW COLOR SCHEME	E □ *CHAI	NGE OF COLOR SCHEME - Fron	n:
(Complete both sides)  *YOU MUST SUBMIT A CERTIFIC	CATE OF WORKER'S COMPE	(Complete front side only) NSATION, REGISTRATION CARD, & INSU	JRANCE CARD WITH THIS APPLICATION.
		ARLY - COMPLETE ENTIRE FO	
Applicant's Name (First, Middle, Last)	Irwin Kelle	У	Phone (STO)
Residence Address (Street Address, Ci	Harrison	CA 94544	
Joint Applicant's Name (First, Middle, L	ast)	,	Phone ( )
Residence Address (Street Address, Ci	ty, State, Zip)		
Is this a Corporate permit?	교치o 🗆 Yes Ifyes, I	Name of Corporation:	
If this color cohomo request is a	ranted by the Taylcah Commis	ssion, list what your business name, add	tress and phone number will be.
Business Name	Business Address (Str	eer Address, City, State, Zip) 94124	Business Phone
Aprererans	Cab 2270 Mo	Kinnon Santrancisco	CA (552) 1300
Medallion Number(s)	,	•	Owner / Operator
			Gas & Gate
			Long Term Lease
		lowe of the State of California that the	foregoing is true and correct
Executed this	1/	laws of the State of California that the	at San Francisco, California
Lawrence	Kelley	_ Jawrensi	Sellary Signature of Applicage
	TO BE COMPLETED BY	ACCEPTING COLOR SCHEME	DNLY
Name of person authorized to sign for Co	olor Scheme Holder:		Passion
<del></del>	authorized to sign for the Color	Scheme Holder for 10/05/100001	Versaers MB.
hereby give consent to the applicant			Taxicab Color Scheme
I certify (or declare) under penalty of	perjury under the laws of the St	ate of California that the foregoing is true a	nd correct.
Signature of Color Scheme Holder / p	erson authorized to sign for Color Scheme	Holder	Date /
		The state of the s	
Agenda Notice Date	OF Hearing Date	FICE USE ONLY  Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date

### RECEVED

NOV 0 1 2007

SAN FRANCISCO TAXI COMMISSION



ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

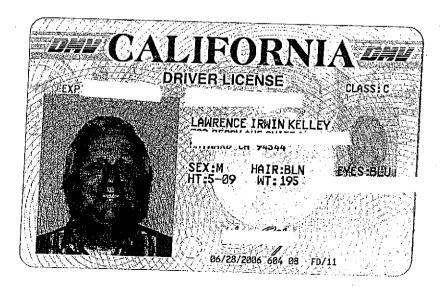
PUBLIC PASSENGER VEHICLE DRIVER

**EXPIRES: DECEMBER 31, 2007** 

### LAWRENCE KELLEY

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





### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:  Regular   Ramp
Residence Address (Street Address, City, State, Zip)	Regular □ Ramp
#2 SANFRANCISED CA	alit 94/09
Mailing Address (If different than residence address)	
Residence Phone Number: (4/5)	
Hours Available at this Number:	Number: 7AU Till CopeNo
	Place of Birth / L
California Driver's License Number & Expiration Year Date of Birth	Place of Birth
M/F	Eye Color Hair Color BROWN
Color Scheme / Business Name	Business Number (4/5) 970 - 1369
Color Scheme / Business Address (Street Address, City, State, Zip)  AE Sota (AB Cour 555 SEI by St. S.F. C	Cal. 94114
No. of the delice	r and hold a current Public Passenger Vehicle
Are you a U.S. Citizen? X Yes No Are you currently an active drive Driver Permit? Yes No If No, Alien Resident Card Number If Yes —Date Permit was issued	
Facts which show why the public will not be adequately served unless this perm	nit is granted: (attach additional pages if needed)
I believE THE public will not be	Adequately SERVED
UNIESS THIS PERMIT IS GRANTED.	
I hAVE DEEN dRIVING PAB FOR OU	
TAKE MY JOB VERY SERJOUS . I USE YHE	CAB RAdio AND I
KNOW THIS CUTY OF SAN FRANCISCO. RED	11 WELL I do NOT
OF Blood BANK DElivery, And I p	siele op stot of
Elderly prople with wheel chains	
AND CANGE. Also PROPLE MAT NEED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
AN OPERATION FROM THE HOSPITAL	
	I drop the
MESGNGERS OFF such dome Right	- back to toll City
to take care OF OUR RADIO	BUSINGSS
The A USRY proved TAXI CAB (	KIVER FOR MY
Company DE Soto and For my	city of SAN
FRANCISCO.	Slow II
- JANO	The state of the s
	3KV / /
OFFICE USE ONLY	THE PROPERTY OF THE PARTY OF TH
Receipt No. Amount	Dale New York No. 1
Hearing Date	OCT \$ 1 7007

I have driven a taxicab in the			at the current	vear's driving re	equirement pursuant to	SFPD Municipal	
I have driven a taxicab in the Police Code Section 1121(b	e City of San Fra ). XYes E	ncisco and i me ] No	et mo carronn	your I was g			
ĺ	. /						
List residences for last five y	ears (List most rece	ent first, attach additi ss (Street Address, C	onal pages if need City, State, Zio)	ea)		•	
From Date To Date		u / u v		- ,- (	a. 94109		
1991 10-1007		u , ux	·	<u> </u>		· .	<u>.</u>
							_
						. <u> </u>	_
	· · · · · · · · · · · · · · · · · · ·						_
How long have you lived within a 30	mile radius of San		riving experience	lo you have in San	Are you physically qualified safely?	to drive a standard vehi	cle
Francisco? 29 years	O months	Francisco?	<b></b>	months	× es	□No	
List employment for last five		ent first, attach addi	tional pages If nee	ded)			
From Date To Date	Company Name	I A	Address (Stree	Address, City, Stat	e, Zip)	Type of Work	P
3-18-78 10:30:200	7 Deso	to CAB	<u>555 Se</u>	164 S.F.	CA.74/24	CAINORIVE	$\cong$
3 30 70 1 1 1 1						_	<del></del>
<u> </u>				<u> </u>	<u> </u>		<del></del>
<u> </u>			<u> </u>				
				·			
				? □Yes 🕅	Cini Maria annulata tina lafa	rmation required below.	
Have you ever been convicte	d of, or plead gu	iity or No Conte	st to any crime	Y Li Yes	. (Δttach addition:	al pages if needed)	
Failure to provide full information	relative to prior co	nvictions, guilty pi	lea <b>s</b> or not conte	st pleas may be o	considered cause to deny t	he permit.	
	Date		e of Arrest		Disposition		
Offense							
	<u></u>					· · · · · · · · · · · · · · · · · · ·	
<u></u>						-	
			<u></u>				
					II hada impai	rod?	
Is your eyesight impaired?	Yes XNo				Is your hearing impai	leur	
Do not include ordinary nears	ightedness or far	sightedness cor	rrected by eye	glasses.	10.103		
Do you have any physical imp		Yes 🗷 No	If yes, desc	ribe the impaim	nent:		
DO you have any physical any	, =	/ \					
		Ū√No	Vertigo [	]Yes ⊠No.	Heart Trouble	□Yes ∯No	
	ilepsy □ Yes	DE 140			۸ ،	—— <del>'</del> t	
Are you now, or have you eve Addicted to the use of Intoxica	r been, iting liquof? □	Yes th No		Any Narcotic Dr	1		
Were you previously licensed		if yes, h	as the license	been revoked?	If yes, explain for	what cause?	
as a taxi driver or chauffeur?	Yes Al	No	☐ Yes X	lo			
	weit will you yes	or provide 24-h	nour radio disp	atch service?	⊈Yes □ No		
f you are granted a taxicab pe f yes, explain how you will use	nraina 10-	OOUT FAUID GIAG	31011 301 4100 t	1,0,0,000	, ·	etail information	
about new service, other)	-	0 /-	0 -	Ovuj	0 7/11	2/5/	ار
with	() 5 9	zoto (	110	COM	1/24	DODE(A)	/
	14			——— <b>)</b>	/	/	

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 larged among inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of y taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of S Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Cothat are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-light 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 understand that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during the calendar year and that the formation submitted on my application and financial statement is true and correct. I understand that any false or incomplet information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the remit if granted.
have read all of the above statements and declare under penalty of perjury that they are correct.  Executed on this 30 774 day of 60 61 61 61 61 61 61 61 61 61 61 61 61 61
Executed on this
Signature of Applicant

RECEIVED

OCT 31 2007

SAN FRANCISCO TAXI COMMISSION

### TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

NEW COLOR SCHEME	CHANGE O	F COLOR SCHEME - From: _	
		ION REGISTRATION CARD, & INSU	RANCE CARD WITH THIS APPLICATION.
(Complete both sides)  'YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION  PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM  Phone			
Applicant's Name (First, Middle, Last)	SAMES SCHA		Phone (1/5)
Refidence Address (Street Address, Cit		Toward on Pal. 9	24109
Joint Applicant's Name (First, Middle, La	ost) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ANDISCO, CVIV	Phone ( )
Residence Address (Street Address, Cit	y, State, Zip)		
Is this a Corporate permit?	No Yes If yes, Name	of Corporation:	
	Lad by the Taylosh Commission	, list what your business name, add	iress and phone number will be.
If this color scheme request is gr	Business Address (Street Ad	odress, City, State, Ap) 94124	(4/5)470 1300
Medalion Number(s)			Owner / Operator Gas & Gate Long Term Lease
Please list the reason(s) why  There are a son and a son a s	y you are requesting this chan	DESOT CACL C	lu full
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 <u>OCTOBE</u>	ER . 2007	at San Francisco, California
BERNARD JAMES	SOLANATIEM .	. Bernaul f	Shually III
	TO THE OMD THE DESIGNATION	AGCERTING COLOR SCHEN	E
Name of person authorized to sign for Co	lor Scheme Holder:		111101
CINDY L. WI	ARD		GENERAL MGR.
I, the Color Scheme Holder / person		me Holder for DESOTO	CAB Co.  Taxicab Color Scheme
hereby give consent to the applicant	named to use my color scheme.		•
Legify (or declare) under penalty of	perjury under the laws of the State o	f California that the foregoing is true a	nd correct.
Mindel & War	d.		130/07
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder			
OFFICE USE ONLY			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed  OCT 3 1 2007  Photos Submitted
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Date SAN FRANCISCO
O-solved his	Receipt No.	Amount	Date SAIN PROMISSION



### ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

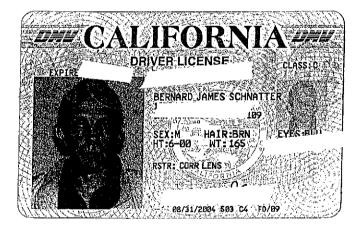
**EXPIRES: DECEMBER 31, 2007** 

### BERNARD J. SCHNATTER

P44

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





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OCT 31 2007

SAN FRANCISCO TAXI COMMISSION

### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

DACARI	San Francisco Taxicab Commissio
Applicant's Name (First, Middle, Last)  Applicant's Name (First, Middle, Last)  MACHKOVSKY	Type of Medallion Applying for: ☐ Regular ☐ Ramp
Residence Address (Street Address City, State, Zip)	CA 94547
Mailing Address (If different than residence address)	
Residence Phone Number: (570)	Alternate Phone Number: (4/5)
Hours Available at this Number: 504 - 1000	Hours Available at this Number: $70M - 10pM$
Social Security Number Other name(s) used	)H
California Driver's License Number / Expiration Year  Date of	Birth Place of Birth ,
Race (Optional)  Sex M/F  Height	Weight   Eye Color   Hair Color   Green   Business Number
Color Scheme / Business Name  TOWN TOXI INC.	(415) 401-8900
Color Scheme / Business Address (Street Address, City, State, Zip)  999 Pennsylvania Ave.,	SanFrancisco, CA 94107
Are you a U.S. Citizen? Yes  No Are you curl	rently an active driver and hold a current Public Passenger Vehicle it? XYes □ No te Permit was issued: Permit #:
Facts which show why the public will not be adequately serve	
I have twenty five y	ears of experience
l <del></del>	E. I Know how to
put my experience to	o work for our community
When I will get my,	Medallion it Will WORK
	se-and-gas operation,
	my medallion more
readily available to	
	·

OFFICE USE ONI	LYS, and the comparison of the
Receipt No. Amount	Date 1
received of Daylle Gulling	
	When the constraint and the constraint $(0)^{\epsilon}$ , $(0)^{\epsilon}$
Notice Date Hearing Da	TeDec. J. 2007
Notice Date: No. 21, 200	
D-1-4 40/0/00	SAN FRANCISCO

List residences for last five years (List most recent first, attach additional pages if needed)  From Date	
2002 Present Herewies, CA 94547	
How long have you lived within a 30 mile radius of San Francisco?    Superior	
1996 Present Town Text 999 Pennsylvanis SF OWI	<u>NEL</u>
Have you ever been convicted of, or plead guilty or No Contest to any crime? Yes No If yes, provide the information required (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 hearing impaired?	
Is your eyesight impaired?   Yes No  Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.  No  If yes, describe the impairment:	<u> </u>
-lave you ever had: Epilepsy □Yes No Vertigo □Yes No Heart Trouble □Yes	Žγο
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  If yes, has the license been revoked?  If yes, explain for what cause?  As a taxi driver or chauffeur?  Yes □ No □ Yes □ No	
f you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Yes ☐ No f 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)    Taxi Radio D, Spatch	ion

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? XYes   No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab? Yes □ No
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . 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.
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 at San Francisco, California.
Signature of Applicant
·

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NOV 01 2007

SAN FRANCISCO SASS COMMISSION

### TAXICAB COLOR SCHEME APPLICATION

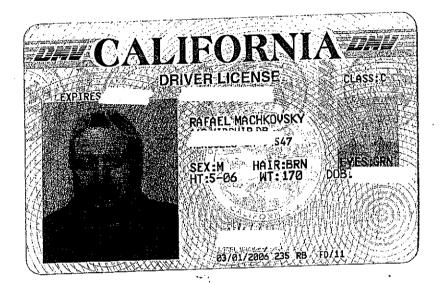
San Francisco Taxicab Commission

□ NEW COLOR SCHE     (Complete both sides)	ME □ *CHA	NGE OF COLOR SCHEME — From (Complete front side only)	n:
, ,	FIFICATE OF WORKER'S COMPE	NSATION, REGISTRATION CARD, & INSL	JRANCE CARD WITH THIS APPLICATION
		EARLY - COMPLETE ENTIRE FO	
Applicant's Name (First, Middle, La	ist)	LAKET OOM LETE ENTINETO	Phone
RALPH	MACHKOVS	CKY reules CA 94.	(415) 0
Residence Address (Street Addres	s, Čity, State, Zip) He	reules CA 94.	547
Joint Applicant's Name (First, Midd	le, Last)		Phone
	01. 0(.1. 7)		( )
Residence Address (Street Address	s, City, State, Zip)		
Is this a Corporate permi	it? ÜNo ☐ Yes If yes,	Name of Corporation:	:
If this color scheme request	is granted by the Taxicah Comm	ission, list what your business name, add	dress and phone number will be.
M	Duringge Addrage /S	treet Address City State 7in)	Business Phone
Town Taxi	999 Penn	sylvania Ave, SF CA 9	14592 418 401-8900
Medaliion Number(s)	Pa dalais	***************************************	Owner / Operator
FO ?	te altermi	NE ET	Gas & Gate
			Long Term Lease
Diago list the reason(s)	why you are requesting this	change:	
Lown	Lue com	eary where I	plan to
1040 2	ne mentallin	222	<i>y</i>
TURE 1	19 1000 (4000		,
766		A COLOR OF COLOR OF COLOR	formation in two and powers
I (We) certify (or declare) un	7 7	a laws of the State of California that the	foregoing is true and correct.
Executed this	day of Hovern	bek , 2917///	at San∕Francisco, California
n	1		
RAFAEL	MACHKOVEKU	My fif B	Jachons
Print Na	me of Applicant	s	Ignature of Applicant
	Waller Man Wein Halle Heil	ACCEPTING COLOR SCHEME C	NIX
Name of person authorized to sign fo		<u> </u>	Title:
Jacob 1	Mauzel		Manager
		r Scheme Holder for TOWN	Tax
	son authorized to sign for the Color		Taxicab Color Scheme
	cant named to use my color scheme		
certify (or declare) wider penalt	y of perjury under the laws of the S	itate of California that the foregoing is true a	nd correct.
Maer		10/30	107
777 0-	er / person authorized to sign for Color Scheme		Date
	O _F	FICE USE ONLY	The fact of the fa
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	ADATE ANCISCO
-AA. Elas/ficare Envisab Color Scheme Apolication	doc		(Rev. 11/30/05)

### RECEVED

NOV 0 1 2007

SAIN FRANCISCO FAXI COMMISSION





ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

**EXPIRES: DECEMBER 31, 2007** 

### RAFAEL MACHKOVSKY

P44-

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



## RAMP TAKI OPERATORS TRAINING CLASS

This certifies that

SAN FRANCISCO TAXI COMMISSION

## Rafael Machkovsky

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



Cheryl Danico Certified Sensitivity PASS Trainer (L Harrie

Lauri Grah Tertified Ramp Taxi PASS Trainer

Certificate # 2245

### Consent Calendar: Item H

Consideration of the Taxi Commission to grant a Color Scheme

Change to:

Medallion Holder	Medallion Change:	
Name:	#:	
1. William H Case	1103	American to Yellow Cab
2. Theodore Gray	150	Luxor to DeSoto
3. George Lancia	846	Worldwide to SF Taxi Cab
4. Evern Byrd	1031	Worldwide to SF Taxi Cab
5. Steve Goldstein	923	Worldwide to SF Taxi Cab
6. Keith Raskin	1137	Worldwide to B&W Checker
7. Carol Fenner	953	Worldwide to B&W Checker

### TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

G	NEW COLOR SCHEME
	(Complete both sides)

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

|--|

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

PLEASE PRINT CLEARLY - COMPLETE	ENTIRE FORM
Applicant's Name (First, Middle, Last)	Phone
WILLIAM H. CASE	(50)
The All as (Otros Address City State 7in)	200 341745
AVE SERIC	-ELEY, CA 94708
Joint Applicant's Name (First, Middle, Leet)	Phone
CONTRACTOR ( NO. )	( )
Residence Address (Street Address, City, State, Zlp)	
Establish Andrees festions (A. N. A. N.	
Is this a Cornorate permit? G.No. G. Yes. If yes, Name of Corporation:	
Is this a Corporate permit? G No G Yes If yes, Name of Corporation:	
If this color scheme request is granted by the Taxicab Commission, list what your busin	and same address and phone number will be.
Business Address (Street Address, City, State, Ap)	Drightess Lines
y ECLOW CAB 1200 mississipp	7/ SF (415) 333 3337
Medallion Number(s)	9/10/ G Owner/Operator
#1103	G Gas & Gate
	G Long Term Lease
Please list the reason(s) why you are requesting this change:	
Du sonoss opportunity	
31	
I (We) certify (or declare) under penalty of perjury under the laws of the State of Calif	fornia that the foregoing is true and correct.
T (ive) certify (or decisio) under portions of portion	
Executed this 201th day of Movember	, 20 O / at San Francisco, California
0 12000	
Bullan	
Signature of Applicant	Signature of Applicant
TO BE COMPLETED BY ACCEPTING COL	OR SCHEME
Name of person authorized to sign for Color Scheme Holder:	Title:
Nathan wiri	/ resoder
	11/1/2/2
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for	/ / / / Oct / Taxicab Color Scheme
hereby give consent to the applicant named to use my color scheme.	laxical Color Scheme
	la l
I certify (or declare) under penalty of perjury under the laws of the State of California that the for	egoing is true and correct.
The state of the s	1 had 16 App ?
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Date
Signature of Golor schema Molder / person administration to sign for detail contains from	
OFFICE USE ONLY	
A reads Notice Date   Decision of Taxicab	Commission New Declaration Signed
Agenda Notice Sala (1 27 67 12 11 07 12 11 07	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Worker a Comp additioned Was	
Received by: Receipt No. 9444055 Amount	20 2007
GONY Flee Forms/Taxicob Carby Schlene Application.doc	SAN FRANCISCO
İ	TAVI COMMISSION
· ·	

### DEPARTMENT OF STATE OF CALIFORNIA INDUSTRIAL RELATIONS

NUMBER

2282

OFFICE OF THE DIRECTOR

# CERTIFICATE OF CONSENT TO SELF-INSURE

YELLOW CAB COOPERATIVE, INC.

(a California corporation)

THIS IS TO CERTIFY, That

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

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



EFFECTIVE

THE 16th DAY OF - JUNE

MARK B. ASHCRAFT

DEPARTMENT OF INDUSTRIAL RELATIONS OF THE STATE OF CALIFORNIA

CHUCK CAKE DIR CCTO

* Revocation of Certificate,—"A certificate of consent to self-insure may be reviked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary; them to resort to proceedings obligations in such a manner as to cause triury to the public or those dealing with him." (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Croup 2—Administration of Self-Insurance.

FORM A.4-10 A

四条

### CALIFORNIA AUTO INSURANCE IDENTIFICATION CARD

### NAME OF INSURED

SF AMERICAN TAXICAB, INC. 120 WILLOW STREET SAN FRANCISCO, CA 94109

MERCURY INSURANCE COMPANY

VEHICLE DESCRIPTION

2005 FORD

VIN#

PHONE:

415-775-3114

POLICY NO: AC

EFFECTIVE DATE: OCT 12, 2006

EXPIRATION DATE: OCT 12, 2007

**FLEET # 1103** 

LICENSE # {

06/30/2007 TO 06/30/2008 COML

TAXI

VEHICLE IDENTIFICATION NUMBER

TX

DATE ISSUED 06/19/2007

DATE FIRST SOLD CLASS EA 00/00/2005 03980 3800

AMERICAN TAXI CAB INC 0 WILLOW ST CA 94109-7800



148060920074005

DEPARTMENT OF MOTOR VEHICLES **VALIDATED REGISTRATION CARD** 

M8487487

### TAXICAB COLOR SCHEME APPLICATION

			San Francisco Taxicab Commission
	*CHANGE OF COLOR SCHEME Fr	om: L	UXOR CAB
□ NEW COLOR SCHEME	*CHANGE OF COLOR SCHEME — Fri	OI 111	
(Complete both sides)	ORKER'S COMPENSATION, REGISTRATION CARD, & IN	SURANCE	CARD WITH THIS APPLICATION.
*YOU MUST SUBMIT A CERTIFICATE OF WO	ORKER'S COMPENSATION, NEGIONS OF STREET	CON	
	SE PRINT CLEARLY - COMPLETE ENTIRE F		one
Applicant's Name (First, Middle, Last)		1,	
THEODORE EUGENE	GRAY_	<u> </u>	
Residence Address (Street Address, City, State, Zip)			
+f	9LUMA CA 94954		
Joint Applicant's Name (First, Middle, Last)	, , , , , , , , , , , , , , , , , , , ,	· Pho	one )
30mm (ppinoame )			
Residence Address (Street Address, City, State, Zip)	•		
William Samuel Sala	Yes If yes, Name of Corporation:		•
is this a corporate permit.			
A la granted by th	ne Taxicab Commission, list what your business name,	address a	nd phone number will be.
If this color scheme request is granted by the Business Name	Business Address (Caroott Marie 1974)	74124	(415) 973 - 1300
DESOTO CAR B	555 SELDY ST. ST, CA	14127	-A
Medallion Number(s)			Owner / Operator
150		•	☐ Gas & Gate
1 - 1 - 1			☐ Long Term Lease
Please list the reason(s) why you are	requesting this change:		
			: <u></u>
UNHAPPY AT L	ンメント		
		u - force	oing is true and correct
(We) certify (or declare) under penalty of	perjury under the laws of the State of California that	tue totegi	uning is the and corroot.
- Jil	Nov=mkg , 20 0 7	7 at Sar	n Francisco, California
Executed this + day of	Novemen		
	<del>- (</del>	1	2-7
THEODORE GRAY		Signature	of Applicant
Print Name of Applicant			_
FORES	OMPLETED BY ACCEPTING COLOR SCHEM	EONLY	
Name of person authorized to sign for Color Scheme h	folder.		· • • • • • • • • • • • • • • • • • • •
		1 (	JENERAL MGR.
CINDY WARD	7	Λ.	a Co
I, the Color Scheme Holder / person authorized	to sign for the Color Scheme Holder for	) (A) Taxicab	B CO
hereby give consent to the applicant named to a	ise my color scheme.		
Leavist (or doolpro) under penalty of periury und	der the laws of the State of California that the foregoing is tr	ue and cor	Tect.
I certify (or deciale) under penalty or porjory and	111. /	27	•
[ [ [ ] ard		$\nu_{\perp}$	Dale
Signature of Quar Scheme Holder / person authorize	ed to sign for Color Scheme Holder		Date
	OFFICE USE ONLY	<del>-                                    </del>	New Declaration Signed
Agenda Notice Date 117710 Hearing D		1	
1 111 / 110 1 1	Submitted Paint Chips Submitted		Photos Submitted NOV () 0 2007
Worker's Comp odonima	Receipt No. / JULIN CY Amount \$39		Date
Received by: its account of	TOUGHPET PORT   "YEST   1   1   1   1   1   1   1   1   1		10 - 44/30/053



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.

Torrest

UTHORIZED 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.

RECEIVED

NOV 09 2007

SAN FRANCISCO TAXI COMMISSION

**EMPLOYER** 

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

PRINTED : 03-16-2007





555 SELBY STREET • SAN FRANCISCO, CALIFORNIA 94124 • (415) 970-1300

November 9, 2007

San Francisco Taxi Commission:

DeSoto Cab Company is unable to provide you with the registration of a vehicle for medallion number 150.

It is the policy of our company to secure vehicles after the color transfer has been okayed by the Taxi Commission.

If you have any questions or concerns, please contact me.

Sincerely,

Ĭ

Cindy L. Ward General Manager

DeSoto Cab Company

RECEVED

NOV 09 2007

SAN FRANCISCO TAXI COMMISSION

### TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

G NEW COLOR SCHEME (Complete both sides)

G CHANGE OF COLOR SCHEME - From: WORLD WIDE CAB

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FOR			
Applicant's Name (First, Middle, Last)  GEORGE A. LANCIA	Phone (4.5		
Residence Address (Street Address, City, State, Zip) 1 1 1 94014			
Joint Applicant's Name (First, Middle, Last)	Phone ( )		
Residence Address (Street Address, City, State, Zip)			
Is this a Corporate permit? ( ) If yes, Name of Corporation:			
If this color scheme request is granted by the Taxicab Commission, list what your business name, addr	ess and phone number will be.		
Business Name Business Address (Street Address, City, State, Zip)	business mione		
S.F. TAXI-CAB CO. 2121 EVAMS ST., S.F., 94124	1 (415) 920-0709		
Medallion Number(s)	Owner / Operator G Gas & Gate G Long Term Lease		
Please list the reason(s) why you are requesting this change:			
WORLD WIDE CLUSING 17'S DOORS. by the end according to permit holder keith Raskin. I am rebeated color scheme within City Wide Dispatch.	of the year		
according to permit holder keith Raskin. I am relocate	no to another		
color Scheme within Cit Wide Dispatch.	J		
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the fo	pregoing is true and correct.		
Executed this 974 day of NOVEMBER , 2007 at	San Francisco, Camornia		
V Years form	<b>૱</b>		
Signature of Applicant  Signature of Applicant	lure of Applicant		
TO BE COMPLETED BY ACCEPTING COLOR SCHEME			
	SOLE PROPIETORSHIP		
January Control	242.62		
the Conractions molder below associated to sign for the determinant in the contraction of	-CAB CO.		
hereby give consent to the applicant named to use my color scheme.	geau Color Scrience		
certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and	l correct.		
July Golfer 9 NOU'C	7		
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Oate par par par la yant par		
	15 lin from the 1 V Lin Lar		
OFFICE USE ONLY			
Agenda Notice Date       2	New Recigration Signed?		
Worker's Comp Submitted Insurance Submitted Paint Chips Submitted	Photos Submitted SAN FRANCISCO		
Received by: PORT I Receipt No. (044)48 Amount 9291-	TAMMSERAN		

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ACORD"
<b>.</b>

### INICHIDANICE DINIDED

DATE (MM/DD/YYYY)

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THIS BINDER IS A TEMPORAR	Y INSURANCE CONTRACT, SUBJECT	TO THE CONDITION	NS SHOW	N ON TH	EREV	ERSE SIL	E OF T	IS FORM.	
AGENCY Public Livery Insurance Services, 1	AGENCY COMPANY					2007	R#		
1380 El Cajon Blvd Ste 212		DATE				TIME EXPIRATION TIME			
El Cajon CA 92020		10/12/2007 12:01		X	AM PM		2/2007 × 12:0		
PHONE (A/C, No, Ext): (619) 702-7022	FAX (A/C, No): (619) 593-2176	THIS BINDER	IS ISSUED	TO FYTEN		EDAGE IN 3	'HE ABOU	NOC	
CODE:	SUB CODE:	COMPANY PER	EXPIRING PO	LICY #:				- NAMED	
AGENCY CUSTOMER ID: INSURED		DESCRIPTION OF OPER	rations/vehi	CLES/PRO	ERTY (I:	noluding Loca	tion)		
Worldwide Cab Co 3450 Geary St Ste San Francisco CA	100	Taxi Cab Operation Medallion #386, #7 #1031, #1137		[‡] 846, #85	9, #862	2, #923, #9	53, #957	, #960,	
COVERAGES						1 (84)	те	·	
TYPE OF INSURANCE	COVERAGE/FC	ORMS		LIMITS  DEDUCTIBLE COINS % AMOUNT					
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GENERAL LIABILITY	1			EACH O	TO LEGE	N/CE :	s		
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES				
	<del></del>				MED EXP (Any one person)				
				PERSON	AL & AD	V INJURY	\$		
				GENERA	LAGGRE	EGATE	\$		
	RETRO DATE FOR CLAIMS MADE:			PRODUC	TS - CO	MP/OP AGG	\$		
VEHICLE LIABILITY	1			COMBIN	ED SING	LE LIMIT	\$	<del></del>	
ANY AUTO					·	Per person)	\$		
ALL OWNED AUTOS					BODILY INJURY (Per accident)				
SCHEDULED AUTOS HIRED AUTOS				PROPERTY DAMAGE			s		
NON-OWNED AUTOS					MEDICAL PAYMENTS PERSONAL INJURY PROT				
NON OTHER PROPERTY.			UNINSUR			8			
	**		CANCELES INC. CIAS			\$			
VEHICLE PHYSICAL DAMAGE DED	ALL VEHICLES SCHEDULED VE	EHICLES		AC	TUAL CA	SH VALUE			
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WORKER'S COMPENSATION	n.541 <i>t</i>	COMMISSION	ļ	E.L. EACH	·		\$ 1,000	000	
AND EMPLOYER'S LIABILITY			İ			EMPLOYEE	s 1,000		
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3450 Geary St Ste 100	LOSS PAYEE	<u> </u>							
San Francisco CA 94118-3379									
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ACORD 75 (2007/01)

Page 1 of 2 © ACORD CORPORATION 1993-2007. All rights reserved.

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## INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY MPANY NUMBER

Lincoln General INS CO EFFECTIVE DATE

ILICY NUMBER

JAR. 90

10/12/07 MAKE/MODEL CHRYS

EXPIRATION DATE

10/12/08

VEHICLE IDENTIFICATION NUMBER

SENCY/COMPANY ISSUING CARD

Public Livery Insurance Services, Ins 1380 El Cajon Blvd Ste 212

El Cajon CA 92020

WORLDWIDE CAB # 846

SFITA

CA 94107 999 PENNSYLVANIA ST SAN FRANCISCO, SEE IMPORTANT NOTICE ON REVERSE SIDE

### INSURANCE IDENTIFICATION CARD

(STATE) CA OMPANY NUMBER

INS CO Lincoln General COMPANY

EFFECTIVE DATE

OLICY NUMBER

EAR

EXPIRATION DATE MAKE/MODEL 10/12/07

10/12/08

VEHICLE IDENTIFICATION NUMBER

CHRYS
AGENCY/COMPANY ISSUING CARD

1380 El Cajon Blvd Ste 212 El Cajon CA 92020

Public Livery Insurance Services, Ins

NSURED

WORLDWIDE CAB # 846 SFITA

999 PENNSYLVANIA ST

SAN FRANCISCO, CA 94107 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 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.

(1/83)ACORD 50 1 2007 0 8 NON

I ICENSE NOMBER 02/28/2007 TO 02/28/2008

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VEHICLE EXENTFICATION IN MARKER

02/24/2007

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W0024 R0041 L0152

76262 141021420073057 STATE OF CALIFORNIA

OEPARTMENT OF MOTOR VEHICLES
VALIDATED REGISTRATION CARD
READ REVERSE SIDE - IMPORTANT INSTRUCTIONS

M2821201

# TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

<b>NEW COLOR SCHEME</b>
(Complete both sides)

*CHANGE OF COLOR SCHEME - From:

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F	MUUV	$\Pi\Pi$	$\nu v$	V	111/2	

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

Applicant's Name (First, Middle, Last)  EVERN BYRD  Residence Address (Street Address, City, State, Zip)  Joint Applicant's Name (First, Middle, Last)	673	Phone (570)
Residence Address (Street Address, City, State, Zip)  Z  Joint Applicant's Name (First, Middle, Last)	673	1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Joint Applicant's Name (First, Middle, Last)	673	1 1
Joint Applicant's Ivanie (First, Middle, Last)	60.1.J	
	Ţ_ <u>`</u>	Phone
		( )
Residence Address (Street Address, City, State, Zip)		<u> </u>
Is this a Corporate permit? ØNo ☐ Yes If yes, Name of Corpor	ration:	
		<del></del>
If this color scheme request is granted by the Taxicab Commission, list wha	t your business name,	address and phone number will be,
Business Address (Street Address, City	/, State, Zip)	Business Phone (415 ) 920-0709
SETAXI CAB CO 2/21 E VUIVI, S	5.F., CA. 94124	
Alegalitoti izaturnei (2)	•	Owner / Operator
/031	,	Gas & Gate
1001	<del> </del>	Long Term Lease
Please list the reason(s) why you are requesting this change;		
	1	
Woold white Celo is a Garing it's	11-011.	
(We) certify (or declare) under penalty of perjury under the laws of the Sta	ate of California that th	e foregoing is true and correct.
	~~	
xecuted this 9 TH day of XIOUMBER	, 20 <u>6/ (</u>	at San Francisco, California
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Suern Byrd	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Signature of Applicant
/ Print Name or Applicant		alghature of Applicant
TO BE COMPLETED BY ACCEPTING	COLOR SCHEME	ONLY
me of person authorized to sign for Color Scheme Holder:		Title:
JACK G. TRAD		SOLE PROPIETORSHIP
he Color Scheme Holder / person authorized to sign for the Color Scheme Holder f	for S.F. TAXI-C	AB CO.
		Taxicab Color Scheme
eby give consent to the applicant named to use my color scheme.		
ertify (or declare) under penalty of perjury under the laws of the State of California t	that the foregoing is true	and correct.
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Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder		Date to the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board of the board
	***	I have been for I feel )
OFFICE USE ONL	M Tayleah Commission	New Declaration Storeds
1127107	of Taxicab Commission	New Declarațion Signed 2007
ker's Comp Submitted Insurance Submitted Ma	ps Submitted	Photos Submitted
	Amount OCI	DateAVI COMMISSION
Files/Forms/Taxicab Color Scheme Application doc	191-	(Rev. 11/30/05
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# INSURANCE BINDER

DATE (MM/ODYYYY) 10/31/2007

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THIS BINDER IS A TEMPORARY I	NSURANCE CONTRACT, SUBJECT T	O THE CONDITION	140 01103111		BINDER		
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Public Livery insurance Services, Inc.		DATE	ECTIVE THE		DATE	TIME	
1380 El Cajon B(vd Ste 212		1	40.04	X AM	12/12/20	12:01	
El Cajon CA 92020		10/12/2007	12.01	FM		NOC	
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3450 Geary St Ste 10	nn		ונטו, אוטו, אטין	of troops was			
San Francisco CA 94	.118-3379	#1031,#1137					
Sali Handido S, C.		- <del></del>					
	•						
					LIMIT	S	
COVERAGES			**************************************	DECNICTIBLE	COINS %	AMOUNT	
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PROPERTY CAUSES OF LOSS	v	RECEIVE			}		
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BASIC BROAD SPEC	· ·	3 -24 2044					
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		NOV 88 W		EACH OCCURR	ENCE	\$	
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			E	GENERAL AGG	REGATE	\$	
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SPECIAL CONDITIONS!			}	TAXES		\$	
OTHER COVERAGES			}		YAL DEELANA	\$	
COVENCIA				2STIMATED TO	TAL PREMIUM	i <u> </u>	
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Worldwide Cab Company		LOSS PAYEE					
3450 Geary St Ste 100		LOAN#					
San Francisco CA 94118-3379			-				
		AUTHORIZED TERESENTIVE					
		10100	uu o			•	
		] " <i>[</i>	190				
ACORD 75 (2007/01)	Par	a 1 of 2 ©	ACORD COR	PORATION	1993-2007.	All rights resen	

7002 0 % VON

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

VEHICLE IDENTIFICATION NUMBER

EXPIRATION DATE

10/12/08

LINCOLN GENERAL INSURANCE COMPANY

EFFECTIVE DATE

MAKE/MODEL

FORD

10/12/01

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

EL CAJON, CA 92020

NSURED

GENCY/COMPANY ISSUING CARD

INSURANCE IDENTIFICATION CARD

CALIFORNIA

OMPANY NUMBER

OLICY NUMBER

EAR :003 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,

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

passenger and witness.

(1/83)ACORD 50

INSURANCE IDENTIFICATION CARD

SEE IMPORTANT NOTICE ON REVERSE SIDE

SAN FRANCISCO, CA 94107

WORLDWIDE CAB # 1031

999 PENNSYLVANIA ST

CALIFORNIA OMPANY NUMBER

LINCOLN GENERAL EFFECTIVE DATE

EXPIRATION DATE INSURANCE COMPANY

VEHICLE IDENTIFICATION NUMBER 10/12/08

> FORD AGENCY/COMPANY ISSUING CARD

MAKE/MODEL

10/12/07

OLICY NUMBER

EAR 003

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

EL CAJON, CA 920201

NSURED

SAN FRANCISCO, CA 94107 WORLDWIDE CAB # 1031 999 PENNSYLVANIA ST

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

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

(1/83)ACORD 50

## TAXICAB COLOR SCHEME APPLICATION

Date

SAN FRANCISCO

		San Francisco Taxicab Commission
□ NEW COLOR SCHEME (Complete both sides)  CHANGE OF CO!	_OR SCHEME — From: _( le only)	World Wide Oob
*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGI	STRATION CARD, & INSURAN	NCE CARD WITH THIS APPLICATION.
PLEASE PRINT CLEARLY - CO	MPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last)  (SOLDSTEIN STEVE GENE		Phone ( ),
Residence Address (Street Address, City, State, Zip)	OMOND CA 95	5007
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? ( Yes If yes, Name of Corpora	ation:	
If this color scheme request is granted by the Taxicab Commission, list what	vour husiness name, address	s and phone number will be.
Business Name Business Address (Street Address, Only,		
S. F. Taxi-CAR CO: 2/21 CVUVS, - Medellion Number(s)	5. K, CA 9 4184	(415) 920-0789
Medallion Number(s)	•	Owner / Operator
923	•	Gas & Gate Long Term Lease
167		Li Long Testificease
Please list the reason(s) why you are requesting this change:	·	
Word Will Clarked 1 kg of the		
	· · · · · · · · · · · · · · · · · · ·	
I (We) certify (or declare) under penalty of perjury under the laws of the Sta	ate of California that the fore	going is true and correct.
Executed this 11-8-07 day of 11-8-07		an Francisco, California
Executed this 1/ 10-0/ day or 1/	1 lt. on	0.10.
STEUE GOLDSTEIN	X XIMe Signatu	re of Applicant
Print Name of Applicant	- Orginatur	
TO BE COMPLETED BY ACCEPTING	COLOR SCHEME ONL	Y
Name of person authorized to sign for Color Scheme Holder:	Titl	LE PROPITORSHIP
JACK G. TRAD		AC PROTT
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder	for S.F. TAXI	- CAB CO.
hereby give consent to the applicant named to use my color scheme.		
I certify (or declare) under penalty of perjury under the laws of the State of California	that the foregoing is true and co	orrect.
T certify (or declare) under penalty of penalty under the latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter and latter a		<u> </u>
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	08 NOV	O. / Date
- V	6 <b>V</b>	Joseph Colvins
OFFICE USE ON  Acade Notice Date   Hearing Date   Decision	of Taxicab Commission	New Declaration Signed
Agenda Notice Date 27 07 Hearing Ball 12 11 07 Paint Ch	į	Photos Submitted V 2 () 2007
Worker's Comp Submitted Insurance Submitted	<u> </u>	10.4

Amount

Received by:

ACORD"	

## **INSURANCE BINDER**

DATE (MM/DD/YYYY) 10/31/2007

							10/31/2	
THIS BINDER IS A TEMPORAR	RY INSURANCE CONTRACT, SUBJEC		HE CONDITIO	NS SHOV	VN ON THE RE			FORM.
			mrant coln General Ir	neutranna (	`ampany	BINDS 2	R#	
Public Livery Insurance Services, Inc.				ECTIVE			FUNIALFIAL	
1380 El Cajon Blvd Ste 212 El Cajon CA 92020			DATE	T T	TIME	p,	EXPIRATION ATE	TIME
			10/12/2007	12:01	X AM	12/1	2/2007	12:01 A/
PHONE (A/C, No, Ext): (619) 702-7022	FAX (A/G, No): (619) 593-2176		THIS BINDER	IS ISSUED	TO EXTEND COV	ERAGE IN	THE ABOVE NA	MEO
CODE;	SUB CODE:		COMPANY PER	EXPIRING F	POLICY#		77. 10012 (F	101212
AGENCY CUSTOMER ID:		DES	CRIPTION OF OPE	RATIONS/VE	HICLESIPROPERTY (I	Including Loc	ation)	
Worldwide Cab Co 3450 Geary St Ste San Francisco CA	100	Me	ki Cab Operatio dallion #386, #1 931, #1137		#846, #859, #86	2, #923, #9	953, #957, #96	6 <b>0</b> ,
COVERAGES				·	· · · · · · · · · · · · · · · · · · ·	LIM	(TS	· · · · · · · · · · · · · · · · · · ·
TYPE OF INSURANCE	COVERAGE/F	FORMS		——————————————————————————————————————	DEDUCTIBLE	COINS %	AMOL	INT
PROPERTY CAUSES OF LOSS BASIC BROAD SPEC								****
GENERAL LIABILITY	•				EACH OCCURRE	ince	\$	·····
COMMERCIAL GENERAL LIABILITY					DAMAGE TO		\$	
CLAIMS MADE OCCUR					MED EXP (Any or		\$	
					PERSONAL & AD		\$	
					GENERAL AGGR		\$	
	RETRO DATE FOR CLAIMS MADE;				PRODUCTS - CO		*	
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HIRED AUTOS					MEDICAL PAYME		8	
NON-OWNED AUTOS					PERSONAL INJUR	*****	\$	
					UNINSURED MOT		s	
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OTHER THAN COL:					STATEDAY	100343	1 *	
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ANY AUTO			EVED		OTHER THAN AUT		*	
	Red V	Sun Market	Son is in last poors.					
						ACCIDENT	\$ .	
XCESS LIABILITY	3	MOA 8	<del>)                                    </del>		EACH OCCURREN	GREGATE	\$	
UMBRELLA FORM						LE		
OTHER THAN UMBRELLA FORM			ANCISCO		AGGREGATE	TENTIO	\$	
			MARROTOR		SELF-INSURED RE		\$	
WORKER'S COMPENSATION					WC STATUT		e 1.000.000	
AND EMPLOYER'S LIABILITY					E.L. EACH ACCIDE		s 1,000,000	
					E.L. DISEASE - EA I		s 1,000,000	
PECIAL DINDITIONS/		<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	E.L. DISEASE - POL		s 1,000,000	
ONDITIONS/ THER OVERAGES					FEES		\$	
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AME & ADDRESS					ESTIMATED TOTAL	PREMIUM	\$	
/orldwide Cab Company 450 Geary St Ste 100 an Francisco CA 94118-3379			RTGAGEE S PAYEE	ADDI	TIONAL INSURED			
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CORD 75 (2007/01)	Page	1 of 2	© ACO	RD COR	ORATION 199	3-2002 4	#1 _*	

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\$ 923

# INSURANCE IDENTIFICATION CARD

CALIFORNIA

MPANY NUMBER

COMPANY

TICY NUMBER

14. 03

LINCOLN GENERAL EFFECTIVE DATE 10/12/07 MAKE/MODEL

INSURANCE COMPANY EXPIRATION DATE 10/12/08

10/12/08 VEHICLE IDENTIFICATION NUMBER

> MAKE/MODEL FORD

ENCY/COMPANY ISSUING CARD

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

ISURED

WORLDWIDE CAB # 923 999 PENNSYLVANIA ST

SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

# INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY

MPANY NUMBER

LINCOLN GENERAL INSURANCE COMPANY

EFFECTIVE DATE
10/12/07
MAKE/MODEL

AR

03

EXPIRATION DATE 10/12/08 VEHICLE IDENTIFICATION NUMBER

FORD

GENCY/COMPANY ISSUING CARD
PUBLIC LIVERY INC CEDITORS

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

SURED

WORLDWIDE CAB # 923 999 PENNSYLVANIA ST SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

SAN FRANCISCO (AM COMMISSION 점

NOV 20 2007

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

ACORD 50 (1/83)

## TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

San Francisco Taxicab Comm.

*CHANGE OF COLOR SCHEME - From: Work With Complete front side only)

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

		IT CLEARLY	/ - COMPLETE ENT	TRE FORM	
Applicant's Name (First, Middle, La	st)			1 1 1	none
Keith K	askin			1	415 624-1769
Residence Address (Street Address			d Our		
1200 Musi	n Sanfro	mone	0 (49912	4	
Joint Applicant's Name (First, Middle	, Last)			1 ,	one .
				(	<u> </u>
Residence Address (Street Address	City, State, Zlp)		•		
Is this a Corporate permit	? ÆNo ☐ Yes	If yes, Name of	Corporation:		
If this color scheme request is Business Name /	granted by the Taxicab	Commission, II	st what your business n ess, City, State, Zip)	ame, address a	nd phone number will be.  Business Phone
B+W Checke	صبحه الأما	PPILLE	1/14/14		(41) 285-3600
Medallion Number(s)	<u> </u>	<i>   =       (3 )</i>	17 occited		Owner / Operator
		•			Gas & Gate
1 1/37					Long Term Lease
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Print Name	of Applicant			Signature of	Applicant
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genda Notice Date	Hearing Date		Jecision of Taxicab Commission	on New	Declaration Signed
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ah #1/37

REGISTRATION CARD VALID FROM: 03/31/2007 TO: 03/31/2008

MAKE YR MODEL FORD 2003

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*YR 2007 TYPE VEH TYPE LIC 31

LICENSE NUMBE 8J38026

BODY TYPE MODEL TX

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TAXI

DT FEE RECVD

VEHICLE ID NUMBER 2FDFP72903X213202

TYPE VEHICLE USE COMMERCIAL

DATE ISSUED 10/04/07 PR/HIST:

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CC/ALCO 38

PIC 10/04/07 8

37X

STICKER ISSUED N0657228

PR EXP DATE: 03/31/20(

AMOUNT PATD

\$NFEE

REGISTERED OWNER

WORLD WIDE CAB 2560 MARIN AVE

AMOUNT DUE

AMOUNT RECVD

NONE

CASH :

SAN FRANCISCO

CA

94124

CHCK: CRDT :

LITENHOLDER

CLEAN ENERGY FIN LLC 3020 OLD RANCH PKWY 200

SEAL BEACH

CA

90740

H00 624 19 0000000 0025 CS H00 100407 31 8J38026 202

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

20 November 2007

## TO SAN FRANCISCO TAXICAB COMMISSION:

Worldwide Cab #953 and #1137 are currently covered through our Agency for Auto Liability and Workers Compensation. This is to confirm that these same medallions will be added to Black & White Checker Cab's Auto Liability and Workers Compensation insurance policies upon transfer approval by the Taxicab Commission. Coverage is with Lincoln General Insurance Company.

Sincerely,

Dmitry Erenkov Agent/Broker

DIE/ece

RECENTO

NOV 20 2007

SAN FRANCISCO TAXI COMMISSION

# TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

☐ NEW COLOR SCHEME	vorldwide Cab
*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURAN	ICE CARD WITH THIS APPLICATION
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last)  Carol F. Fenner	Phone (4/5)
Residence Address (Street Address, City, State, Zip)  Joint Applicant's Name (First, Middle, Last)	94127
Joint Applicant's Name (First, Models, East)	( )
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? 15 No 🗆 Yes If yes, Name of Corporation:	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
If this color scheme request is granted by the Taxicab Commission, list what your business name, address  Business Name Checker Cab Co.  Business Address (Street Address, City, State, Zip)  Ghecker Cab Co.  GGG Penns Vivania St.  Medallion Number(s)  San Francisco, CA G4107	(415) 285-380
Please list the reason(s) why you are requesting this change:  World Wide Cob is closing its disors.	
Carol F. Fenner Carol Signature  Print Name of Applicant	n Francisco, California
TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONL	<del>(1</del> )
Name of person authorized to sign for Color Scheme Holder:  (ENNAD)	mand, OCR
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for	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 co	Date
	RECEVEL
OFFIGEUSE ONLY	
Agenda Notice Date   12   11   Decision of Taxicab Commission	New Declaration Signed 0 2007

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

20 November 2007

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Sincerely,

Dmitry Erenkov Agent/Broker

DIE/ece

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SAN FRANCISCO TAXI COMMISSION

P.03

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 REMEWAL 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 FRES. 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 PULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION SURBERS.

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

47577

REGISTRATION CARD VALID FROM: 04/30/2007 TO: 04/30/2008 LAST TIC YR 15T 50LD VLF CLASS *YR TYPE YEH LICENSE MUMBER YR HODEL _0000 2005 EY. FORD . . 2004 UNI ADDITION DE VEHICLE IN MARKER BODY TYPE NOOEL 04060 工艺 CC/ALCO : DT FEE RECVO . PAG TYPE YEHICLE USE DATE ISSUED SHICKER ISSUED 06/18/07 06/18/07 38 COMMERCIAL

PR/HIST: TAXI PR EXP DATE: 04/30/2007

RORISTERED CARE
WORLD WIDE CAB CO \$ 347.00

2560 MARIN ST MOUNT DE MOUNT RECVO \$ 347.00 CASE: 61.00 CECK:

CHCK: 61.00 RECEIVED

SAN FRANCISCO ... 94124

NOV 2 0 2007

FORD MOTOR CRDT CO
260 INTERSTATE N PRMY NW

SAN FRANCISCO IAXI COMMISSION

ATLANTA GA

30339

HOS 803 03 0034700 0025, CS . NOS .061807 31 . 7898468, 053

# INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER

POLICY MINGRE

XEAR 2004

KEFECKIVE DATE 10/12/07 NAKE/MODEL RORD

LINCOLN GENERAL

COMPANY

INSURANCE COMPANY

16/12/08 VEHICLE IDENTIFICATION NUMBER EXPIRATION DATE

# AGENCY/COMPANY ISSUING CARD

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

WORLDWIDE CAB # 953 INSURED

SEE IMPORTANT NOTICE ON REVERSE SIDE

SAN FRANCISCO, CA 94107

999 PERNSYLVANIA ST

# INSURANCE IDENTIFICATION CARD

(STATE)

COMPANY NUMBER

LINCOLN GENERAL REFECTIVE DATE COMPANY POLICY NUMBER

IMSURANCE COMPANY 10/12/01

MAKE/MODEL

4 2004

VEHICLE IDENTIFICATION NUMBER

EXPIRATION DATE

10/12/08

AGENCY/COMPANY ISSUING CARD

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

# CHRUSKI

SAN FRANCISCO, CA 94107 WORLDWIDE CAB # 953 999 PENNSYLVARIA ST

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

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

ACORD 50 (1/83)

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

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

(1,83)ACORD 50

NOV 20 2007

SAN FRANCISCO TAXI COMMISSION