

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 ATTENDANCE: 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

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

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**
Absent: Breslin, Paek **Recuse: 0**

- **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
- **Voice vote**
- **Ayes:** Gillespie, Benjamin, Oka, Heinicke, Oneto **No: 0**
Absent: Breslin, Paek **Recuse: 0**

- **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 Oneto:** Motion to approve items C4- Grant medallion to Georg J Rasmussen, C8- Grant medallion to Yosef Habtemariam, 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, Paek **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
- **Ayes:** 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 **Recuse:** 0
Absent: Breslin, Paek **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 full-service 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 **Recuse:** 0
Absent: Breslin, Paek **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
 - **Absent:** Breslin, Pack
- Recuse: 0
No: 0

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 PAK, 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 ATTENDANCE: 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, Paek, 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 Applicant:	Medallion #:	Color Scheme:	Medallion 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 Hammoudeh	9087	Luxor	Ramp
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.



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

- 2004: 789 hours, short 11 hours
- 2005: 212 shifts
- 2006: 469 hours, short 331 hours
- 2007: 873 hours

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

- 2005: 208 shifts
- 2006: 214 shifts
- 2007: 161 shifts

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

- 2004: 837 hours
- 2005: 825 hours
- 2007: 922 hours

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

- 2005: 163 shifts
- 2006: 174 shifts
- 2007: 188 shifts

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

- 2004: 211 shifts
- 2005: 159 shifts
- 2006: 1305 hours

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

- 2004: 214 shifts
- 2006: 234 shifts
- 2007: 167 shifts

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

- 2005: 173 shifts
- 2006: 184 shifts
- 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.

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

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

- 2005: 204 shifts
- 2006: 196 shifts
- 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.

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

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

- 2005: 211 shifts
- 2006: 245 shifts
- 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.

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

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

- 2005: 1370 hours
- 2006: 1520 hours
- 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.

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

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

- 2005: 1100 hours
- 2006: 266 shifts
- 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.

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

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

- 2004: 189 shifts
- 2005: 179 shifts
- 2006: 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.

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

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

- 2004: 1377 hours
- 2006: 998 hours
- 2007: 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 hours
- Wheelchair Pick Ups: 102

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

Applicant's Name (First, Middle, Last) YARED, Z. EPHREM				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) S.F. CA 94102					
Mailing Address (If different than residence address) SAME					
Residence Phone Number: ()			Alternate Phone Number: (415) ANY TIME		
Hours Available at this Number:		Hours Available at this Number: ANY TIME			
Social Security Number		Other name(s) used SAME			
California Driver's License Number / Expiration Year		Date of Birth		Place of Birth	
Race (Optional) BLACK	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height	Weight	Eyes Color BROWN	Hair Color BROWN / BLK/BRN
Color Scheme / Business Name LUXOR TAXI CO				Business Number (415) 282	
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 JERROLD ST S.F. 94123					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number			Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: 11/11/07 Permit #: [REDACTED]		
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) As a driver since 1985, there has been a consistent increase in public transportation demand for taxi cab. My observation in Air-port and Convention, tourism increase has lead me to believe that there is a need for increment of taxi medallion on the street.					

OFFICE USE ONLY			
Received by Danella	Receipt No. 644009	Amount \$638-	Date 10/21/07 DEC 05 2007
Notice Date: 11/27/07		Hearing Date: 12/11/07	
SAN FRANCISCO			

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1990	present	CF 4 9402

How long have you lived within a 30 mile radius of San Francisco? 17 years _____ months

How many years driving experience do you have in San Francisco? 22 years _____ months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1993	2004	DESOTO	4 555 JEWBY S.F. Ca 94124	DRIVER
1994	present	hutor	2230 JERROLD Ave. U 94123	DRIVER

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

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

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

By using hutor tax. Computer dispatches
Radio.

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.

[Signature] 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.

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

[Signature] 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 10/31/07 day of Wed., 20007 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

OCT 31 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: _____
(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) YAPED EPHREM		Phone ()
Residence Address (Street Address, City, State, Zip) San Francisco, CA 94102		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

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

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

Good DISPATCH SERVICE

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NOV 16 2007

SAN FRANCISCO
TAXI COMMISSION

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 11/16/07 day of Friday, 2007 at San Francisco, California

Signature of Applicant

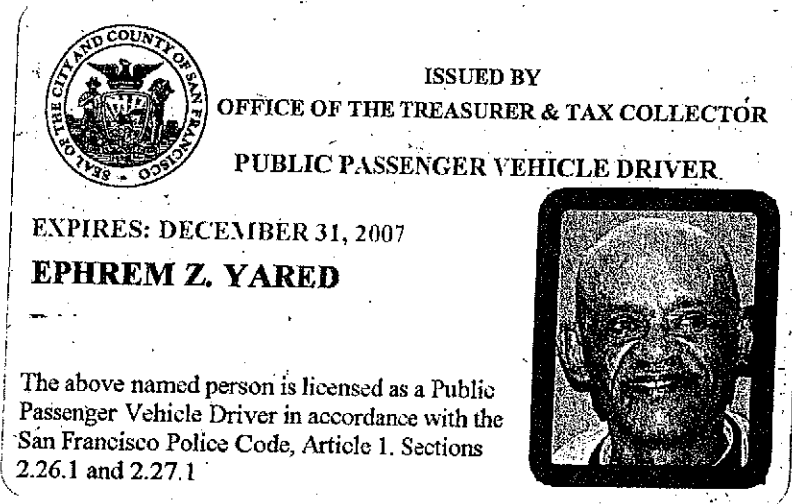
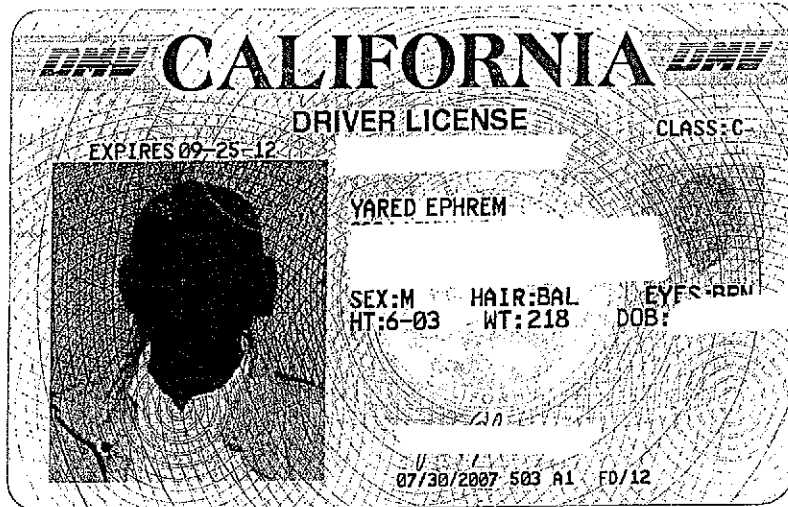
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: NATHAN DWIRI	Title: President
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____ hereby give consent to the applicant named to use my color scheme.	YELLOW Taxicab Color Scheme
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	11/15/2007 Date
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
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date



RECEIVED

OCT 31 2007

SAN FRANCISCO
TAXI COMMISSION

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) MANOHAR SINGH BAWA		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 47 DALY CITY, CA 94015			
Mailing Address (If different than residence address)			
Residence Phone Number:		Alternate Phone Number: ()	
Hours Available at this Number: 9AM-2PM		Hours Available at this Number:	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth 0'	Place of Birth
Race (Optional)	Sex M / F	Height 5'	Weight 170
Color Scheme / Business Name YELLOW CAB INC. 1200 MISSISSIPPI ST S.F.		Eye Color BROWN	Hair Color GREY-BROWN
Color Scheme / Business Address (Street Address, City, State, Zip)		Business Number (415) 282-3737 x227	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: Permit #: [REDACTED]	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) I have already been serving public for many years. My complement and gratitude to S.F. Taxi Commission to award Medallion for serving in coming future.			

OFFICE USE ONLY

Received by Danella	Receipt No. 64015	Amount \$628	Date NOV 02 2007
Notice Date:		Hearing Date:	

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
NOV. 15 2007		94015
DEC 15 2001		CA 94015

How long have you lived within a 30 mile radius of San Francisco? 25 years months

How many years driving experience do you have in San Francisco? 17 years months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
JAN 90	NOV-1-07	YELLOW CAB INC	1200 Mississippi S.F. 94107	CAB DRIVER

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

(Attach additional pages if needed)
Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☒ Yes ☐ No

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

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

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

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

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

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

YELLOW CAB COOPS INC.

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.

MB 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.

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

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.

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

Executed on this 15th day of November, 2007 at San Francisco, California.

Manshar Bawa

Signature of Applicant

RECEIVED

NOV 02 2007

SAN FRANCISCO
TAXI COMMISSION

5685

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) MANOHAR BAWA		Phone () - - - - -
Residence Address (Street Address, City, State, Zip) _____		
Joint Applicant's Name (First, Middle, Last) _____		Phone () - - - - -
Residence Address (Street Address, City, State, Zip) _____		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation: _____		

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

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

Good Company

RECEIVED

NOV 02 2007

SAN FRANCISCO
TAXI COMMISSION

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 29 day of Oct, 2007 at San Francisco, California

MANOHAR BAWA
Print Name of Applicant

Manohar Bawa
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: Hel Mellegre	Title: GM
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Yellow Cab Co-op Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Hel Mellegre Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	10/29/07 Date

OFFICE USE ONLY

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

RECEIVED

NOV 02 2007

SAN FRANCISCO
TAXI COMMISSION



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

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



CALIFORNIA
DRIVER LICENSE CLASS: C

MANOHAR SINGH BAWA

SEX: M HAIR: BRN EYES: BRN
HT: 5-05 WT: 145 D

08/02/2004 599 A7 FD/09

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

Applicant's Name (First, Middle, Last) Dean Warner Olsen		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 1st San Francisco, CA 94110			
Mailing Address (if different than residence address)			
Residence Phone Number: ()		Alternate Phone Number: () ell	
Hours Available at this Number:		Hours Available at this Number: all times	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year R0146887		Date of Birth / /	
Race (Optional)		Sex <input checked="" type="radio"/> M / <input type="radio"/> F	Height /' /" Weight /lb Eye Color Green Hair Color brown-grey
Color Scheme / Business Name Royal Cab		Business Number ()	
Color Scheme / Business Address (Street Address, City, State, Zip) 2121 Evans Ave, Suite G S.F. CA			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes -Date Permit was issued: Permit # [REDACTED]	

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

Obviously, in order to maintain San Francisco's reputation for good taxi service we need the highest quality of drivers we can get. The facts of the matter will show that I fulfill this requirement. I am a career taxi driver with no accidents, no incidents and no complaints. My driving record will reveal that I deal with my passengers in a polite and deferential manner and that my most important goal is to convey the passenger to their destination in the quickest and safest way possible. The record will show that I do not refuse fares and that I am prompt and always ready to accommodate the passenger in any way possible. If for some reason I do not receive the taxi permit I have worked for so long, I believe the city of San Francisco will lose a good ambassador to the public and to the many visitors to our great city. The fact that I have a BA degree from S.F. State U. and speak fluent Spanish certainly add to the competency level the taxicab industry can ill afford to lose.

RECEIVED

OFFICE USE ONLY			
Received by [Signature]	Receipt No. 644047	Amount 138	Date NOV 08 2007
Notice Date 11/27/07	Hearing Date 12/11/07		
SAN FRANCISCO TAXI COMMISSION			

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1980	Jan 30, 07	74131
Jan 31, 07	present	F, CA 94110

How long have you lived within a 30 mile radius of San Francisco? 35 years _____ months

How many years driving experience do you have in San Francisco? 20 plus years _____ months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
12000	2002	Luxor	2230 Serrano Ave	Cab driver
22002	2003	Worldwide	2560 Marin	11
32004	2005	Rejents	96 Pennsylvania SF CA	11
42005	2006	Worldwide	2560 Marin	11
52006	2007	Rejents	96 Pennsylvania SF CA	11
2007	present	Royal	2121 Evans Ave Suite G	11

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

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

Yellow dispatch

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

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

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

DWO 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.

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

DWO 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 7 day of November, 2007 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

NOV 08 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

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

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

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

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Dean Warner Olsen</u>		Phone <u>415</u>
Residence Address (Street Address, City, State, Zip) <u>1111 11th St S.F. CA 94110</u>		
Joint Applicant's Name (First, Middle, Last)		Phone
Residence Address (Street Address, City, State, Zip)		
NOV 08 2007		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

SAN FRANCISCO
TAXI COMMISSION

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

Business Name <u>Yellow</u>	Business Address (Street Address, City, State, Zip) <u>1200 Mississippi</u>	Business Phone <u>415 282 3737</u>
Medallion Number(s)		<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

Because it is the best cab company

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

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

<u>Dean W. Olsen</u> Print Name of Applicant	<u>[Signature]</u> Signature of Applicant
---	--

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>RICHARD WIENER</u>	Title: <u>Operator Manager</u>
The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow Cabs Co-op</u>	
I hereby give consent to the applicant named to use my color scheme.	

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

<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	NOV 08 2007 Date
--	---------------------

OFFICE USE ONLY

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

RECEIVED

NOV 08 2007

INTERIM DRIVER LICENSE

SAN FRANCISCO
TAXI COMMISSION

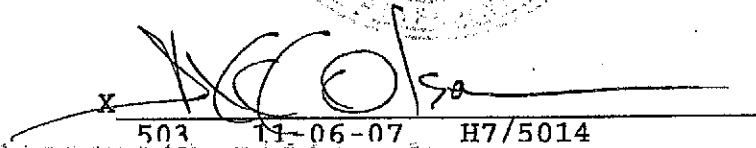
CLASS C

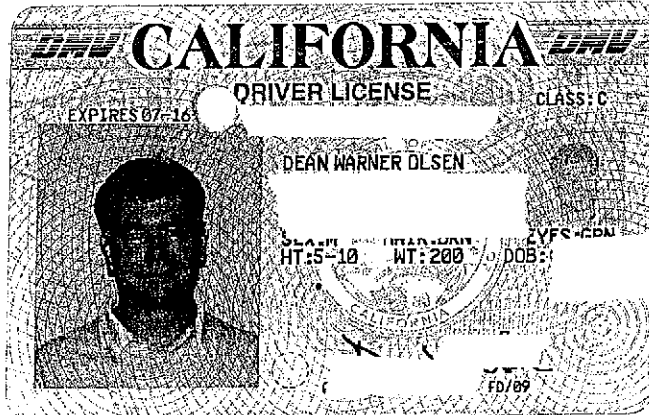
ISSUED:11-06-07 503 H7/ EXPIRES:01-04-08

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) KHAM TA				Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) San Francisco, CA 94112					
Mailing Address (If different than residence address) N/A					
Residence Phone Number: (415) _____			Alternate Phone Number: (415) _____		
Hours Available at this Number: 8AM - 9:30 PM			Hours Available at this Number: 8AM - 11 PM		
Social Security Number _____		Other name(s) used N/A			
California Driver's License Number / Expiration Year _____		Date of Birth _____		Place of Birth Viet Nam	
Race (Optional) _____	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height _____	Weight 5	Eye Color Brown	Hair Color Black
Color Scheme / Business Name Yellow Cab				Business Number (415) 282-3737	
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 Mississippi St S.F. Ca 94107					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number _____		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: _____ Permit #: [REDACTED]			

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

I live in San Francisco for 28 years and I drive Taxi Cab for over 22 years. And I started to drive Ramp for 18 mo. I love this city very much.

I enjoy working as Taxi cab driver in San Francisco near my home.

RECEIVED

OFFICE USE ONLY

Received by: Danella	Receipt No: 044011	Amount: \$119 -	Date: NOV 01 2007
Notice Date: _____		Hearing Date: _____	

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
07/00	Present	San Francisco, CA 94112

How long have you lived within a 30 mile radius of San Francisco? 28 years 00 months

How many years driving experience do you have in San Francisco? 25 years 10 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
08/99	Present	Bay Cab Co.	999 PENNSYLVANIA AVE	Cab/Range driver
01/85	07/99	FRIENDLY Cab	SAN FRANCISCO, CA	Taxi driver

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

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

I will use yellow cab company for Radio Dispatch

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

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

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

WTA 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.

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

WTA 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 31 day of oct, 20 07 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

NOV 01 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

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

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Kham Ta</u>		Phone (415) _____
Residence Address (Street Address, City, State, Zip) <u>San Francisco - Bay S.F. - Cal 94115</u>		
Joint Applicant's Name (First, Middle, Last) _____		Phone () _____
Residence Address (Street Address, City, State, Zip) _____		
Is this a Corporate permit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation: _____		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>Yellow Cab</u>	Business Address (Street Address, City, State, Zip) <u>1700 Mississippi St SF</u>	Business Phone (415) 282-3737
Medallion Number(s) _____		<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

Better opportunity at this company. ✓

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NOV 01 2007

SAN FRANCISCO
TAXI COMMISSION

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 31 day of Oct, 2007 at San Francisco, California

KHAM TA

Print Name of Applicant

[Signature]

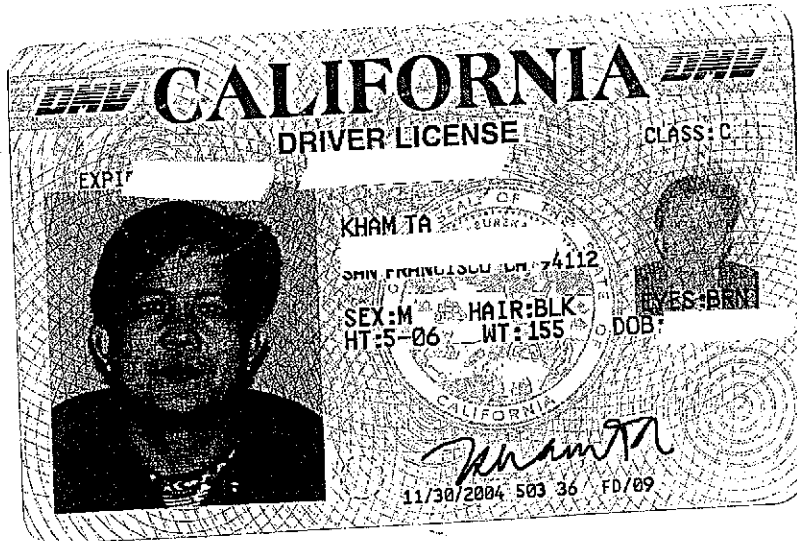
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>Hol Mellegard</u>		Title: <u>GM</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow Cab Co-op</u> Taxicab Color Scheme		
hereby give consent to the applicant named to use my color scheme.		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder		<u>10/31/07</u> Date

OFFICE USE ONLY

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



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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NOV 01 2007

SAN FRANCISCO
TAXI COMMISSION

RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

KHAM TA

RECEIVED

NOV 01 2007

SAN FRANCISCO
TAXI COMMISSION

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

MARCH 19, 2006

Mark Powell

Mark Powell

Certified Ramp Taxi/Sensitivity Trainer



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

Applicant's Name (First, Middle, Last) GEORGE ERNEST LUKE			Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp		
Residence Address (Street Address, City, State, Zip) RYWOOD CITY, CALIF 94063					
Mailing Address (If different than residence address)					
Residence Phone Number: (650) 411-1111			Alternate Phone Number: (415) 411-1111		
Hours Available at this Number: AFTER 6 PM			Hours Available at this Number: DAYTIME		
Social Security Number		Other name(s) used			
California Driver's License Number / Expiration Year			Date of Birth		Place of Birth
Race (Optional) WHITE	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Hair BLK	Eyes BLU	Height 5'10"	
Color Scheme / Business Name LUXOR CAB				Business Number (415) 282-4141	
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 JEROME S.F.					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If No, Alien Resident Card Number			If Yes - Date Permit was issued: Permit # [REDACTED]		

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

I HAVE DRIVEN A RAMP TAXI FOR 12 YEARS.

I HAVE MORE EXPERIENCE THAN ALMOST ANYBODY WITH A RAMP TAXI.

COMM. BRUCE OKA HAS MY PERSONAL NUMBER AND USES MY SERVICE FROM TIME TO TIME.

ALSO I HAVE BEEN CHOSEN RAMP DRIVER OF THE YEAR TWICE 1996 AND 2005 FOR YELLOW CAB

RECEIVED

OFFICE USE ONLY

Received by: Danelle	Receipt No: 644021	Amount: 4119-	Date: NOV 05 2007
Notice Date: 11/27/07	Hearing Date: 12/11/07		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1994	PRESENT	REDWOOD CITY 94063

How long have you lived within a 30 mile radius of San Francisco? 63 years _____ months

How many years driving experience do you have in San Francisco? 12 years _____ months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1996	PRESENT	YELLOW CAB	1200 MISSISSIPPI SF	TAXI DRIVER

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

(Attach additional pages if needed)

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

Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

Were you previously licensed as a taxi driver or chauffeur? ☒ Yes ☐ No

If yes, has the license been revoked? ☐ Yes ☒ No

If yes, explain for what cause?

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

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

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.

SW 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.

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

SW 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 5th day of NOVEMBER, 20 2007 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

NOV 05 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: _____
(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>George Wade</u>		Phone <u>(415)</u>
Residence Address (Street Address, City, State, Zip) <u>Redwood City, Ca 94063</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="radio"/> No <input type="radio"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>Yellow Cab Co-op</u>	Business Address (Street Address, City, State, Zip) <u>1200 MISSISSIPPI ST</u>	Business Phone <u>(415) 282-3737</u>
Medallion Number(s)		<input type="radio"/> Owner / Operator <input checked="" type="radio"/> Cas & Gata <input type="radio"/> Long Term Lease

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

I've been here for 12 years now, WAS OFFERED TO STAY, YELLOW WILL BUY ME A TAXI. I'M A LOT MORE AT EASE (I KNOW MY WAY) AROUND AT YELLOW CAB.

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 6th day of Nov., 2007 at San Francisco, California

George Wade
Signature of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>Hal Mellegard</u>	Title:
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____ hereby give consent to the applicant named to use my color scheme.	YELLOW CAB COOPERATIVE, INC. 1200 MISSISSIPPI STREET SAN FRANCISCO, CA 94107
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. <u>Hal Mellegard</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>11/6/07</u> Date

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	NOV 16 2007

CALIFORNIA

DRIVER LICENSE

EXPIRES 05-08-11 CLASS: C

M0237048

GEORGE ERNEST WADE

RENOVO CITY CA 94063


SEX: M HAIR: BRN EYES: HZL

HT: 6-04 WT: 260 DOB: 05-08-44

RSTR: CORR LENS

George Wade

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 2.26.1 and 2.27.1



RECEIVED

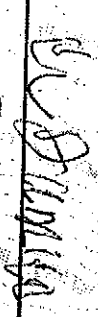
NOV 05 2007

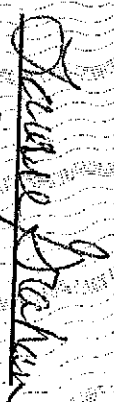
SAN FRANCISCO
TAXI COMMISSION

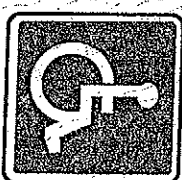
RAMP TAXI OPERATORS TRAINING CLASS

This certifies that
George Wade

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


Cheryl Damico
Certified Sensitivity PASS
Trainer


Laurie Graham
Certified Ramp Taxi PASS Trainer



Ramp
Qualified
Certificate #
2256

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NOV 05 2007
SAN FRANCISCO
TAXI COMMISSION

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

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

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

There is shortage of taxicabs in S.F.

RECEIVED

OCT 04 2007

SAN FRANCISCO
TAXI COMMISSION

OFFICE USE ONLY

Advised by: <i>[Signature]</i>	Receipt No. <i>64135</i>	Amount <i>650.00</i>	Date <i>10/4/07</i>
Date: <i>10/4/07</i>		Hearing Date: <i>10/4/07</i>	

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

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

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

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

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

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

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

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

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

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

M. Lirio
Signature of Applicant

RECEIVED

OCT 04 2007

SAN FRANCISCO
TAXI COMMISSION

J. MIKHAIL LIRISMAN,
requesting change of color from
Luxor to Yellow,
Reason is Yellow is
much better Co.

11.15.07 M. Lirisman
765 Arguello #2 SFCa 9411;
Tel. 751-9374

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NOV 15 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: LUXOR
(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Mikhail Levinson</u>	Phone <u>(415) 751-9374</u>
Residence Address (Street Address, City, State, Zip) <u>765 Arguello #2 SFCa 94118</u>	
Joint Applicant's Name (First, Middle, Last)	Phone ()
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? <input checked="" type="radio"/> No <input type="radio"/> Yes If yes, Name of Corporation:	

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>Yellow Cab.</u>	Business Address (Street Address, City, State, Zip) <u>1200 Mississippi</u>	Business Phone <u>() 3333333</u>
Medallion Number(s)	<input checked="" type="radio"/> Owner / Operator <input type="radio"/> Gas & Gate <input type="radio"/> Long Term Lease	

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

Business opportunity

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SAN FRANCISCO
TAXI COMMISSION

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 15 day of November 07, 20 at San Francisco, California

M. Levinson
Signature of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>NATHAN DWIRI</u>	Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____ hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Cecilia Ramirez</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>11/15/2007</u> Date

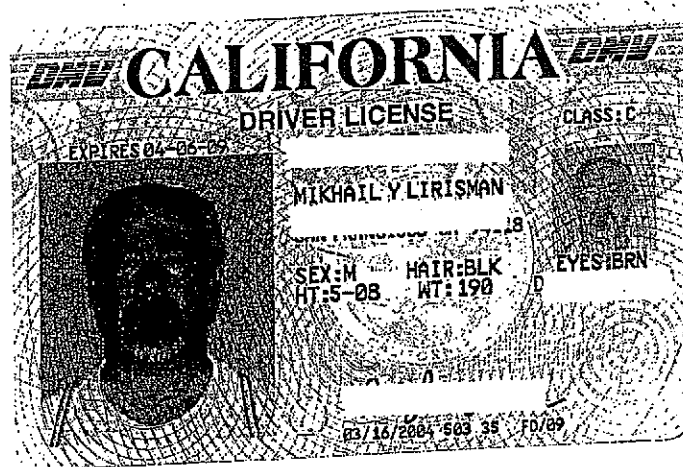
OFFICE USE ONLY

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

RECEIVED :

OCT 04 2007

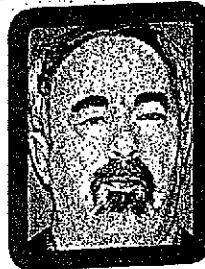
SAN FRANCISCO
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2007
MIKHAIL Y. LIRISMAN


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



San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) Jamal HANNA Jawashia		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 11111 1st St Daly City Ca. 94015			
Mailing Address (If different than residence address) 			
Residence Phone Number: (650) - 341-1111		Alternate Phone Number: (650) - 341-1111	
Hours Available at this Number: 3pm - 9pm		Hours Available at this Number: All Day	
Social Security Number 		Other name(s) used 	
California Driver's License Number / Expiration Year 1A123 1-1-1		Date of Birth 	
Place of Birth 			
Race (Optional) 		Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height
Weight 		Eye Color Brown	Hair Color Black
Color Scheme / Business Name Luxor		Business Number (415) 282 4141	
Color Scheme / Business Address (Street Address, City, State, Zip) 2330 Jerrald			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Alien Resident Card Number 		If Yes - Date Permit was Issued: 1/07 Permit # [REDACTED]	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) The public will not be served adequately because there is not enough cabs to serve the community			

RECEIVED

OFFICE USE ONLY			
Received by: 	Receipt No. 649054	Amount \$ 638.00	Date OCT 31 2007
SAN FRANCISCO			

SAN FRANCISCO

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1990	now	Daly City ca 94015

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

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

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
2001	Now	Luxor cab	2830 Jerrald	Driver

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

Luxor cab RADIO

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.

J.K. 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.

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

J.K. 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 10/27/07 day of October, 20 07 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

OCT 31 2007

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

OCT 31 2007

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☒ NEW COLOR SCHEME
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) JAMAL HANNA TAWASHA		Phone (650)
Residence Address (Street Address, City, State, Zip)		
Joint Applicant's Name (First, Middle, Last)		Phone (650)
Residence Address (Street Address, City, State, Zip) DAILY CITY, CA 94015		
Is this a Corporate permit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name Luxor Cab	Business Address (Street Address, City, State, Zip) 2230 Jerrid Ave San Francisco, CA 94124	Business Phone (415) 401-1420
Medallion Number(s)	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

~~I WORK FOR LUXOR CAB CO.~~
I LIKE to WORK FOR LUXOR CAB CO.

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

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

Jamal Tawasha
Print Name of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: Thomas J STANGHERWINI	Title: Operations Man
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Luxor Cab Taxicab Color Scheme	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Thomas J Stangherwini	Date 10-30-07

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
		Paint Chips Submitted	Photos Submitted

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OCT 31 2007

SAN FRANCISCO
TAXI COMMISSION


CALIFORNIA
DRIVER LICENSE

EXPIRES 12-12-10 CLASS: C

JAMAL HANNA TAWASHA
WALTON CITY, CA 94015


SEX: M HAIR: BLK EYES: BRN
HT: 5-08 WT: 165 DOB: 12-12-48

10/07/2005 599 23 FD/10

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

EXPIRES: DECEMBER 31, 2007
JAMAL H. TAWASHA
P44-12345

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) Chris Hoang		Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) OAKLAND, CA 94606			
Mailing Address (if different than residence address) FRANCISCO, CA 94124			
Residence Phone Number: (510) 24		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 08		Date of Birth	
Place of Birth		1	
Race (Optional) CHINESE	Sex M	Weight	Eye Color Brown
Color Scheme / Business Name LUXOR CAB.		Hair Color Black	
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 JERROLD AVE SAN FRANCISCO CA 94124		Business Number (415)-282-1224	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: Permit # [REDACTED]	

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

My service will make it easier for the disabled and elderly to move around the city. The service I will provide will make it convenient for the elderly and disabled to keep their appointments, such as doctor appointment and work.

RECEIVED

OFFICE USE ONLY			
Received by: Danette	Receipt No. 104020	Amount \$119-	Date NOV 05 2007
Notice Date 11/07/07	Hearing Date 12/11/07		

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

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

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

~~2001-04-30-05~~ ~~2535~~ ~~11~~ ~~CA 94606~~
05-01-05 present ~~11~~ ~~CA 94606~~
2001 04-30-05 ~~11~~ ~~CA 94606~~

How long have you lived within a 30 mile radius of San Francisco? 25 years months

How many years driving experience do you have in San Francisco? 20 years months

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

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

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

Type of Work

10-01-07 present Luxor Cab. Driver
07-01-07 09-30-07 Yellow Cab. Driver
2004 06-30-07 Luxor Cab. Driver
2001 2004 Regent's Cab. Driver

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

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

Offense Date Place of Arrest Disposition

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired?
☐ Yes ☒ No

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

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

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

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

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

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

Luxor Cab.

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.

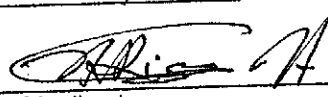
CH I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit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

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

CH 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.



Signature of Applicant

RECEIVED

NOV 05 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

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

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) CHRIS HOANG		Phone (510) _____
Residence Address (Street Address, City, State, Zip) _____, OAKLAND CA, 94606		
Joint Applicant's Name (First, Middle, Last) _____		Phone () _____
Residence Address (Street Address, City, State, Zip) _____		
Is this a Corporate permit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation: _____		

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

Please list the reason(s) why you are requesting this change:
LUXOR cab Have Best Computers! Best Service

RECEIVED

NOV 05 2007

SAN FRANCISCO
TAXI COMMISSION

(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 29th day of October, 2007 at San Francisco, California

CHRIS Hoang
Print Name of Applicant

[Signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: JOHN LAZAR		Title: PRESIDENT
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for LUXOR CAB Taxicab Color Scheme		
I hereby give consent to the applicant named to use my color scheme.		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder [Signature]		Date 10/29/07

OFFICE USE ONLY

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

CALIFORNIA

EXPIRES DRIVER LICENSE CLASS: C
C2625740

CHRIS HOANG

SEX: M HAIR: BLK EYES: BRN

01/28/2003 604 C1 FD/08



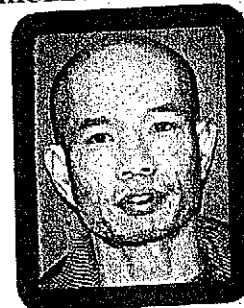
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

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



RECEIVED

NOV 05 2004

SAN FRANCISCO
TAXI COMMISSION

RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

CHRIS HOANG

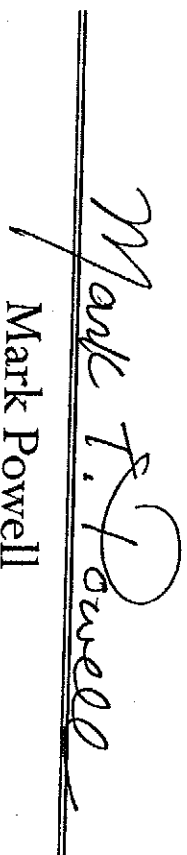
RECEIVED

NOV 05 2007

SAN FRANCISCO
TAXI COMMISSION

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

JUNE 9 2007


Mark Powell

Certified Ramp Taxi/Sensitivity Trainer



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

Applicant's Name (First, Middle, Last) DAVID LEE KREUTNER		Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) WOODSIDE, CA 94062			
Mailing Address (if different than residence address) A 94062			
Residence Phone Number: (650)		Alternate Phone Number: (415)	
Hours Available at this Number: 8		Hours Available at this Number: 16	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth		Race (Optional)	
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		Eye Color BRN	
Hair Color BLACK		Business Number	
Color Scheme / Business Name LUXOR CAB		(415) 282 1224	
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 Jerrold SAN FRANCISCO CA			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Alien Resident Card Number		If Yes - Date Permit was Issued: Permit #: [REDACTED]	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) wheelchair passengers are now waiting too long to be serviced			

RECEIVED

OCT 30 2007

SAN FRANCISCO
TAXI COMMISSION

OFFICE USE ONLY			
Received by: [Signature]	Receipt No. 1	Amount 4119	Date 10/30/07

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
10/1987	NOW	WOODSIDE CA 94062

How long have you lived within a 30 mile radius of San Francisco? 40 years months	How many years driving experience do you have in San Francisco? 40 years months	Are you physically qualified to drive a standard vehicle safely? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1990	NOW	LUXOR CAB	2230 Jerrold SF CA	DRIVER

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

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

LUXOR CAB HAS 24 hr Dispatch Service

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

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

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

DA 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.

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

DA 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 29th day of OCTOBER, 20 07 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

OCT 30 2007

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

OCT 30 2007

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

SAN FRANCISCO

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

☒ NEW COLOR SCHEME
(Complete both sides)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>DAVID Lee Kreutner</u>	Phone <u>650 551 1121</u>
---	------------------------------

Residence Address (Street Address, City, State, Zip) <u>1111 Woodside CA 94062</u>

Joint Applicant's Name (First, Middle, Last)	Phone ()
--	--------------

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

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

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>LUXOR CAB</u>	Business Address (Street Address, City, State, Zip) <u>2230 PERROD AVE, SF, CA 94124</u>	Business Phone <u>(415) 282-1224</u>
Registration Number(s) <u>NEW</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I HAVE WORKED FOR LUXOR CAB 17 YRS
AND INTEND TO CONTINUE

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 29 day of OCTOBER, 2007 at San Francisco, California

DAVID KREUTNER [Signature]
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>JOHN LAZAR</u>	Title:
---	--------

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for LUXOR CAB CO
Taxicab Color Scheme

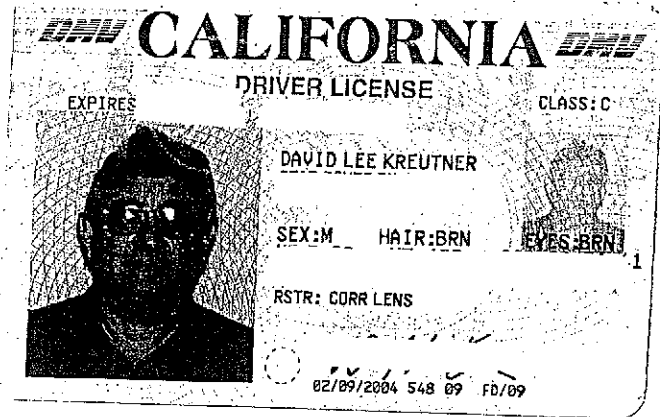
and hereby give consent to the applicant named to use my color scheme.

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

[Signature] 10/29/07
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date

OFFICE USE ONLY

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



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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



RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

DAVID KREUTNER

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

JANUARY 14, 2006

Mark T. Powell

Mark Powell

Certified Ramp Taxi/Sensitivity Trainer

RECEIVED

OCT 30 2007

SAN FRANCISCO
TAXI COMMISSION



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

Applicant's Name (First, Middle, Last) Ghassan M. Hammoudeh		Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) American Canyon, CA 94503			
Mailing Address (If different than residence address) 4 San Pablo, CA 94806			
Residence Phone Number: (707)		Alternate Phone Number: (415)	
Hours Available at this Number: 3 pm - 3 am		Hours Available at this Number: 24 Hours	
Social Security Number		Other name(s) used None	
California Driver's License Number / Expiration Year B 7809076		Date of Birth	
Race (Optional)		Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height
Color Scheme / Business Name Luxor Cab Co.		Eye Color Black	Hair Color Black
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 Jerome Ave, San Francisco, CA 94124		Business Number (415) 282-4141	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Alien Resident Card Number 074-241-475		If Yes - Date Permit was Issued: 12/31/06 Permit # [REDACTED]	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)			
1. This permit is important for people who live in SF. especially for handicap people.			
2. This permit will serve SF. county & City.			
3. This permit will help other permits to serve the people, because the current permits are not enough. Sometimes handicap people wait hours & hours to serve.			
RECEIVED			

OFFICE USE ONLY				NOV 08 2007	
Received by: [Signature]	Receipt No. 21	Amount 419	Date	SAN FRANCISCO TAXICAB COMMISSION	

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
03/2003	11/2007	1111 Canyon CA 94503
01/2001	02/2003	1111 Canyon CA 94503

How long have you lived within a 30 mile radius of San Francisco? 11 years 1 months

How many years driving experience do you have in San Francisco? 11 years 1 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
03/05	NOW	Luxer Cab Co.	2200 Jernold Ave SF 94124	Cab Driver
03/02	12/04	Vettrans Cab Co.	2575 Marin Ave SF 94124	Cab Driver

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

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired?
☐ Yes ☒ No

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

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

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

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

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

I state existing radio cab company (Luxer Cab # ---), then I ask 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? ☒ Yes ☐ No

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

LP 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.

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

LP 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 November day of 6th, 2007 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

NOV 08 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

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

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) G HASSAN M. HAMMOUDEH	Phone (415) 282-1224
--	--------------------------------

Residence Address (Street Address, City, State, Zip) 2230 JERROLD AVE, AMERICAN CANYON, CA 94503	Phone ()
--	--------------

Print Applicant's Name (First, Middle, Last)	Phone
--	-------

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

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

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name LUXOR CAB	Business Address (Street Address, City, State, Zip) 2230 JERROLD AVE, SF, CA 94124	Business Phone (415) 282-1224
Fleet Number(s)		<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

Because I work with co 3 years ago and I feel comfortable to work with them. and they have business with handicapped wheelchair pick ups.

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NOV 08 2007

SAN FRANCISCO TAXI COMMISSION

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 November day of 7th, 2007 at San Francisco, California

Ghassan Hammoudeh _____
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: JOHN LAZAR	Title: PRESIDENT
---	----------------------------

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for LUXOR CAB INC.
Taxicab Color Scheme

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

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

[Signature] _____ **11-8-07**
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date

OFFICE USE ONLY

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

RECEIVED


NOV 08 2007

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA DRIVER LICENSE

EXPIRES: CLASS: C

GHASSAN M HAMMOUDEH
5
JA 94503
SEX: M HAIR: BLK
DOB: 01/24/2005 540 BS FD/10



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



RAMPTAXI OPERATORS TRAINING CLASS

This certifies that

GHA SSAN HAMMOUDEH

NOV 08 2007

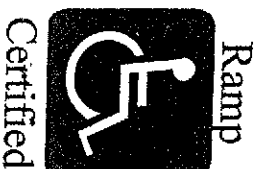
SAN FRANCISCO
TAXI COMMISSION

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

JANUARY 7, 2006

Mark T. Powell
Mark Powell

Certified Ramp Taxi/Sensitivity Trainer



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

Applicant's Name (First, Middle, Last) TAN KHUONG VUONG				Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip)					
Mailing Address (If different than residence address) Same					
Residence Phone Number: (415)			Alternate Phone Number: ()		
Hours Available at this Number:		Hours Available at this Number:			
Social Security Number		Other name(s) used None			
California Driver's License Number / Expiration Year			Date of Birth		Place of Birth
Race (Optional) Asian	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height	Weight	Eye Color BLK	Hair Color BLK
Color Scheme / Business Name LUXOR CABS				Business Number (415) 282-1514	
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 JERROLD AVE SF CA 94124					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number			Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes -Date Permit was issued: 1988 Permit # [REDACTED]		
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)					
<p align="center">If I granted this permit, I will</p> <p align="center">serve the public better.</p>					

RECEIVED

OFFICE USE ONLY			
Received by: Danell	Receipt No: 644023	Amount: \$119-	Date: NOV 06 2007
Notice Date:		Hearing Date:	
SAN FRANCISCO TAXI COMMISSION			

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1990	Present	SF CA 94132

How long have you lived within a 30 mile radius of San Francisco? 17 years months

How many years driving experience do you have in San Francisco? 20 years months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1999	2002	Regent CABS		
2002	2004	Bay CABS	999 Peninsula ST	
2004	2005	UNION CABS	out of Business	
2005	2007	Yellow & LUXOR CABS	Jerrald AVE 2230	

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired?
☐ Yes ☒ No

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

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

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

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

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

LUXOR CABS

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.

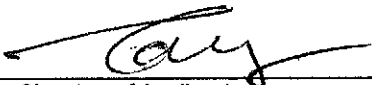
TAN I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab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

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

TAN 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 01 day of 11, 2007 at San Francisco, California.


Signature of Applicant

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NOV 06 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME

(Complete both sides)

☐ *CHANGE OF COLOR SCHEME -- From: _____

(Complete front side only)

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

PLEASE PRINT CLEARLY -- COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last)

TAN KHUONG VUONG

Phone

(415) 282-1224

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

SF CA 94132

Joint Applicant's Name (First, Middle, Last)

Phone

(415) 282-1224

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

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

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

Business Name

LUXOR CAB

Business Address (Street Address, City, State, Zip)

2230 Ferriero Ave, SF CA 94124

Business Phone

(415) 282-1224

Medallion Number(s)

☒ Owner / Operator☐ Gas & Gate☐ Long Term Lease

Please list the reason(s) why you are requesting this change: taking medallion to color scheme named above.

LUXOR IS the best like computer

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NOV 06 2007

SAN FRANCISCO
TAXI COMMISSION

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 06 day of NOVEMBER, 2007 at San Francisco, California

VUONG TAN KHUONG

Print Name of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder:

THOMAS J. STANGHELLINI

Title:

Operations Manager

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for

LUXOR CAB

Taxicab Color Scheme

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

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

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

11-2-07

Date

OFFICE USE ONLY

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



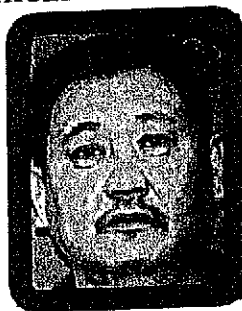
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

TAN K. VUONG

P44

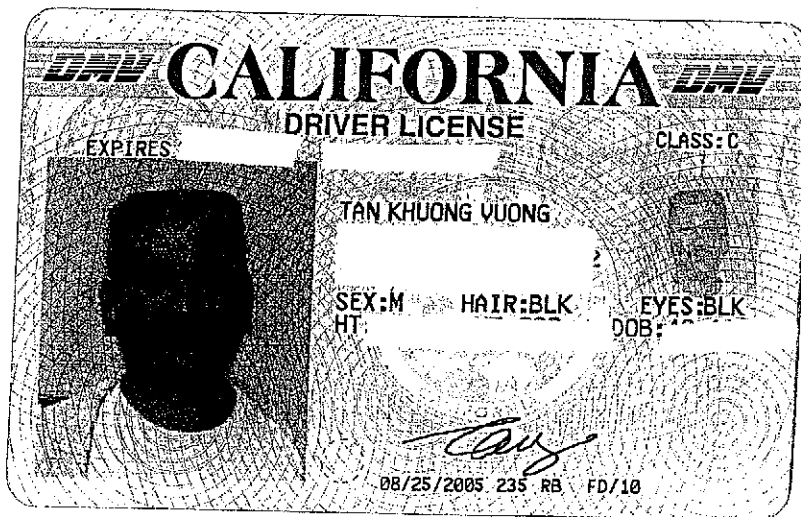
The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1. Sections 2.26.1 and 2.27.1



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NOV 06 2007

SAN FRANCISCO
TAXI COMMISSION



RAMPTAXI OPERATORS TRAINING CLASS

This certifies that

TAN VUONG

has successfully completed the requirements for Sensitivity/

Ramp Taxi Operators Training on this date

JUNE 9 2007

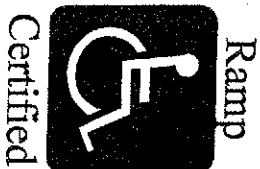
Mark T. Powell
Mark Powell

Certified Ramp Taxi/Sensitivity Trainer

RECEIVED

NOV 06 2007

SAN FRANCISCO
TAXI COMMISSION



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

Applicant's Name (First, Middle, Last) <u>Lawrence Irwin Kelley</u>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <u>Haward CA 94544</u>			
Mailing Address (If different than residence address) 			
Residence Phone Number: ()		Alternate Phone Number: ()	
Hours Available at this Number: <u>24</u>		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) <u>White</u>	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 	Weight
Color Scheme / Business Name <u>Veterans Cab</u>	Eye Color <u>Blue</u>	Hair Color <u>Blond</u>	
Business Number <u>(415) 532-1300</u>			
Color Scheme / Business Address (Street Address, City, State, Zip) <u>2270 McKinnon, San Francisco CA 94124</u>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: <u>Dec 2006</u> Permit # <u>[REDACTED]</u>	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) <u>The San Francisco Taxi Commission in connection with the annual PC&N hearings determines the number of cabs necessary. I rely on their conclusions as to the number of cabs necessary to provide adequate service to the public.</u>			

OFFICE USE ONLY			
Received by: <u>[Signature]</u>	Receipt No. <u>644041</u>	Amount <u>\$638 -</u>	Date <u>NOV 01 2007</u>
Notice Date <u>Nov 27, 2007</u>	Hearing Date <u>Dec 11, 2007</u>		

RECEIVED

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
2001	Now	1234 5th St, Hayward CA 94544

How long have you lived within a 30 mile radius of San Francisco? 43 years 1 months

How many years driving experience do you have in San Francisco? Taxi 39 years 1 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
2002	Now	National Cab	2270 McKinnon San Francisco CA 94544	Driver
2001	2002	City Wide Taxi	645 Haight San Francisco CA 94102	Driver
1969	2001	Luxor Cab	2120 Divisadero San Francisco CA 94115	Driver
1968	1969	Yellow Cab	8th & Townsend San Francisco CA	Driver
1967	1968	SFPD	Central Station	Q2 Officer
1964	1967	Bell Telephone	555 Pine San Francisco CA	RI Tech.

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

National Veterans dispatch service 24-7

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.

JK 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.

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

JK 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 31st day of October, 20 07 at San Francisco, California.

Lawrence Kelley
Signature of Applicant

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME

(Complete both sides)

☐ *CHANGE OF COLOR SCHEME - From: _____

(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Lawrence Irwin Kelley</u>	Phone <u>(510)</u>
Residence Address (Street Address, City, State, Zip) <u>Hayward CA 94544</u>	
Joint Applicant's Name (First, Middle, Last)	Phone ()
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:	

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

Business Name <u>Al Veterans Cab</u>	Business Address (Street Address, City, State, Zip) <u>2270 McKinnon, San Francisco CA 94124</u>	Business Phone <u>(552) 1300</u>
Medallion Number(s)	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I am taking the Medallion to National-Veterans simply because that is where I have been working for the past several years.

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 First day of November, 2007 at San Francisco, CaliforniaLawrence Kelley

Print Name of Applicant

Lawrence Kelley

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>Don Hinos / [Signature]</u>	Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>National-Veterans Cab</u> hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>10/30/07</u> Date

OFFICE USE ONLY

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

RECEIVED

NOV 01 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



CALIFORNIA
DRIVER LICENSE

EXP: [REDACTED] CLASS: C

LAWRENCE IRWIN KELLEY
DOB: [REDACTED]
IDENTIFICATION: 74544

SEX: M HAIR: BLN EYES: BLU
HT: 5-09 WT: 195

06/28/2006 604 08 FD/11

A black and white portrait of a man, identified as Lawrence Kelley.

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

Applicant's Name (First, Middle, Last) BERNARD JAMES SCHNATTER		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) #2 SAN FRANCISCO CALIF 94109			
Mailing Address (If different than residence address) SAME			
Residence Phone Number: (415) 6100-4111		Alternate Phone Number: (415) 741-1169	
Hours Available at this Number: 11:00 AM - 11:00 PM		Hours Available at this Number: 7 AM till 6 PM	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth		Race (Optional)	
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		Height	
Weight		Eye Color BLUE	
Hair Color GRAY-BROWN		Color Scheme / Business Name	
De Soto CAB CO.		Business Number	
(415) 940-1369		Color Scheme / Business Address (Street Address, City, State, Zip)	
De Soto CAB CO. 555 Selby St. S.F. Cal. 94124		Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes - Date Permit was Issued: JAN 2007		Permit #: [REDACTED]	

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

I BELIEVE THE public will NOT BE ADEQUATELY SERVED UNLESS THIS PERMIT IS GRANTED.

I HAVE BEEN DRIVING CAB FOR OVER 29 YEARS, I TAKE MY JOB VERY SERIOUS. I USE THE CAB RADIO AND I KNOW THIS CITY OF SAN FRANCISCO. REAL WELL. I DO ALOT OF Blood Bank Delivery. And I pick up alot OF Elderly people with wheel chairs, ~~walkers~~ WALKERS AND CANES. also people that need a RIDE AFTER AN OPERATION FROM THE HOSPITAL.

IF I GET AN AIRPORT RIDE I DROP THE PASSENGERS OFF AND COME RIGHT back to the City TO TAKE CARE OF OUR RADIO BUSINESS.

I'M A VERY PROUD TAXI CAB DRIVER FOR MY COMPANY De Soto AND FOR MY city OF SAN FRANCISCO.

**Thank you
Bernie**

OFFICE USE ONLY			
Received by: Danell	Receipt No. 644004	Amount \$630 -	Date OCT 31 2007
Office Date: 11/2/07	Hearing Date: 11/2/07		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1991	10-2007	Ca. 94109

How long have you lived within a 30 mile radius of San Francisco? 29 years 10 months

How many years driving experience do you have in San Francisco? 36 years months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
3-28-78	10-30-2007	D & Soto Cab	555 Selby S.F. Ca. 94124	CAB DRIVER

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

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

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

with D & Soto Cab Comp 7/24 365 days

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.

BJS 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.

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

BJS 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 30TH day of OCTOBER, 20 07 at San Francisco, California.

Bernard J. Schnatter
Signature of Applicant

RECEIVED

OCT 31 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

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

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) BERNARD JAMES SCHNATTER		Phone (415) 970-1300
Residence Address (Street Address, City, State, Zip) 1555 SELBY ST. SAN FRANCISCO, CALIF. 94109		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name Desoto CAB.	Business Address (Street Address, City, State, Zip) 555 SELBY ST. CA 94124	Business Phone (415) 970 1300
Mediation Number(s)		<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

I have been driving with Desoto Cab Co. for 29 years.

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 **OCTOBER**, 20**07** at San Francisco, California

BERNARD JAMES SCHNATTER *Bernard Schnatter*
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: CINDY L. WARD	Title: GENERAL MGR.
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for DESOTO CAB CO. Taxicab Color Scheme	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<i>Cindy L. Ward</i> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	10/30/07 Date

RECEIVED

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed OCT 31 2007
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Receipt No.	Amount	Date	SAN FRANCISCO TAXICAB COMMISSION



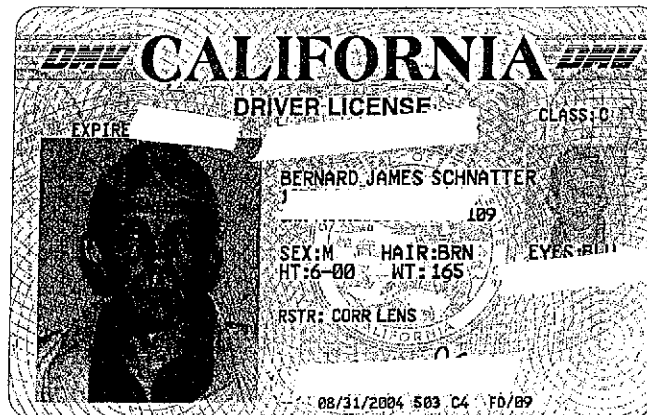
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

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



RECEIVED

OCT 31 2007

SAN FRANCISCO
TAXI COMMISSION

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

Applicant's Name (First, Middle, Last) RAFABEL RALPH MACHIKOVSKY		Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) CA 94547			
Mailing Address (if different than residence address)			
Residence Phone Number: (510)		Alternate Phone Number: (415)	
Hours Available at this Number: 5pm - 10pm		Hours Available at this Number: 7am - 10pm	
Social Security Number		Other name(s) used RALPH	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth			
Race (Optional) W	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height	Weight
Color Scheme / Business Name Town Taxi Inc.	Eye Color Green	Hair Color Gray	
Color Scheme / Business Address (Street Address, City, State, Zip) 999 Pennsylvania Ave., San Francisco, CA 94107		Business Number (415) 401-8900	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: Permit #: [REDACTED]	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)			
<p><i>I have twenty five years of experience of serving the public. I know how to put my experience to work for our community. When I will get my medallion it will work in a company as a gas-and-gas operation, that will also made my medallion more readily available to the public.</i></p>			

OFFICE USE ONLY

Received by: Danellie	Receipt No: 1044014	Amount: \$119 -	Date: NOV 01 2007
Notice Date: Nov. 27, 2007	Hearing Date: Dec. 11, 2007		

SAN FRANCISCO

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
2002	Present	Heracles, CA 94547

How long have you lived within a 30 mile radius of San Francisco? 5 years 6 months

How many years driving experience do you have in San Francisco? 25 years months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1996	Present	Town Taxi	999 Pennsylvania, SF	OWNER

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

(Attach additional pages if needed)

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

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

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

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

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

Town Taxi Radio Dispatch

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

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

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

Rm 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.

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

Rm 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 30TH day of OCTOBER, 2007 at San Francisco, California.

Paul Madhousey
Signature of Applicant

RECEIVED

NOV 01 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME

(Complete both sides)

☐ *CHANGE OF COLOR SCHEME - From: _____

(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) RALPH MACHKOVSKY		Phone (415) 401-8900
Residence Address (Street Address, City, State, Zip) Heracles CA 94547		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

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

Business Name Town Taxi	Business Address (Street Address, City, State, Zip) 999 Pennsylvania Ave, SF CA 94552	Business Phone 415 401-8900
Medallion Number(s) to be determined		<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

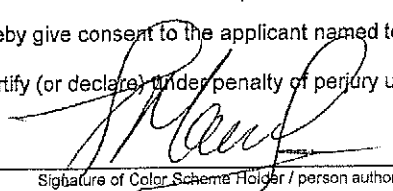
I own the company where I plan to take my medallion

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

Executed this **1st** day of **November**, 20**07** at San Francisco, California
RAFAEL MACHKOVSKY
 Print Name of Applicant


 Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: Jacob Mayzel	Title: Manager
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Town Taxi Taxicab Color Scheme	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder 	Date 10/30/07

OFFICE USE ONLY

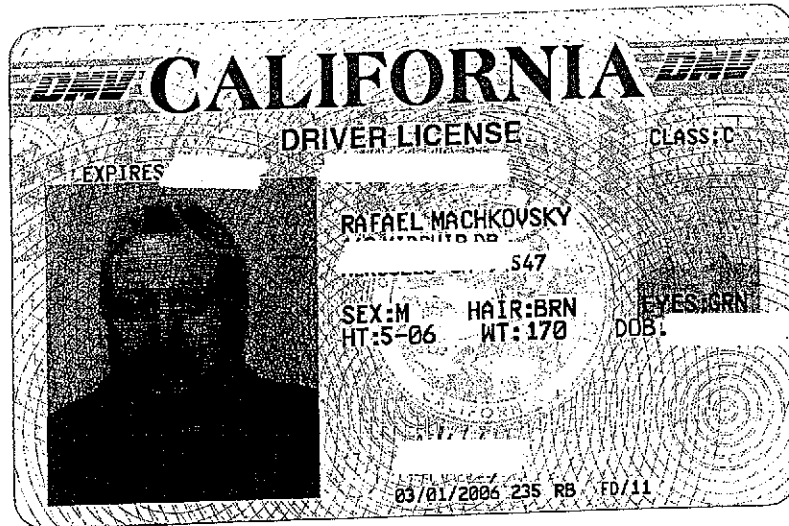
RECEIVED

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed NOV 01 2007
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date NOV 01 2007 SAN FRANCISCO TAXICAB COMMISSION

RECEIVED

NOV 01 2007

SAN FRANCISCO
TAXI 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 TAXI OPERATORS TRAINING CLASS

This certifies that


Rafael Machkovsky


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

RECEIVED

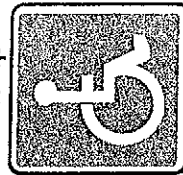
NOV 01 2007

SAN FRANCISCO
TAXI COMMISSION


Cheryl Damico
Certified Sensitivity PASS
Trainer


Laurie Graham
Certified Ramp Taxi PASS Trainer

Ramp



Qualified

Certificate #
2245

Consent Calendar: Item H

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

Medallion Holder Name:	Medallion #:	Change:
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: AMERICAN
(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>WILLIAM H. CASE</u>		Phone (510) - - - - -
Residence Address (Street Address, City, State, Zip) <u>AVE BERKELEY, CA 94708</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>YELLOW CAB</u>	Business Address (Street Address, City, State, Zip) <u>1400 MISSISSIPPI SF. 94107</u>	Business Phone (415) 333 3333
Medallion Number(s) <u>#1103</u>	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

Business opportunity

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 20TH day of November, 20 07 at San Francisco, California

Bill Case
Signature of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u>Nathan Swiri</u>	Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow</u> , hereby give consent to the applicant named to use my color scheme. Taxicab Color Scheme	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>Nov. 16, 2007</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>11/27/07</u>	Hearing Date <u>12/11/07</u>	Decision of Taxicab Commission	New Declaration Signed <u>RECEIVED</u>
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. <u>644055</u>	Amount <u>291 -</u>	Date <u>NOV 20 2007</u>

NUMBER **2282**

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That (a California corporation)

has complied with the requirements of the Director of Industrial Relations under the provisions of 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.

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

EFFECTIVE:

THE 16th DAY OF June 19 2003

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

CHUCK CAKE

DIRECTOR

MARK B. ASHCRAFT

MANAGER

* Revocation of Certificate.—"A certificate of consent to self-insure may be revoked 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 for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligation in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury 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, Group 2.—Administration of Self-Insurance.

CALIFORNIA AUTO INSURANCE IDENTIFICATION CARD

NAME OF INSURED

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

PHONE: 415-775-3114
POLICY NO: AC
EFFECTIVE DATE: OCT 12, 2006
EXPIRATION DATE: OCT 12, 2007

MERCURY INSURANCE COMPANY

VEHICLE DESCRIPTION

FLEET # 1103

2005 FORD

VIN #

LICENSE #

COML 06/30/2007 TO 06/30/2008 31
TAXI

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL
TX

DATE ISSUED
06/19/2007

CYLS.	DATE FIRST SOLD	CLASS	MAKE	YR	Yr. Model
00/00/2005	EA	2006	2005		
TYPE VEH.	MP	AX	WC	UNLADEN WG	TOTAL FEES PAID
32X	G	2	C	0.3980	\$189
					3800

REGISTERED
OWNER

SF AMERICAN TAXI CAB INC
120 WILLOW ST
SAN FRANCISCO CA 94109-7800

LIEN HOLDER

0



W0024
R0041
L0102

148060920074005

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

M8487487

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2007

GROUP:

POLICY NUMBER:

CERTIFICATE ID:

3

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

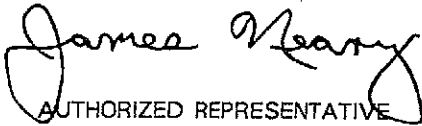
NG

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

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

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

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


AUTHORIZED REPRESENTATIVE
PRESIDENT

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

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2006 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



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,

Cindy L. Ward
General Manager
DeSoto Cab Company

RECEIVED

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: WORLDWIDE CAB
(Complete front side only)

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

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) GEORGE A. LANCIA		Phone (415)
Residence Address (Street Address, City, State, Zip) 1111 1st St, S.F. 94104		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name S.F. TAXI-CAB CO.	Business Address (Street Address, City, State, Zip) 2121 EVANS ST., S.F. 94124	Business Phone (415) 920-0709
Medallion Number(s) 846		<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

WORLDWIDE CLOSING ITS DOORS by the end of the year
according to permit holder Keith Raskin. I am relocating to another
color scheme within Citywide Dispatch.

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 9TH day of NOVEMBER, 2007, at San Francisco, California

Signature of Applicant

X *George Lancia*
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

Name of person authorized to sign for Color Scheme Holder: <u><i>Jack B. Lopez</i></u>	Title: SOLE PROPRIETORSHIP
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>S.F. TAXI-CAB CO.</u> Taxicab Color Scheme	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u><i>Jack B. Lopez</i></u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>9 NOV '07</u> Date

RECEIVED

OFFICE USE ONLY

Agenda Notice Date <u>11/27/07</u>	Hearing Date <u>12/11/07</u>	Decision of Taxicab Commission	New Declaration Signed <u>NOV 26 2007</u>
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted SAN FRANCISCO
Received by: <u>Dorelle</u>	Receipt No. <u>644048</u>	Amount <u>\$291-</u>	Date <u>11/20/07</u>



INSURANCE BINDER

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

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY

Public Livery Insurance Services, Inc.
1380 El Cajon Blvd Ste 212
El Cajon CA 92020

COMPANY

Lincoln General Insurance Company

BINDER

20071

EFFECTIVE

10/12/2007

12:01

X

AM

PM

EXPIRATION

12/12/2007

X

12:01 AM

NOON

PHONE
(A/C, No, Ext): (619) 702-7022FAX
(A/C, No): (619) 593-2176

CODE:

SUB CODE:

AGENCY
CUSTOMER ID:

INSURED

Worldwide Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379☐ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)

Taxi Cab Operation
Medallion #386, #707, #787, #846, #859, #862, #923, #953, #957, #960,
#1031, #1137

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE		
<input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL: <input type="checkbox"/>		STATED AMOUNT		\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$ 1,000,000
		E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000
		E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS

Worldwide Cab Company
3450 Geary St Ste 100
San Francisco CA 94118-3379

MORTGAGEE

ADDITIONAL INSURED

LOSS PAYEE

LOAN

AUTHORIZED REPRESENTATIVE

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER (STATE) CA
COMPANY Lincoln General INS CO
POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
10/12/07 10/12/08
MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
CHRYSLER

AGENCY/COMPANY ISSUING CARD

Public Livery Insurance Services, Inc
1380 El Cajon Blvd Ste 212
El Cajon CA 92020

INSURED
WORLDWIDE CAB # 846
SFITA
999 PENNSYLVANIA ST
SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER (STATE) CA
COMPANY Lincoln General INS CO
POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
10/12/07 10/12/08
MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
CHRYSLER

AGENCY/COMPANY ISSUING CARD
Public Livery Insurance Services, Inc
1380 El Cajon Blvd Ste 212
El Cajon CA 92020

INSURED
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.

ACORD 50 (1/83)

RECEIVED

NOV 20 2007

SAN FRANCISCO
AM COMMISSION

RECEIVED

NOV 20 2007

SAN FRANCISCO
CITY COMMISSION

CAG 846

COML 02/28/2007 TO 02/28/2008 31 TYPE LICENSE NUMBER

VEHICLE IDENTIFICATION NUMBER		DATE FIRST SOLD		CLASS	NAME
CYLS. 7		00/00/2006		FY	CHRY
BODY TYPE MODEL		DATE ISSUED		TOTAL FEES PAID	
VA		02/24/2007		4100	
TYPE VEH		UP		UNLADNGCGW	
32Y		62		03790	
				\$243	

LANCIA GEORGE A
217 MILTON AVE
SAN BRUNO CA 94066-4933

REGISTERED OWNER

W0024
R0041
L0152

DC FIN SVCS AMER LLC
PO BOX 977
ROANOKE

76262
141021420073057

TX

M2821201

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

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME

(Complete both sides)

☒ *CHANGE OF COLOR SCHEME - From:World Wide Cab

(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) EVERN BYRD		Phone 576 3311
Residence Address (Street Address, City, State, Zip) 2000 E. 10th Ave. S.F. CA. 94116		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

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

Business Name S.F. TAXI CAB CO	Business Address (Street Address, City, State, Zip) 2121 EVANS, S.F., CA. 94124	Business Phone (415) 920-0709
Medallion Number(s) 1031		<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input checked="" type="checkbox"/> Long Term Lease

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

World Wide Cab is closing its doors.

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 9TH day of November, 2007 at San Francisco, CaliforniaEvern Byrd

Print Name of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: JACK G. TRAD	Title: SOLE PROPRIETORSHIP
--	-------------------------------

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for S.F. TAXI-CAB CO.
hereby give consent to the applicant named to use my color scheme.

Taxicab Color Scheme

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

9 NOVEMBER 2007

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

Date

RECEIVED

OFFICE USE ONLY


Agenda Notice Date 11/27/07	Hearing Date 12/11/07	Decision of Taxicab Commission	New Declaration Signed NOV 20 2007
Worker's Comp Submitted NO	Insurance Submitted NO	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. 644052	Amount 291-	Date SAN FRANCISCO TAXI COMMISSION

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

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE				BINDER # 206	
AGENCY Public Livery Insurance Services, Inc. 1380 El Cajon Blvd Ste 212 El Cajon CA 92020			COMPANY Lincoln General Insurance Company		
			EFFECTIVE DATE 10/12/2007		TIME 12:01
			X AM FM		EXPIRATION DATE 12/12/2007
					X 12:01 AM NOON
PHONE (A/C, No. Ext): (619) 702-7022		FAX (A/C, No.): (619) 593-2178		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
CODE:		SUB CODE:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)	
AGENCY CUSTOMER ID:		INSURED Worldwide Cab Company 3450 Geary St Ste 100 San Francisco CA 94118-3379		Taxi Cab Operation Madallion #386, #707, #767, #846, #859, #862, #923, #953, #957, #960, #1031, #1137	
				LIMITS	

COVERAGES		LIMITS	
TYPE OF INSURANCE		DEDUCTIBLE	COINS %
PROPERTY <input type="checkbox"/> BASIC <input type="checkbox"/> CAUSES OF LOSS BROAD <input type="checkbox"/> SPEC	<div style="text-align: center;"> <p>RECEIVED</p> <p>NOV 20 2004</p> <p>SAN FRANCISCO TAXI COMMISSION</p> </div>		AMOUNT
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/OP AGG	\$ \$ \$ \$ \$ \$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMEINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$ \$
VEHICLE PHYSICAL DAMAGE <input type="checkbox"/> DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____		ACTUAL CASH VALUE STATED AMOUNT	\$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS	\$ \$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$

NAME & ADDRESS		MORTGAGEE		ADDITIONAL INSURED	
Worldwide Cab Company 3450 Geary St Ste 100 San Francisco CA 94118-3379		LOSS PAYEE			
		LOAN #			
		AUTHORIZED REPRESENTATIVE 			

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

LINCOLN GENERAL

INSURANCE COMPANY

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

FORD

516

AGENCY/COMPANY ISSUING CARD

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

INSURED

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

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

LINCOLN GENERAL

INSURANCE COMPANY

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

FORD

AGENCY/COMPANY ISSUING CARD

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

INSURED

WORLDWIDE CAB # 1031
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.

ACORD 50 (1/83)

RECEIVED

NOV 20 2007

SAN FRANCISCO
FIRE COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☒ *CHANGE OF COLOR SCHEME - From: World Wide Cab
(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) GOLDSTEIN STEVE GENE		Phone () - -
Residence Address (Street Address, City, State, Zip) LEN LOMOND CA 95007		
Joint Applicant's Name (First, Middle, Last) 1		Phone () - -
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name S.F. TAXI-CAB CO.	Business Address (Street Address, City, State, Zip) 2121 EVANS, S.F., CA 94124	Business Phone (415) 920-0707
Medallion Number(s) 923		<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

World Wide Caring's doors.

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 11-8-07 day of 11-8-07, 2007 at San Francisco, California

STEVE GOLDSTEIN
Print Name of Applicant

X Steve Goldstein
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: JACK G. TRAD	Title: SOLE PROPRIETORSHIP
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>S.F. TAXI-CAB CO.</u> Taxicab Color Scheme	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>08 NOV '07</u> Date

OFFICE USE ONLY

Agenda Notice Date 11/27/07	Hearing Date 12/11/07	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted YES	Insurance Submitted gc	Paint Chips Submitted	Photos Submitted NOV 20 2007
Received by: [Signature]	Receipt No. 10111523	Amount 211-	Date SAN FRANCISCO

RECEIVED



INSURANCE BINDER

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

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY Public Livery Insurance Services, Inc. 1380 El Cajon Blvd Ste 212 El Cajon CA 92020		COMPANY Lincoln General Insurance Company		BINDER # 2
PHONE (A/C, No, Ext): (619) 702-7022		FAX (A/C, No): (619) 593-2176		
CODE:		SUB CODE:		
AGENCY CUSTOMER ID:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)		
INSURED Worldwide Cab Company 3450 Geary St Ste 100 San Francisco CA 94118-3379		Taxi Cab Operation Medallion #386, #707, #787, #846, #859, #862, #923, #953, #957, #960, #1031, #1137		

COVERAGES

LIMITS

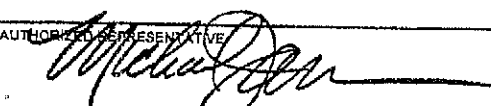
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
	RETRO DATE FOR CLAIMS MADE:	PRODUCTS - COMP/OP AGG		\$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE		
<input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:		STATED AMOUNT		\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$ 1,000,000
		E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000
		E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

RECEIVED

NOV 20 2007

SAN FRANCISCO
JAN 10 2008

NAME & ADDRESS

Worldwide Cab Company 3450 Geary St Ste 100 San Francisco CA 94118-3379	MORTGAGEE LOSS PAYEE	ADDITIONAL INSURED
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

ACORD 75 (2007/01)

Page 1 of 2

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P 923

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
CALIFORNIA

COMPANY

POLICY NUMBER
LINCOLN GENERAL

INSURANCE COMPANY

EFFECTIVE DATE

10/12/07

MAKE/MODEL

FORD

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

WORLDWIDE CAB # 923
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)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
CALIFORNIA

COMPANY

POLICY NUMBER
LINCOLN GENERAL

INSURANCE COMPANY

EFFECTIVE DATE

10/12/08

MAKE/MODEL

FORD

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

INSURED

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

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Obtain the following information:

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

ACORD 50 (1/83)

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NOV 20 2007

SAN FRANCISCO
(A) COMMISSION

San Francisco Taxicab Commission

(Complete both sides)

(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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) <i>Keith Raskin</i>	Phone <i>(415) 624-5769</i>
Residence Address (Street Address, City, State, Zip) <i>2560 Marin San Francisco CA 94124</i>	
Joint Applicant's Name (First, Middle, Last)	Phone ()
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:	

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

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name B+W Checker	Business Address (Street Address, City, State, Zip) 999 Pennsylvania	Business Phone (410) 285-3600
Medallion Number(s) 1137		<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

Worldwide Cab will be closing its doors by the end of 2007. I will be completing all the affairs and see to the transfer of all waybills.

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 10/26 day of October, 2007 at San Francisco, California

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <i>Gennady Epshteyn</i>	Title: <i>manager</i>
---	--------------------------

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for *Black & white*
Taxicab Color Scheme

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

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

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <i>Gennady Epshteyn</i>	Date <i>11-20-07</i>
---	-------------------------

OFFICE USE ONLY

OFFICE USE ONLY			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Donna</u>	Receipt No. <u>64449</u>	Amount <u>\$291</u>	Date

Cab #1137



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

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBE
FORD	2003	0000	EM	2007	37X	31	8J38026
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	N	NX	2	D	04500		2FDFP72903X213202
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED
COMMERCIAL		10/04/07	38	10/04/07	8		N0657228
		PR/HIST: TAXI					PR EXP DATE: 03/31/2008

REGISTERED OWNER
WORLD WIDE CAB
2560 MARIN AVE

AMOUNT DUE
\$ NONE

AMOUNT RECVD

CASH :
CHCK :
CRDT :

AMOUNT PAID
\$NFEE

SAN FRANCISCO
CA 94124

LIENHOLDER
CLEAN ENERGY FIN LLC
3020 OLD RANCH PKWY 200

SEAL BEACH
CA 90740

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



Farmers Insurance Group of Companies

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

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NOV 20 2007

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☒ *CHANGE OF COLOR SCHEME - From: World Wide Cab
(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Carol F. Fenner</u>		Phone <u>(415) - - - - 4</u>
Residence Address (Street Address, City, State, Zip) <u>1000 1st St. San Francisco, CA 94127</u>		
Joint Applicant's Name (First, Middle, Last) <u>N/A</u>		Phone <u>()</u>
Residence Address (Street Address, City, State, Zip) <u>N/A</u>		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>Checker Cab Co.</u>	Business Address (Street Address, City, State, Zip) <u>999 Pennsylvania St. San Francisco, CA 94107</u>	Business Phone <u>(415) 285-3800</u>
Medallion Number(s) <u>953</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

World Wide Cab is closing its doors.

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 20th day of October, 2007 at San Francisco, California

Carol F. Fenner Carol Fenner
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>GENNADY EPSHTEYN</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>B&W Checker</u> Taxicab Color Scheme	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>Gennady Epshteyn</u>	Date <u>11-20-07</u>

RECEIVED

OFFICE USE ONLY

Agenda Notice Date <u>11/27/07</u>	Hearing Date <u>12/11/07</u>	Decision of Taxicab Commission	New Declaration Signed <u>NOV 20 2007</u>
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted
Receipt No.	Amount	Date <u>SAN FRANCISCO TAXICAB COMMISSION</u>	



Farmers Insurance Group of Companies

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

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NOV 20 2007

SAN FRANCISCO
TAXI COMMISSION

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

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

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

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

47577



REGISTRATION CARD VALID FROM: 04/30/2007 TO: 04/30/2008

MAKE	VR MODEL	VR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2004	0000	EY	2006	37X	31	
BODY TYPE MODEL	HP	MD	AX	WC	UNLADEN/G/CSM	VEHICLE ID NUMBER	
TR	N	NT	3	D	04060		
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	FIG	STICKER ISSUED		
COMMERCIAL	06/18/07	38	06/18/07	8			

REGISTERED OWNER
WORLD WIDE CAB CO
2560 MARIN ST

SAN FRANCISCO
CA 94124

LIENHOLDER
FORD MOTOR CREDIT CO
260 INTERSTATE N PKWY NW

ATLANTA
GA 30339

AMOUNT DUE	AMOUNT RECVD
\$ 347.00	CASH : 61.00
	CHECK : 286.00
	CRDT : 286.00

PR EXP DATE: 04/30/2007

AMOUNT PAID
\$ 347.00

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NOV 20 2007

SAN FRANCISCO
TAXI COMMISSION

WW # 953

H05 503 03 0034700 0025 CS H05 061807 31 7898468 053

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

POLICY NUMBER

LINCOLN GENERAL

INSURANCE COMPANY

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

NAME/MODEL

VEHICLE IDENTIFICATION NUMBER

FORD

AGENCY/COMPANY ISSUING CARD

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

INSURED

WORLDWIDE CAB # 953
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)

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

POLICY NUMBER

LINCOLN GENERAL

INSURANCE COMPANY

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

NAME/MODEL

VEHICLE IDENTIFICATION NUMBER

FORD

AGENCY/COMPANY ISSUING CARD

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

INSURED

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

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

ACORD 50 (1/83)

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NOV 20 2007

SAN FRANCISCO
TAXI COMMISSION