

Agenda: Item 4

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 May 13, 2008
Taxicab Commission Meeting



COMMISSIONERS TELEPHONE (415) 554-7737

PAUL GILLESPIE, PRESIDENT, ext. 3
PATRICIA BRESLIN, VICE PRESIDENT
RICHARD BENJAMIN, COMMISSIONER, ext. 1
TOM ONETO, COMMISSIONER, ext. 6
MIN PAEK, COMMISSIONER, ext. 7
R. JAMES SLAUGHTER, ext. 4

JORDANNA THIGPEN, ACTING EXECUTIVE DIRECTOR

TAXICAB COMMISSION MINUTES

May 13, 2008 at 6:30 p.m.
City Hall, 1 Dr. Carlton B. Goodlett Place
Room 400

STAFF IN ATTENDANCE: Acting Executive Director Jordanna Thigpen, Investigator Scott Leon, Executive Secretary Tamara Odisho Benjamin – Taxi Commission, City Attorney Tom Owen

Jordanna Thigpen, Acting Executive Director: Turn-off cell-phones, interferes with phone systems and we get feedback.

1. Call to Order/Roll Call

- **Present:** Benjamin, Breslin, Gillespie, Oneto, Slaughter **Absent:** Paek

2. Staff Report and Commissioner Announcements [INFORMATION]

- **Acting Director Jordanna Thigpen-** Overview of staff report.
- **Com Slaughter:** Any update regarding the Controller's report of meter increase?
- **Acting Director Thigpen:** Requested report from the Controller's office once it is done they will present it before the Commission. Board of Supervisors have the final say on the increase.
- **Com Oneto:** Are the credit card receipts being redeemed by a third party or is the drivers?
- **Acting Director Thigpen:** Taxi brokers are charging credit cards and then redeeming them at the companies.

Public Comment:

- **Robert Cesano:** Taxi Commission should not get involved with the credit card redemptions.
- **Charles Rathbone:** Luxor does not charge and procession fee on credit cards and believes the Commission should get involved in the issue.
- **Marty Smith:** Hopes taxi commission does not raise meter increase should be in drop. Economy is suffering and people will not ride in the taxis.
- **Emil Lawrence:** People are getting lazy and using credit cards for short rides there should be a minimum charge on fares.
- **Mike Spain:** Rate increase overdue. Controller's report says the same thing every year.
- **Joe Mirable:** Green Cab does not charge for credit cards but there should be a meter and fare increase.
- **Director Thigpen:** Also proposes amendments for wrap legislation and will notice 10 day requirement and will be before the Commission at the next meeting.

3. Taxicab Safety Camera Program [INFORMATION AND ACTION]

- **Acting Director Thigpen:** Overview of the program.
- **Investigator Scott Leon:** Presentation of current facts.
- **Tim Russell and David Black, Honeywell:** Overview of Silent Witness camera program and information about not needing to replace cameras but rather maintaining and updating memory cards.
- **Com Benjamin:** Could the Honeywell system be update in the Raywood cameras or would they need to be

completely replaced?

- **David Black:** The Raywood's would need to be replaced.

Public Comment:

- **Andrew Lindman:** His taxi was involved in an incident and was taken by the police and when his cab was returned he was required to replace a camera box costing \$400.
- **Com Breslin:** There is a victims' assistance fund to help possibly reimburse you.
- **Jim Gillespie:** There should be proper training of the installers and that way we will not have any problems in the long term.
- **Emil Lawrence:** Audio and video should be tested bi-monthly.
- **Marty Smith:** There should be at least two people every shift that are knowledgeable of the cameras.
- **David Black:** There is a black box that costs \$400 to replace and that should not be removed since there is nothing pertaining to evidence in the box, however the chip has the photos police are looking for to use as evidence. Police need to also be trained about the cameras.

SPECIAL ORDER 8:00 – 8:30 PM

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

- **Robert Cezano:** Taxi driver was issued a ticket for picking up at Golden Gate Park.
- **Barry Taranto:** One of the Commissioners should have attended the Board of Supervisors Committee meeting on the merger.
- **Emil Lawrence:** The white zones in front of Macy's are being used for tour buses.

5. Consent Calendar [ACTION]

- **Acting Director Thigpen:** Sever items D, F & G. Overview of Item G
- **Com Breslin:** Motion to approve Items A- Minutes, B- Public Passenger permits, C- Dispatch change for Green Cab from Regents to City Wide.
- **Com Benjamin:** Seconds motion
- **AYES: Benjamin, Breslin, Gillespie, Oneto, Slaughter** **NO: 0**
ABSENT: Paek **RECUSE: 0**
- **Com Benjamin:** Motion to approve Item D- grant medallions to D1- Frederich Rerat, D2- Taj Shah, D3- Albert Sugabo, D4- Barry Korengold
- **Com Oneto:** Seconds motion
- **AYES: Benjamin, Breslin, Oneto, Slaughter** **NO: 0**
ABSENT: Paek **RECUSE: Gillespie**
- **Philip Welch:** Settlement agreement is court ordered confidential. UTW is not in settlement agreement but a new company which is now Green Cab was listed to receive the medallion.
- **Com Slaughter:** Can you confirm that the settlement is between you and Green Cab and not UTW?
- **Philip Welch:** It is between me and Green Cab.

Public Comment:

- **Robert Cezano:** Settlement was with UTW and not Green Cab.
- **Charles Rathbone:** UTW will be considered a broker if they manage the medallion at Green Cab.
- **Barry Taranto:** This is a waste of time. Other things more pressing.
- **Mary MaGuire:** Has proof Green cab did not have workers' compensation.
- **Mark Gruberg:** Green Cab was not in existence at the time it's been alleged we didn't have workers' compensation. Has paper work to prove he has always had workers' compensation for medallion and Green Cab.
- **Com Benjamin:** Can UTW move the medallion without the Taxi Commissions permission?
- **Mark Gruberg:** Medallion is owned by Welch. UTW has nothing to do with this. It does not receive the income from the medallion.
- **Carl Macmurdo:** Commission should request to see the settlement.
- **Com Slaughter:** Motion to approve color scheme change from Regents to Green Cab

- **Com Oneto:** Seconds motion
 - **AYES:** Gillespie, Oneto, Slaughter **NO:** Benjamin, Breslin
ABSENT: Paek **RECUSE:** 0
 - **Acting Director Thigpen:** Motion fails. If the applicant would like to reapply he will have to do so.
 - **Com Oneto:** Motion to remove item E1- Young Yi from medallion waiting list.
 - **Com Benjamin:** Seconds motion
 - **AYES:** Benjamin, Breslin, Gillespie, Oneto, Slaughter **NO:** 0
ABSENT: Paek **RECUSE:** 0
 - **Acting Director Thigpen:** There is no action to take with E-2 Raymond Delgado. He is already removed from the waiting list by operation of the law.
 - **Pres Gillespie:** Continue items E2- Raymond Delgado and E3- Andrew Sinaiko to call of the chair and item G- Abdel Sdaigui to May 27, 2008 meeting.
6. **Consideration of Recommended Amendments to *Taxicab/Ramped Taxi Rules & Regulations* Rules 5.A.3 and 7.A.6 and Rule 5.A.10 [ACTION]**
- **Ruah Graffis:** SFPD- Detail requested to have this responsibility of ensuring each driver receive a rules and regulations book. Commission should not require taxi schools to do this.
 - **Com Breslin:** Would like to continue this item to learn more about Taxi Detail's procedures.
 - **Tariq Mehmood:** Driver's should receive the rules and regulations book at their first day of class.
 - **Pres Gillespie:** Send items back to the Rules Committee for review.
7. **Public Comment (Please limit public comment to items NOT on the agenda; also limited to public that did not speak during Special Order)**
- **Mary MaGuire:** Light brown apple moth spraying public health risk for taxi drivers.
8. **Adjournment – 10:45 PM**

Consent Calendar: Item C

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

Taxicab Permit Applicant:	Medallion #:	Color Scheme:	Medallion Type:	Criminal Background Check:
1. Mohammad Ilyas	1086	Yellow Cab Co-Op	Regular	Not Cleared Yet
2. Antone Nguyen	396	Delta Cab	Regular	Not Cleared Yet



MEMORANDUM

To: Honorable Commissioners

From: Jordanna Thigpen
Acting Executive Director

Date: May 21, 2008

Re: Medallion Applicants for Regular Medallions

1. Mohammed Ilyas, List# 6-538, Regular

- 2005: 850 hours
- 2006: 838 hours
- 2007: 883 hours
- 2008: 810 hours

2. Antone Nguyen, List# 6-547, Regular

- 2004: 286 shifts
- 2005: 304 shifts
- 2006: 244 shifts
- 2007: 251 shifts

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

Applicant's Name (First, Middle, Last) MOHAMMED ILYAS		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) DALY CITY CA 94015			
Mailing Address (If different than residence address) SAN FRANCISCO CA 94102			
Residence Phone Number:		Alternate Phone Number:	
Hours Available at this Number:		Hours Available at this Number:	
Social Security Number	Other name(s) used NOW		
California Driver's License Number / Expiration Year		Date of Birth	Place of Birth
Race (Option: ")	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 5' 7"	Weight 180 LB
		Eye Color BROWN	Hair Color BLACK / GRAY
Color Scheme / Business Name DESOB CAR CO. 555 SALBY ST S.F. CA.		Business Number (415) 970-1405	
Color Scheme / Business Address (Street Address, City, State, Zip) 555 SALBY ST SAN FRANCISCO CA 94107			
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: 1994 Permit #: 44-044655	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) BECAUSE I PICK-UP RADIO CALL FROM HOSPITAL, BLOOD-BANK, RESTAURANT, HOTELS, AND FROM RICHMOND DIST, SUNSET DIST AND LOT RESIDENTIAL CALL ALL OVER THE CITY OF SAN FRANCISCO AND SAN FRANCISCO INTERNATIONAL AIRPORT			

OFFICE USE ONLY			
Received by:	Receipt No.	Amount	Date
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)
AUG 2007	CONTINU	DALY CITY 94015
MAY 2003	JULY 2007	BURLINGAME CA 94110
MARCH 2003		BURLINGAME CA 94110

How long have you lived within a 30 mile radius of San Francisco? 24 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
1-24-97	CONTINU	DBS TO CAB CO	555 SALBY ST SAN FRANCISCO CA 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)

DBS TO CAB CO

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.

MM 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.

MM 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.

MM 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 15 day of APRIL, 2008 at San Francisco, California.

M. Jeyaraj
Signature of Applicant

APR 18 2008

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) MOHAMMED ILIAS		Phone _____
Residence Address (Street Address, City, State, Zip) DALEY CITY CA 94015		
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 DESOTO CAB CO	Business Address (Street Address, City, State, Zip) 555 SALAS ST SAN FRANCISCO CA 94107	Business Phone (415) 970-1405
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: **would like to bring your medallion to this company:**

BECAUSE I AM WORKING FOR DESOTO CAB CO SINCE 11-24-97

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 APRIL, 2008 at San Francisco, California

MOHAMMED ILIAS
Print Name of Applicant

M. Ilias
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 <u>DESOTO CAB CO.</u> Taxicab Color Scheme	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Cindy L. Ward</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>April 15, 2008</u> Date

APR 15 2008

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

APR 13 2008

CALIFORNIA **DH**

DRIVER LICENSE **CLASS: C**

EXPIRES

MOHAMMAD ILYAS

SEX: M **HAIR: BLK** **EYES: BRN**
HT: 5-07 **WT: 170** **DOB: 1**

RSTR: CORR LENS

08/16/2007 503 07 FD/11



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

EXPIRES: DECEMBER 31, 2008

MOHAMMAD ILYAS

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) Antone Nghia Hoang Nguyen					Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State) San Francisco CA 94118						
Mailing Address (If different than residence address)						
Residence Phone Number: (415) +			Alternate Phone Number: (415)			
Hours Available at this Number: 8AM - 6PM			Hours Available at this Number: night time			
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="radio"/> M <input type="radio"/> F	Height 5.07	Weight 115	Eye Color Black	Hair Color Black	
Color Scheme / Business Name Delta Cab Company					Business Number (415) 920-9097	
Color Scheme / Business Address (Street Address, City, State, Zip) 1340 - 25th Street San Francisco, CA 94107						
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number			Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes - Date Permit was issued: Permit #:			
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)						
<p>I had more than seventeen year taxi Cab driver as a full time Job</p> <p>I don't have accident and any complaint from passenger. My DMV record very clean.</p> <p>I know San Francisco very well. I can take passenger go to any where this city don't need city map and ask dispatcher</p> <p>The people of San Francisco will benefit from my driving experience</p>						

OFFICE USE ONLY			
Received by: Daniel	Receipt No: 366031	Amount: \$638	Date: 10/2/06
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)
5/1993	5/2008	San Francisco CA 94118

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

How many years driving experience do you have in San Francisco? 17 years 4 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
Jan/8/03	4/30/08	Bay Cab Com.	999 Pennsylvania ave. CA 94107	Taxi Driver
Jan/1/00	4/08/03	Nation Cab Co.	2270 Mc Kinno ave CA 94124	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 use radio dispatch for my shift ten hours and the other night shift ten hours

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.

IV 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.

IV 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.

IV 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 April day of 30, 2008 at San Francisco, California.

Antonio Aguilar
Signature of Applicant

RECEIVED

MAY 07 2008

SALES TAX
TAXI PERMIT

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>Antone Nghia Hoang Nguyen</u>		Phone (415) _____
Residence Address (Street Address, City, State, Zip) _____		
Joint Applicant's Name (First, Middle, Last) <u>San Francisco Ca. 94118</u>		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>Delta Cab Company</u>	Business Address (Street Address, City, State, Zip) <u>1340 - 25th St San Francisco</u>	Business Phone (415) 920-9097
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: want to bring medallion to this company:
Betty Administration

RECEIVED

MAY 27 2008

SAN FRANCISCO
TAXICAB 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 1st day of May, 2008 at San Francisco, California

ANTONE NGUYEN
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>MARTIN B. SMITH</u>		Title: <u>5108</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Delta</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>Martin B. Smith</u>		Date <u>5.1.08</u>

OFFICE USE ONLY

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

CALIFORNIA

DRIVER LICENSE

EXPIRE

CLASS: C



ANTONE NGHIA HOANG NGUYEN

SAN FRANCISCO CA 94110

SEX: M HAIR: BLK EYES: BLK
HT: 5-07 WT: 115 DOB:

Antone Nguyen

04/08/2008 503 A1 FD/13

RECEIVED

MAY 07 2008

SAN FRANCISCO
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2008

ANTONE NGHIA H. NGUYEN

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



Consent Calendar: Item D

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

Medallion Holder Name:	Medallion #:	Change:
1. Frank Fahy	947	Bay to Fog City
2. Mildred Rancatore	1,2,3,4,5	Metro to Yellow Cab
3. Sandra Palazzi	63, 64, 65	Metro to Yellow Cab
4. Antoinette Dell'Aqua	51	Metro to Yellow Cab
5. Feridoon Golshan	926	Yellow to Royal
6. Xiem Khuu	128	Regents to Fog City

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☒ *CHANGE OF COLOR SCHEME - From: BAY 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>FRANK THOMAS FAHY</u>		Phone _____
Residence Address (Street Address, City, State, Zip) <u>SF, CA 94102</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>Fog City Cab</u>	Business Address (Street Address, City, State, Zip) <u>979 Bryant St CA 94103</u>	Business Phone <u>(415) 282-8749</u>
Medallion Number(s) <u>947</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:

To better serve the citizens of the City and County of San Francisco by driving a better vehicle and less dangerous color scheme change to a BAY.

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 16th day of April, 2008 at San Francisco, California

Frank Thomas Fahy _____
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>Sunny Tam</u>	Title: <u>Owner</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Fog City 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>Sunny Tam</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>4/16/08</u> Date

OFFICE USE ONLY			
Agenda Notice Date <u>5/13/08</u>	Hearing Date <u>5/27/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>ADD 1/4/2000</u>
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>no</u>	Print Chips Submitted	Photos Submitted <u>1/1/2000</u>
Receipt No. <u>11100</u>	Amount <u>291 -</u>	Date <u>5/13/08</u>	

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER	COMPANY	NATIONAL INTERSTATE INSURANCE COMPANY
POLICY NUMBER	EXPIRATION DATE	10/12/07
PLS.	MAKE/MODEL	NISSAN
YEAR	VEHICLE IDENTIFICATION NUMBER	
2002		
AGENCY/COMPANY ISSUING CARD		

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

INSURED

FOG CITY CAB # 947
979 BRYANT ST
SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER	COMPANY	NATIONAL INTERSTATE INSURANCE COMPANY
POLICY NUMBER	EXPIRATION DATE	10/12/07
PLS.	MAKE/MODEL	NISSAN
YEAR	VEHICLE IDENTIFICATION NUMBER	
2002		
AGENCY/COMPANY ISSUING CARD		

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

INSURED

FOG CITY CAB # 947
979 BRYANT ST
SAN FRANCISCO, CA 94103

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
APR 17 2008
SAN FRANCISCO
CALIFORNIA

ACORD**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
04/17/2008PRODUCER Phone: (826) 300-6000 Fax: 826-670-0808
NEW CENTURY INS SERVICES, INC.
16 N. 2ND ST.
ALHAMBRA CA 91801

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

INSURERS AFFORDING COVERAGE

NAIC #

Agency Lic: 0807089

INSURED
FOG CITY CAB, INC.
978 BRYANT STREET
SAN FRANCISCO CA 94103

INSURER A: Delos Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSR LTR	ADDL INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY				
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED. EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS-COMP/OP AGG. \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY				
		<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				
		<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
						OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY				
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						\$
						\$
		DEDUCTIBLE				
		RETENTION \$				
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		11/07	08/15/08	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				WC STATUS: <input type="checkbox"/> TORY LIMITS <input type="checkbox"/> OTHER
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ 1,000,000
		OTHER:				E.L. DISEASE-EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE-POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
THIS CERTIFICATE IS FOR INFORMATION-ONLY PURPOSES.
MEDALLION NUMBER: 947

APR 17 2008

CERTIFICATE HOLDERTAXI COMMISSION
CITY HALL
25 VAN NESS AVE., SUITE 420
SAN FRANCISCO, CA 94102-8055**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Attention:

ACORD 25 (2004/02)

Certificate # 05271

© ACORD CORPORATION 1995

Fog City Cab, Inc.

To TAXI Commissioner.

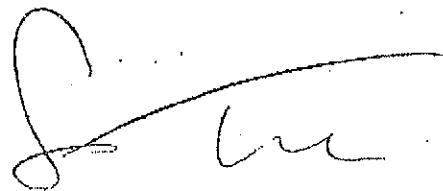
ATT: Vicky

Fog City Cab will purchase

A Vehicle for medallion #947

Before May 27, 2008.

Thank!



4/16/08

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

G NEW COLOR SCHEME
(Complete both sides)

G CHANGE OF COLOR SCHEME - From: METRO 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>Mildred E. Rancatore</u>		Phone
Residence Address (Street Address, City, State, Zip) <u>1000 Foster City CA 94004</u>		
Joint Applicant's Name (First, Middle, Last) <u>N/A</u>		Phone ()
Residence Address (Street Address, City, State, Zip) <u>N/A</u>		
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 SF CA</u>	Business Phone <u>(415) 282-2237</u>
Medallion Number(s) <u>1, 2, 3, 4, 5</u>	<input 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

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 28 day of April, 2008 at San Francisco, California

Mildred E. Rancatore
Signature of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

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 <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>4/23/2008</u> Date

OFFICE USE ONLY				RECEIVED	
Agenda Notice Date <u>5/13/08</u>	Hearing Date <u>5/27/08</u>	Decision of Taxicab Commission	New Declaration Signed		
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>3</u> <u>2008</u>		
Received by: <u>Daniel</u>	Receipt No. <u>365920</u>	Amount <u>\$291 + 5</u>	Date <u>APR 23 2008</u>		



May 9, 2008

Tamara Odisho
Outreach Coordinator & Executive Assistant
San Francisco Taxicab Commission
25 Van Ness Ave., Suite 420
San Francisco, CA 94102

Dear Ms. Odisho:

Let me assure you that there will be vehicles, insurance (see attached) and registration as noted in your e-mail (attached). A check for \$1,746.00 to cover the transfer fees is enclosed.

Sincerely,



Nathan Dwiri, President

Recd # 1

NUMBER 2282

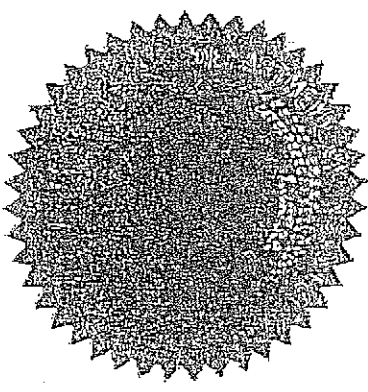
STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That (a California corporation)
YELLOW CAB COOPERATIVE, INC.

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 10 2003

MARK B. ASHCRAFT
MANAGER

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA
CHUCK CAKE
DIRECTOR

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 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 9 Administration of Self-Insurance.

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

G NEW COLOR SCHEME
(Complete both sides)

G CHANGE OF COLOR SCHEME -- From: METRO 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>SANDRA J. PALAZZI</u>		Phone _____
Residence Address (Street Address, City, State, Zip) _____ <u>STER CITY - CA 94404</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. - SF, CA</u>	Business Phone <u>(415) 282-3730</u>
Medallion Number(s) <u>63, 64, 65</u>		<input type="radio"/> Owner / Operator <input checked="" type="radio"/> Gas & Gate <input checked="" type="radio"/> Long Term Lease

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

Business Opportunity

RECEIVED

MAY 8 2008

SAN FRANCISCO
TAXICAB 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 28 day of April, 20 08 at San Francisco, California

Sandra J. Palazzi
Signature of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

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 Yellow Cab Co-op
Taxicab Color Scheme
hereby give consent to the applicant named to use my color scheme.

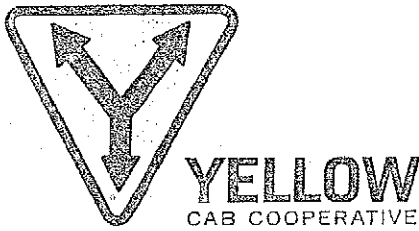
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

4/23/2008
Date

OFFICE USE ONLY

Hearing Date: <u>5.13.08</u>	Hearing Date: <u>5.27.08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>y</u>	Insurance Submitted <u>let's</u>	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount <u>211.83</u>	Date <u>5.8.08</u>



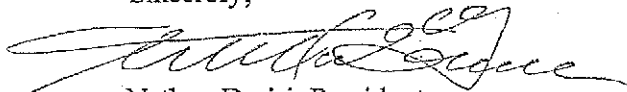
May 9, 2008

Tamara Odisho
Outreach Coordinator & Executive Assistant
San Francisco Taxicab Commission
25 Van Ness Ave., Suite 420
San Francisco, CA 94102

Dear Ms. Odisho:

Let me assure you that there will be vehicles, insurance (see attached) and registration as noted in your e-mail (attached). A check for \$1,746.00 to cover the transfer fees is enclosed.

Sincerely,



Nathan Dwiri, President

FORM A-4-10-A

NUMBER 2282

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That YELLOW CAB COOPERATIVE, INC.
(a California corporation)

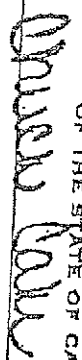
has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

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

EFFECTIVE:

THE 16th DAY OF JUNE 10 2003


MARK D. ASHCRAFT
MANAGER

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

CHUCK CAKE
DIRECTOR

* 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 obligation to secure the compensation due; (b) Discharging his compensation obligations 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 3705 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 8 Administration of Self-Insurance.

Wed #63

RECEIVED

MAY 8 2008

SAN FRANCISCO
FIRE COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

G NEW COLOR SCHEME
(Complete both sides)

G CHANGE OF COLOR SCHEME - From: METRO 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>Antoinette Lorretta Dell'Acqua</u>		Phone
Residence Address (Street Address, City, State, Zip) <u>..... Morgan Hill, Ca. 95037</u>		
Joint Applicant's Name (First, Middle, Last) <u>N/A</u>		Phone ()
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>Yellow Cab Co-op</u>	Business Address (Street Address, City, State, Zip) <u>1200 Mississippi St SF. Ca</u>	Business Phone <u>(415) 282-3737</u>
Medallion Number(s) <u>51</u>	<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:

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 28th day of April, 2008 at San Francisco, California

Antoinette L. Dell'Acqua
Signature of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

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 <u>Yellow Cab Co-op</u> hereby give consent to the applicant named to use my color scheme. <u>SAN FRANCISCO TAXICAB COMMISSION</u>	
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> <u>4/23/2008</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date	

OFFICE USE ONLY

Agenda Notice Date <u>5.3.08</u>	Hearing Date <u>5.22.08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>✓</u>	Insurance Submitted <u>Letter</u>	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount <u>291.</u>	Date <u>5.6.08</u>




May 9, 2008

Tamara Odisho
Outreach Coordinator & Executive Assistant
San Francisco Taxicab Commission
25 Van Ness Ave., Suite 420
San Francisco, CA 94102

Dear Ms. Odisho:

Let me assure you that there will be vehicles, insurance (see attached) and registration as noted in your e-mail (attached). A check for \$1,746.00 to cover the transfer fees is enclosed.

Sincerely,



Nathan Dwiri, President

Med # 51

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 2282

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

CHUCK CAKE

DIRECTOR

Mark B. Ashcraft

MANAGER

MARK B. ASHCRAFT

* 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 3703 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 8—Administration of Self-Insurance.



TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME

(Complete both sides)

☒ *CHANGE OF COLOR SCHEME -- From: YELLOW to ROYAL

(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>FERIEDOON GOLSHAN</u>		Phone <u>415-643-9500</u>
Residence Address (Street Address, City, State, Zip) <u>SF. CA - 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="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>ROYAL TAXI</u>	Business Address (Street Address, City, State, Zip) <u>2121 EVANS AVENUE S.F. CA 94134</u>	Business Phone <u>(415) 643-9500</u>
Medallion Number(s) <u>926</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 PREFER Radio Dispatch (Voice)

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

Executed this 5th day of MAY, 2008 at San Francisco, CaliforniaFERIEDOON

Print Name of Applicant

F. Golshan

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>WILLIAM NISHAN SWEIS</u>	Title: <u>PRESIDENT</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>ROYAL TAXI</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>William Nishan Sweis</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>05/05/08</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 <u>MAY 05 2008</u>
Received by: <u>[Signature]</u>	Receipt No. <u>3166017</u>	Amount <u>291</u>	Date

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR TG
ROYALCU

DATE (MM/DD/YYYY)
01/23/08

PRODUCER
Y. A. Tittle Insurance
& Financial Services
1890 N. Shoreline Blvd., 2nd F
Mountain View CA 94043
Phone: 650-856-2120 Fax: 650-856-3971

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

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Mount Vernon Fire Ins. Co.

INSURER B: National Interstate

32620

INSURER C:

INSURER D:

INSURER E:

INSURED

Nishan Sweis / C & J Leasing
dba / Royal Taxi Company Inc.
Nishan Sweis
2121 Evans Avenue, STE G
San Francisco CA 94124

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		01/23/08	01/23/09	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$500,000 MED EXP (Any one person) \$ \$51,000.00 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ \$1,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED
B		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	PLS	10/12/07	10/12/08	COMBINED SINGLE LIMIT (Ea accident) NAIC # \$ \$1,000,000 BODILY INJURY (Per person) \$ 32620 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 500,000 \$ 5,000.00 \$ 100,000 \$ 25,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ \$1,000,000 E.L. DISEASE - POLICY LIMIT \$
		OTHER				

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

SAN FRANCISCO TAXICAB COMPANY.

CITY & COUNTY OF SAN FRANCISCO, ITS OFFICERS, AGENTS AND EMPLOYEES, MEMBERS OF COMMISSIONS, VEOLIA TRANSPORTATION, ATC, ATC VANCOM, THE FUNDING ENTITY AND ANY SUBCONTRACTOR OR AGENT OF THE PROVIDER ENGAGED IN ANY WORK UNDER THIS AGREEMENT ARE INCLUDED AS ADDITIONAL INSURED ON SAID POLICY.

CERTIFICATE HOLDER

CANCELLATION

SFPARAT

SAN FRANCISCO PARATRANSIT
RICHARD LESSER
68 12TH STREET
SAN FRANCISCO CA 9102-6055

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN

NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Paul Batmale



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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 05-02-2008

GROUP:
 POLICY NUMBER:
 CERTIFICATE ID: 3
 CERTIFICATE EXPIRES: 05-02-2009
 05-02-2008/05-02-2009

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

NA

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

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

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

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

James Neary
 AUTHORIZED REPRESENTATIVE

Janet Frank
 PRESIDENT

RECEIVED

MAY 05 2008

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

ENDORSEMENT #1600 - NISHAN SWEIS, PRES-TRE - EXCLUDED.

ENDORSEMENT #1600 - SUHAILA SWEIS, VICE-PRE - EXCLUDED.

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

SAN FRANCISCO
 TAXICAB COMMISSION

EMPLOYER

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

NA



926

VALIDATED REGISTRATION CARD

MAKE YR MODEL YR 1ST SOLD VLF CLASS
FORD 2007 2007 FA
BODY TYPE MODEL HP MO AX WC UNLADEN/G/CGW
TX G NU 2 C 03993
TYPE VEHICLE USE DATE ISSUED CC/ALCO DT FEE RECVD PIC
COMMERCIAL 07/14/07 38 06/15/07 B

EXPIRES: 04/30/0000
TYPE VEH TYPE LIC LICENSE NUMBER
32X 31

VEHICLE TO LICENSE

REGISTERED OWNER
YELLOW CAB CO OP
1200 MISSISSIPPI ST

PR/HIST: TAXI
PERM FLEET REG

AMOUNT DUE
\$ NONE

AMOUNT RECVD

CASH :
CHECK :
CRDT :

PR EXP DATE: 04/30/2008
MISC#: 0926 AMOUNT PAID
ACCT: 9143 \$NFEE

SAN FRANCISCO
CA 94107

LIENHOLDER
FORD MTR CRDT CO
PO BX 105704

ATLANTA
GA 30348

H00 113 AM 00000000 0076 CM H00 071407 31 8H09046 266

RECEIVED

MAY 8 2008

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☒ *CHANGE OF COLOR SCHEME - From: Regents
(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>XIEM KHUU</u>	Phone
Residence Address (Street Address, City, State, Zip) <u>..... AVE S.F. CA 94116</u>	
Joint Applicant's Name (First, Middle, Last) <u>N/A</u>	Phone ()
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>Fog City</u>	Business Address (Street Address, City, State, Zip) <u>979 Bryant St 94103</u>	Business Phone <u>(415) 282-8749</u>
Medallion Number(s) <u># 128</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gala <input type="checkbox"/> Long Term Lease	

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

I want to be with Fog City 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 06 day of May, 2008 at San Francisco, California

XIEM

KHUU

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:

Sandy

Tam

Title:

Owner

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Fog City Cab. hereby give consent to the applicant named to use my color scheme.

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

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

Date

OFFICE USE ONLY			
Agenda Notice Date <u>5/13/08</u>	Hearing Date <u>5/27/08</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>360025</u>	Amount <u>291-</u>	Date <u>MAY 06 2008</u>

ACORD

TM.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/05/2008

PRODUCER Phone: (626) 300-9000 Fax: 626-670-0808
NEW CENTURY INS SERVICES, INC.
 16 N. 2ND ST.
 ALHAMBRA CA 91801

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

INSURERS AFFORDING COVERAGE

NAIC #

Agency Lic#: 0807085

INSURED
FOG CITY CAB, INC.
 670 BRYANT STREET
 SAN FRANCISCO CA 94103

INSURER A: **Delos Insurance Company**
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY				
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED. EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS-COMP/OP AGG. \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG				
		AUTOMOBILE LIABILITY				
		<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				
		<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
						OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY				
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						\$
						\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		08/15/07	08/15/09	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE-EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE-POLICY LIMIT \$ 1,000,000
		OTHER:				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 THIS CERTIFICATE IS FOR INFORMATION-ONLY PURPOSES.
 MEDALLION NUMBER: 128

CERTIFICATE HOLDER

TAXI COMMISSION
CITY HALL
25 VAN NESS AVE., SUITE 420
SAN FRANCISCO, CA 94102-6055

Attention:

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

INSURANCE IDENTIFICATION CARD

OP ID JK

STATE CA
 COMPANY NUMBER 33855
 COMPANY Lincoln General Insurance Co.
 POLICY NUMBER
 EFFECTIVE DATE 10/12/07
 EXPIRATION DATE 10/12/08
 YEAR 2002
 MAKE/MODEL Mercury Grand Ma
 AGENCY/COMPANY ISSUING CARD
 Y. A. Tittle Insurance
 Paul Batnala
 650-856-2120
 INSURED

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.

Khuu Xiem
 Regents Cab #128

San Francisco

CA 94116

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

ACORD 50 WM(2/95)

RECEIVED

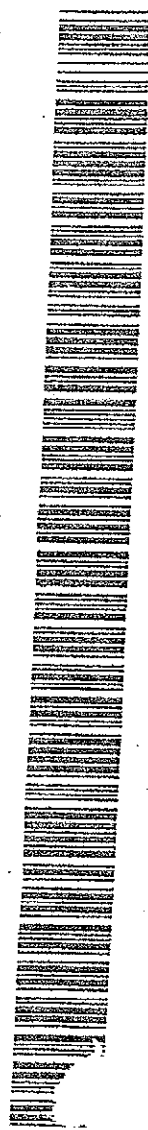
MAY 06 2008

SAN FRANCISCO
 TAXI COMMISSION

RECEIVED

MAY 06 2008

SAN FRANCISCO
TAXI COMMISSION



REGISTRATION CARD VALID FROM: 01/31/2008 TO: 01/31/2009

MAKE MERC YR MODEL 2002 YR 1ST SOLD 2002 WLF CLASS CC *YR 2005 TYPE VEH 32X TYPE LIC 31 LICENSE NUMBER
BODY TYPE MODEL TX MP G NO NZ AX WC UNLADEN/G/CGM 03860
TYPE VEHICLE USE COMMERCIAL
DATE ISSUED 12/06/07 CC/ALCO 38 DT FEE RECVD 11/21/07 PIC 9 VEHICLE ID NUMBER
PR/HIST: TAXI
REGISTERED OWNER KHUU XIEM
PR EXP DATE: 01/31/2009

AMOUNT DUE \$ 116.00
CASH :
CHCK :
CRDT : 116.00
AMOUNT RECVD
AMOUNT PAID \$ 116.00

SAN FRANCISCO
CA 94116
LIENHOLDER

H01 B01 5L 001600 0035 CS H01 120607 31 7585815 147

Consent Calendar: Item E

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

Color Scheme:	Yellow Cab Co-op
Medallion #s:	815, 825, 854, 991, 1023, 1119, 1149, 1181, 1208, 1254
Duration of Campaign:	June 2, 2008 – July 27, 2008
Advertiser:	Monterey Bay Aquarium

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

Color Scheme:	Luxor Cab Company
Medallion #s:	100, 145, 146, 157, 232, 464, 662, 729, 790, 1051, 794, 840, 888, 927, 934, 952, 954, 969, 1014, 1050
Duration of Campaign:	June 2, 2008 – June 29, 2008
Advertiser:	Conoco Philips



CITY AND COUNTY OF SAN FRANCISCO
TAXI COMMISSION
Taxi Advertising Application

RECEIVED

APR 15 2008

SAN FRANCISCO
TAXI COMMISSION

Today's Date: 3-31-08

Color Scheme Information (Please Print Clearly):

Yellow Cab Co-Op 415-593-9223
Color Scheme Name Phone Number
Richard Weiner 415-593-9223
Manager Name (Last, First) Phone Number
1200 Mississippi SF CA
Address City State Zip Code

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

10 X 1 X \$100 = \$1000.00
Number of Vehicles used for Taxi Ad Number of Months (6 month max./vehicle) Total Fee Due

Advertiser Information (Please Print Clearly):

Dannelle Mielbrecht (510) 446-7213
Contact Person (Last, First) Phone Number
Clear Channel Taxi Media
Company Name
555 12TH STREET, SUITE 950 OAKLAND CA 94607
Address City State Zip Code
Monterey Bay Aquarium 6-2-08 - 7/27/2008
Campaign/Advertiser Duration of Campaign
10 915 825 854 991 1023 1119 1149 1181 1208 1254
Number of Taxis Being used for Campaign List all Medallion Numbers that will be used for the Campaign
Splash Zone
Brief Description of Proposed Taxi Advertising

APR 15 2008

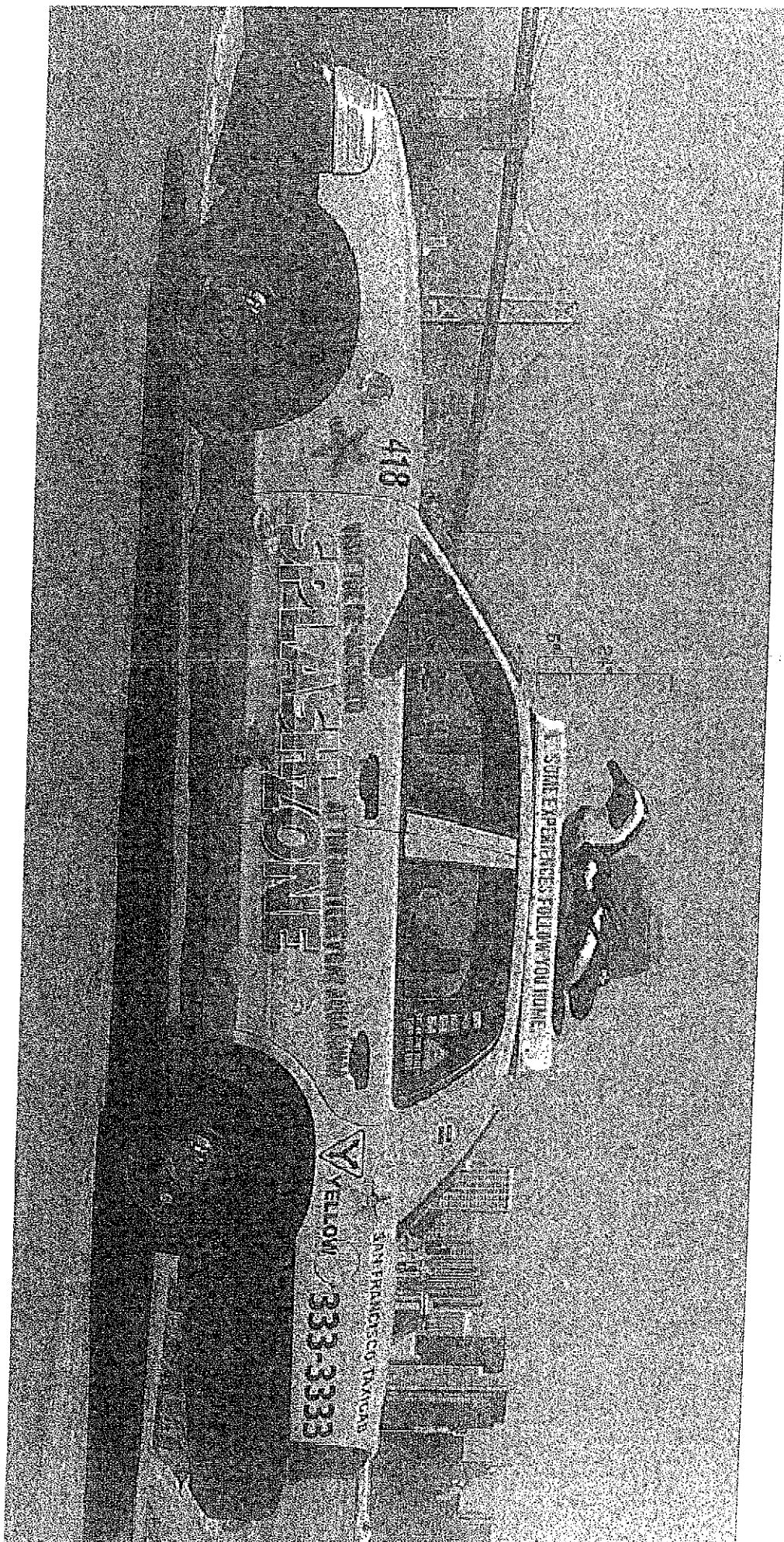
SAN FRANCISCO
TAXI COMMISSION

I (We) hereby agree to the proposed Taxi Advertising. Executed this 1st day of April, 2008

WEINER RICHARD
Color Scheme Manager Print Name (Last, First)

[Signature]
Signature

5.13.08		5.27.08		OFFICE USE ONLY	
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission		Photos Submitted	
Received by: <u>T.O.</u>	Receipt No. <u>75744</u>	Amount <u>1,000.00</u>		Date <u>4.15.08</u>	





CITY AND COUNTY OF SAN FRANCISCO
TAXI COMMISSION
Taxi Advertising Application

Today's Date: 4-29-08

Color Scheme Information (Please Print Clearly):

Luya 415-282-1224
Color Scheme Name Phone Number

John Luya, Tom Stanchellini 415-282-1224
Manager Name (Last, First) Phone Number

2230 Ferroll Ave SF CA
Address City State Zip Code

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

20 X 1 X \$100 = \$2000.00
Number of Vehicles used for Taxi Ad Number of Months (6 month max./vehicle) Total Fee Due

Advertiser Information (Please Print Clearly):

Dannelle Mielbrecht (510) 446-7213
Contact Person (Last, First) Phone Number

Clear Channel Taxi Media

555 12TH STREET, SUITE 950 OAKLAND CA 94607
Company Name Address City State Zip Code

Conoco Phillips 6-2-08 thru 6-29-08
Campaign/Advertiser Duration of Campaign

20 100, 145, 146, 157, 232, 464, 662, 729, 790, 1051
Number of Taxis Being used for Campaign List all Medallion Numbers that will be used for the Campaign

794, 840, 888, 927, 934, 952, 954, 969, 1014, 1050

RECEIVED

Brief Description of Proposed Taxi Advertising

MAY 8 2008

I (We) hereby agree to the proposed Taxi Advertising. Executed this 11 day of May, 2008

TOM STANCHELLINI
Color Scheme Manager Print Name (Last, First)

Thomas J. Stanchellini
Signature

OFFICE USE ONLY

Agenda Notice Date <u>5.13.08</u>	Hearing Date <u>5.27.08</u>	Decision of Taxicab Commission	Photos Submitted <u>Y</u>
Received by: <u>T.O.</u>	Receipt No. <u>366 032</u>	Amount <u>2,000.00</u>	Date <u>5.8.08</u>

671

**Reduces emissions
with every tank.**

Get The Spirit.



YELLOW

333-



Get The Spirit.



Consent Calendar: Item F

Consideration of the Taxi Commission to consider applicant(s) ineligible for a **Ramp** Medallion for Municipal Police Code Section 1080(c)(2) for failure to respond and submit an application:

Applicant Name	List #	Reason
1. William F. Gahan	7-005	Not Interested in a Ramp Medallion
2. Constantino Peralta	6-911	Not Interested in a Ramp Medallion
3. Adel M. Awadallo	6-942	Not Interested in a Ramp Medallion
4. Abdel Sdaigui	6-787	See Memorandum



MEMORANDUM

To: Honorable Commissioners

From: Jordanna Thigpen
Acting Executive Director

Date: May 20, 2008

Re: Continued Consent Calendar Item from July 13, 2007: Ineligibility for the Ramp Taxicab Medallion Permit – Abdel Sdaigui, List# 6-787

Abdel Sdaigui, List# 6-787

- April 18, 2007: Mr. Sdaigui was offered a ramp medallion permit.
- In 2007, MPC Section 1121 required that taxi drivers must have been a full-time driver for three out of four years beginning with 2004 through 2007 inclusive.
- Mr. Sdaigui drove the following hours:
 - 2004: 668 hours, short 132 hours
 - 2005: 1157 hours
 - 2006: 750 hours, short 50 hours
- **June 12, 2007: The Taxi Commission voted 6-1 to deny Mr. Sdaigui a ramp medallion permit for not meeting the driving requirement for 2007.**
- July 10, 2007: Mr. Sdaigui was placed on the consent calendar to be considered for ineligibility for a ramp medallion permit. This item has been continued to present day.
- Mr. Sdaigui cannot qualify under the Daly-Ma ordinance (MPC § 1121) or the amendments thereto because the Taxi Commission has already voted to deny him a ramp medallion and by operation of law is no longer eligible for a ramp medallion permit. MPC § 1121 provides that "the Taxi Commission may by regulation provide for reconsideration of applications that were denied and applicants who were removed from the waiting list under the provisions of subsection (b) of MPC § 1121 prior to the amendments made" in February 2008.
- **In the absence of regulations to "provide for reconsideration of applications that were denied and applicants who were removed from the waiting list..." the Commission has no jurisdiction to consider Mr. Sdaigui's ineligibility for a ramp medallion in the context of the Daly-Ma amendments.**

Mr. Sdaigui has presented a letter addressed to all Commissioners (attached) describing his particular situation. He makes various claims in that letter, but in the last paragraph claims that he was "taken off calendar." In fact, that is not true – he was denied a ramp medallion and therefore, there is no jurisdiction to consider his case. Therefore, he is placed on the agenda for informational purposes only *with regards to the denial of a ramp medallion*. His only course of relief at this juncture is to appeal to the Board of Appeals and make a Request for Jurisdiction, if he insists upon receiving a ramp medallion and feels that he has a compelling case for obtaining one despite the problems noted above.

He remains on the list for a regular medallion. Staff estimates that, assuming he is eligible at the time that he is offered a regular medallion, he will receive a regular medallion in approximately two to three years, but it could be sooner. The two to three years is not guaranteed and is offered as an estimate.

May 13, 2008

To: Jordanna Thigpen, Acting Executive Director
Paul Gillespie, President
Patricia Breslin, Vice President
Richard Benjamin
Tom Oneto
Min Paek
R, James Slaughter

Fr: Abdel Halim Sdaigui

Re: Ramp Cab Medallion

Mr. Abdel Sdaigui has been a driver since 1991 having driven for Desoto, Metro Cab, Yellow Cab and currently driving for Luxor Cab. In the Industry for 17years he is a dedicated driver and committed with great passion in serving the public.

In 2003 he received a letter for a ramp cab. Having presented the application he was informed that there were no medallions available and he would be placed on a waiting list. He received his number which was #25. A year past and we had not heard a thing. He went to the office of the taxi commission in December 2004 and was informed that he was #1 and should be hearing something shortly. In January 2005, Abdel followed up with the office to find out that he was no longer in the number one position and was dropped to Number 341. How could this be? Well, whatever the reasons to be were Abdel had to wait! At this point Abdel was disappointed and deceived in the system. In May of 2007, Halim went to the Cab Detail in regards to another matter and decided to take the opportunity to question something that was really bothering him and that was the Ramp Cab Waiting list and how he could go from #1 to #341. After giving his story to the officer in charge he was informed to wait and he would research this now and have an answer for us. Sure enough within 20 minutes he came out accompanied with a young lady who informed us that the list had been in question and that we should be receiving a letter shortly in the mail. Low and behold less than one week we receive a letter requesting Mr. Sdaigui to submit his waybills for 2004, 2005 and 2006. Would we have ever received a letter had we not gone down to the Cab Detail upset and questioning the order of the list and how it was maintained. We will never know ?? After the review of the waybills we were informed that he was short of hours and administrative errors in the proper filling out of waybills. Specifically he was short in 2004 by 132.5 hours and in 2006 short by 50 hours. I disputed this in the June 12th, 2007 stating that in 2006 and 2004 there had been a miscalculation and missing Waybills from the Cab companies, but fortunately enough the Companies have a computerized printout of all logins by day. After spending endless hours recalculating all the Waybills and Computer printouts Mr. Sdaigui does meet all the hour requirements. What must also be questioned and held accountable as well in this matter is the retaining and organization of Waybills by Cab companies. If waybills are not filled out properly Cab companies should request to the driver the proper filling out of the waybill prior to accepting the document at the end of there shift and the Cab Companies need to maintain a filing system of all drivers, not simply throwing waybills in a box on a daily basis and then when drivers are requesting there waybills the Company usually have to detail someone to search for days in boxes to hopefully retain all waybills needed. In December of 2007, Tamara requested the last 5 months and totaled approximately 730 hours not including the rest of the year and 170 ramp pick ups to that point. Mr. Sdaigui clearly is a Cab driver who meets all requirements to receive a Medallion.

Mr. Sdaigui was taken off calander June 12th, 2007 and was informed that further review and a committee was to be formed to review rules, regulations and guidelines. Since November of 2007, Mr. Sdaigui has been in constant contact with the Taxi commission office to be recalandered and questioned on several occassions why his waybills and all supporting documentation have not been recalculated to clear up the matters in question. Having given the commission sufficient time Mr. Sdaigui became more percervering in getting recalandered.. With much assistance from the office we are here before you tonight May 13th, 2008 to request that a Medallion be given to Mr. Sdaigui having met the requirements requested. Mr. Sdaigui certainly has been patient through this process and has waited 5 years to receive this Ramp Cab Medallion!!

Consent Calendar: Item G

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

Applicant Name:	Medallion #:	Alternate Site:	Color Scheme:
1. Wes Hollis	1022	350 Turk Street SF, CA 94102	Executive Taxi

CITY AND COUNTY OF
SAN FRANCISCO



TAXI COMMISSION
MAYOR GAVIN NEWSOM

RECEIVED

APR 28 2008

SAN FRANCISCO
TAXI COMMISSION

Request to Shift Change/Park at Alternate Location

Today's Date: 4-25-08 Medallion Number: 1022

Medallion Holder: WESLEY HOLLIS Manager: —

Phone: 415 826-9110 Color Scheme: EXECUTIVE TAXI

☒ Request to Park at an Alternate Location: 350 TURK ST.
SAN FRANCISCO, CA. 94102
Address of Alternate Location

Reason for Request: FORMER SITE (399 GOLDEN GATE)
IS NO LONGER AVAILABLE.

☒ Request to Shift Change at an Alternate Location: 350 TURK ST.
SAN FRANCISCO, CA. 94102
Address of Alternate Location

Reason for Request: FORMER SITE IS NO LONGER AVAILABLE.

Decision of Taxi Commission and/or SFPD Taxi Detail

Scheduled For Hearing? ☒ No ☐ Yes

Hearing Date

☒ Site Inspected: ☐ No ☒ Yes 5/13/08 SCOTT LEON, 009
Date Inspected Inspected By

☒ Approved By: SCOTT LEON, #009

☐ Denied By: _____

☐ Other: _____

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

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

Initial each line below:

W H

I have read and understand the above rules and regulations.

W H

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

Manager Signature

Wesley Hollis
Medallion Holder Signature