

Agenda: Item 2

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 January 8, 2008
Taxicab Commission Meeting



COMMISSIONERS TELEPHONE (415) 554-7737
PAUL GILLESPIE, PRESIDENT, ext. 3
PATRICIA BRESLIN, VICE PRESIDENT
RICHARD BENJAMIN, COMMISSIONER, ext. 1
BRUCE OKA, COMMISSIONER, ext. 5
TOM ONETO, COMMISSIONER, ext. 6
MIN PAEK, COMMISSIONER, ext. 7
HEIDI MACHEN, EXECUTIVE DIRECTOR

MEETING MINUTES

Commission Chambers
January 8, 2008 at 6:30 p.m.
City Hall, 1 Dr. Carlton B. Goodlett Place
Room 400

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

Absent: 0

President Gillespie called the meeting to order at 6:33 P.M.

STAFF IN ATTENDANCE: Executive Director Heidi Machen, Deputy Director Jordanna Thigpen, Executive Secretary Tamara Odisho – Taxi Commission, Lieutenant Schlotz, Sergeant Ron Reynolds, 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. Controller's Report on PC&N Findings [INFORMATION]

- **Ted Egan, Controller's Office:** Overview of report.
- **Pres Gillespie:** The only thing these cost increases affect is the new 69 medallions.
- **Ted Egan:** Scope of the report was narrow and focused only on the issuance of the 69 medallions. Controller's office issues a report every two years which is based on quality of life and those figures are not included in this report.
- **Pres Gillespie:** Meter technology may not be able to take a different fee in mileage and flag drop.

Public Comment:

- **Tom Stanghellini:** Very upset over the 30 cent recommended increase in the gate fee.
- **Hansu Kim:** Controller's office has limited data to work with and their recommendation is poor.
- **Robert Cezano:** There are other propositions floating around to increase the gate and all these ideas should be merged into one.
- **Barry Taranto:** Hybrid drivers should pay more in gas and gate.

- **Charles Rathbone:** The meter cannot take the different fees.
- **John Lazar:** Hybrid vehicles cost over \$30k and this increase would not cover anything.
- **Mark Gruberg:** Robert Cezano made a good point about all of the different gate fee increases; they should be looked at together.
- **Marty Smith:** Hybrids are expensive and need a fee to cover the purchase.

3. Consent Calendar [ACTION]

Public Comment: None

- **Com Oka:** Motion to approve A- Minutes, C 2-Drake Batterson, C3- Willie DeLuca, C4- Sohail Sweis, C5-Saher Sweis, C6- David Geitheim, C7- Jay Chatfield, C8- Craig Wilson, E1- Robert Slivoski, E2- Suhaila Sweis, E3- Elchan Aliev, F1-Nasser Fraydouni, F2- Fred Seronick, G- Drake Batterson reverse vote and to make him eligible for ramp medallion permit.
- **Com Breslin:** Second motion.
- **AYES:** Gillespie, Breslin, Benjamin Oka, Paek, Oneto **NO: 0**
ABSENT: 0 **RECUSE: 0**
- **Com Oka:** Wise to take recommendation of PCC to grant medallion conditionally on a ¼ basis for 12 months.
- **Com Oneto:** Motion to grant medallion with special conditions to D-1 Yuriy Gasparyan
- **Com Paek:** Second motion.
- **AYES:** Gillespie, Breslin, Benjamin, Oka, Paek, Oneto **NO: 0**
ABSENT: 0 **RECUSE: 0**
- **Com Oneto:** Motion to grant D-2 Hoa Quach ramp medallion pending the DOJ background check.
- **Com Paek:** Second motion.
- **AYES:** Gillespie, Breslin, Oka, Paek, Oneto **NO: 0**
ABSENT: 0 **RECUSE: Benjamin**
- **Pres Gillespie:** Continue item D-3 Lien Nguyen to allow him to retake test.

Public Comment:

- **Charles Rathbone:** Want to retain his services good driver but not a good test taker.
- **Bashir Rahimi:** There are many hard working people who do not understand or speak English well.
- **Dir Machen:** Overview of item D-4 Ralph Machkovsky
- **Lt. Schlotz:** Overview Mr. Machkovsky's background and would like time to review the waybills for this item.
- **Com Breslin:** Most of these signatures for this petition are dated today and is highly unusual. We are holding up two ramp medallions that will not be on the street.
- **Com Paek:** Should continue this to be able to look at this packet.
- **Com Oka:** Unless there is proof of criminal activity I do not see why we are holding the medallion up.

Public Comment:

- **John Willey:** Ask the Commission to look at the list of drivers in opposition since it may be related to litigation and not to the qualifications of this applicant.
- **Ed Shuman:** Has known Ralph for many years and has seen him drive.
- **Gratch:** Mr. Machkovsky has driven a cab but he is not currently upholding the continuous driving requirement.
- **Barry Taranto:** Commission should allow Lieutenant to continue her investigation.
- **Alex:** Works on schedules for Town and never saw Ralph on the schedule and saw him writing up waybills in his office.
- **Jacob Mietzel :** Knows Ralph for many years and believes he deserves this medallion.
- **Marty Smith:** This is a cat fight between Black and White Checker and Town Taxi. A lot of this stuff didn't happen.
- **Chuffa:** Really strange case with so many people involved.
- **Fareed:** Has not recently seen Ralph drive and cannot believe he has picked up so many wheel chairs.
- **Thomas George Williams:** Allow Lt. Schlotz to review case. Unethical if Com Oka does not recuse himself from the vote.
- **Com Benjamin:** Can conditionally approve this medallion. If there is wrong doing then we will revoke his medallion.
- **Com Breslin:** Also in favor of approving this tonight. Com Oka does not need to recuse himself.
- **Pres Gillespie:** The only reason to recuse one would be for some personal connection or financial reason and neither of these apply.
- **Com Oka:** There is no reason to hold up this medallion.
- **Com Oneto:** Anytime the police department has requested us to investigate and to treat this differently I would not think that would be fair for those people that were continued in the past. They should have the time to review the waybills.
- **Dir Machen:** The staff does not review the waybills with a fine tooth comb. This seemed to have slipped through the cracks and Lt Schlotz did not review the waybills.
- **Com Paek:** We are in favor of taxi drivers but with the Lt. request for 2 weeks may be an option even though it has already been continued.
- **Lt Schlotz:** If approved, she will not audit the waybills. If it is issued conditionally then follow through may not happen since staff becomes overwhelmed.
- **Pres Gillespie:** Applicant long time member of the industry and I believe he has a real commitment to the industry. Motion to approve medallion with conditions of ¼ review for one year.
- **AYES:** Gillespie, Breslin, Benjamin, Oka
ABSENT: 0
- **NO:** Oneto, Paek
RECUSE: 0
- **Com Oneto:** Motion to grant color scheme change to F-3 Edward Teper.
- **Com Paek:** Second motion
- **AYES:** Gillespie, Breslin, Oka, Paek, Oneto
ABSENT: 0
- **NO:** 0
RECUSE: Benjamin
- **Com Oneto:** Motion to grant color scheme change to F-4 William Case
- **Com Paek:** Second motion.

- **AYES:** Breslin, Benjamin, Oka, Paek, Oneto
- ABSENT:** 0

NO: 0
RECUSE: Gillespie

- **Dir Machen:** Overview of Item H-1 Raymond Delgado
- **Philip Ward, Attorney for Raymond Delgado:** Rebuttal of the case.
- **Com Oka:** If this medallion is granted no one would be hurt.
- **Philip Ward:** Correct.
- **Pres Gillespie:** Trying to find a way legally that we can do this. Healthcare argument is not compelling since so many drivers do not have it. For one year drivers on the list were not notified of the passing of Daly/Ma. Would like to continue this item to think it through.
- **Philip Ward:** It would be under the discretion of Commission to rule under Daly/Ma for this case.
- **Com Benjamin:** Allowing him to get a medallion before others is unsettling, but allowing him to stay on the list and require him to drive through 2009.
- **Com Breslin:** Can we grant a time waiver for him in 2007 and keep him to the standard of 2007?

Public Comment:

- **Carl Macmurdo:** There are a few people who fall under this and can be resolved to all the applicants and would avoid Board of Appeals cases.
- **Mark Gruberg:** In 2004 there was already a one year driving requirement. Daly/Ma pushed the requirement back to 2 years. Back in those days there were indefinite time waivers
- **Jim Gillespie:** In 2004, drivers were required to have 156 shifts and did so before midnight and then after to get in requirements within 6 months.
- **Tone Lee:** Laws shouldn't be set if you are going to change them.
- **Hansu Kim:** There's a standard for driving and retroactively apply for an exemption of this applicant is not a fair way to asses Daly/ Ma.
- **Marty Smith:** People who were on the list in 2004 signed up knew they only had to drive for one year.
- **Emil Lawrence:** Sometimes does not get mail, no confirmation on whether gets the mail or not. Doesn't recall getting the letter in the mail.
- **Barry Taranto:** Daly/Ma is the law and should be upheld. He could have driven part-time. Applicants have a responsibility.
- **Mary McGuire:** Intention of Daly/MA were not to exclude people like Delgado, was original ramp program starter.
- **Thomas George Williams:** Missed Com Heinicke, there is a law that needs to be observed. Commission should follow their rules.
- **Pres Gillespie:** Would like to continue this item.

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

- **Robert Cezano:** Congratulates Bruce Oka on his MTA nomination. Commission should resolve the Ball Park issue before going to the MTA. Drivers stone walled at the ball park.
- **Name:** Showed a video
- **Tom Stanghellini:** Taxi was involved in a robbery and was impounded without allowing the driver to take the medallion and it took for Detail to intervene for Luxor to get the medallion back. Commission to speak with the robbery unit to release medallions in the future.

- **Charles Rathbone:** Ramp cabs are prone to break down and drivers are unable to get ramp cabs for their shifts. In cases like this drivers should be allowed to notate on their waybills of a mechanical break down without it accounting against them.
- **Chuffa:** By the end of the year, when you inspect our waybills, don't tell us we haven't paid. Taxi Detail should be advised to be different. There is inconsistency because they talk about criminal investigations that are contradictory.
- **Barry Korengold:** Agendize issue of prorating hours for a medallion applicant, for applicants who are being heard at the beginning of the year.
- **Emil Lawrence:** Isn't there a way to verify wheelchair pick ups? Received independent driver statement from Controller's office and is illegal with state ruling
- **Jim Gillespie:** Passenger called with harassment complaint of yellow cab driver, but turned out to be an illegal Yellow cab.
- **Tariq Mehmood:** Showed video.

5. Consideration of a Clean Air Taxi Policy [INFORMATION and DISCUSSION]

*Continue item but will take public comment

- **Todd:** Direct DOE to evaluate each vehicle-wheel to wheel analysis. Allow an average of emission vehicles for the fleet to be able to meet the green goal.
- **Robert Cezano:** Size of vehicles should be considered and should not make any choices without considering the aging community. Running boards are not available on new hybrids.
- **Pete Campbell:** Has information from a third party and findings that fall under the Mayor's requirement.
- **Thomas George Williams:** Grams/ mile make more sense and should figure that out for the emissions. Companies must maintain the car and engine.
- **Pres Gillespie:** Grams/ mile goal 312 but if there is a fleet average as opposed to a vehicle emission more vehicles may be able to be apart of the fleet.
- **Hansu Kim:** We can meet these goals but should allow flexibility in vehicles purchased. There is still no definition of what a clean vehicle is and there should be for companies to know what type of vehicles they should purchase.
- **Mark Gruberg:** Fleet wide average will cause a problem since it allows other vehicles to pollute unless they choose a cap and trade system.

6. Fact Finding Hearing and Disciplinary action including Possible Revocation of Permits: [ACTION]

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

- **Pres Gillespie:** Is uncomfortable with going forward with this case without Mr. Kaplan's attorney.
 - **Dir Machen:** Overview item 6a- Grasshopper Alec Kaplan.
 - **Deputy Director Thigpen:** Recounts Grasshopper case.
 - **Sgt. Reynolds:** Overview of Grasshopper.
- Public Comments:**
- **Mark Gruberg:** Should allow Mr. Kaplan's attorney to respond to this.

- **Thomas George Williams:** Alec was a good driver until he had his problems. Revoking this without his attorney present is not fair.
- **Robert Cezano:** He should be able to apply for ADA.
- **Emil Lawrence:** Why isn't there a doctor present to speak on his behalf? How can a decision be made while he is in jail and has no representation.
- **Com Oneto:** We had to do this tonight, this medallion has been off the street for a long time. At this time he is incapable of managing a business. I am in favor of revoking the color scheme, medallion and A card. If he gets his life back in order then he should be allowed to get an A card.
- **Com Benjamin:** Seconds motion.
- **Com Breslin:** There is no ADA issue here since he is a public threat. Should be required to reapply for an A-card.
- **Pres Gillespie:** Appreciates outreach done by the community to Alec, but has issue when there's a public threat.
- **AYES:** Gillespie, Breslin, Benjamin, Oka, Paek, Oneto
ABSENT: 0
- **NO:** 0
RECUSE: 0

b. Abdul Bashir Rahimi aka Sayed Bashir Rahimi medallion number 1135, violation of Municipal Police Code 1081(b).

- **Deputy Director Thigpen:** Overview of Rahimi case and informs commission that an amended complaint will be issued.
- **Pres Gillespie:** Do you want us to make a decision on these findings or would you like us to continue this to rehear this?
- **Deputy Dir Thigpen:** I cannot make a recommendation based on case law.
- **Abdul Bashir Rahimi:** Overview of his case.
- **Com Benjamin:** What are some of the serious offenses he has? Did Mr. Epstein agree with the new evidence?
- **Deputy Director Thigpen:** Lying.
- **Pres Gillespie:** He was previously admonished for 2002 and 2004.
- **Abdul Bashir Rahimi:** It's on the record that I was admonished in 2001 and 2003.

Public Comment:

- **Name:** He is a bad manager and this is proof, but he drove.
- **Robert Cezano:** If you go to the airport, you saw Mr. Rahimi. This Commission does not have a proper standard of waybills.
- **Marty Smith:** Has seen Rahimi driving and hopes the Commission adopts the findings but should keep his medallion.
- **Mary McGuire:** Has seen him driving on the street.
- **Com Benjamin:** Do we have to approve all the findings?
- **City Attorney:** Any or all findings.
- **Name:** Used to drive for Rahimi and drove with him when he owned 49ers cab.
- **Mark Gruberg:** Hearing Officer says the Commission failed to prove Rahimi did not meet the driving requirement.
- **Name:** Knows Rahimi and is a cab driver.
- **Name:** Known Rahimi since 1991 and has been driving a cab since then.

- **Thomas George Williams:** Always sees him driving, and Commission failed to prove him guilty.
- **Pres Gillespie:** Willing to support all of the Hearing Officers findings.
- **Com Breslin:** Third step is extreme and does not take things step by step.
- **Com Oneto:** Motion to accept recommendations of Mr. Epstein
- **Com Paek:** Second motion
- **AYES:** Gillespie, Breslin, Benjamin, Oka, Paek, Oneto **NO: 0**
ABSENT: 0 **RECUSE: 0**

7. Staff Report and Commissioner Announcements [INFORMATION]

- **Dir Machen:** Overview
- **Sgt Reynolds:** DOJ reports and delay of background checks due to a new system. Illegal limo update. Successful run at 49er games, hope to be invited to preplanning to be able to get in cabs at the end of the game.
- **Commissioner Announcements:**
- **Com Benjamin:** 311 sticker has 415 capability for callers outside SF area code.
- **Pres Gillespie:** Congratulates Com Heinicke and Com Oka for being nominated to the MTA.

8. Consideration of Findings for PC&N Determination to Add 69 Hybrid or Alternative-Fuel Restricted Taxis [ACTION]

Public Comment:

- **Mike Spain:** Commission only issued 120 medallions last year but 69 were issued because the Mayor recommended it.
- **Thomas George Williams:** UTW will appeal the issuance of 69 more medallions since there is no reason for the issuance.
- **Tariq Mehmood:** There's a lot of demand for peak-time medallions.
- **Com Oka:** Motion to adopt 69 medallions
- **Pres Gillespie:** 2nd Motion
- **AYES:** Gillespie, Breslin, Benjamin, Oka, Paek **NO: Oneto**
ABSENT: 0 **RECUSE: 0**

9. Public Comment

- **Mary McGuire:** Clarification needed on what the wrap fund is used for.
- **Mark Gruberg:** Comments on video shown earlier in the evening.
- **Mike Spain:** Smaller clean air vehicles not as strong and reliable as gas vehicles and let Board know this.
- **Carl Macmurdo:** Congratulates Com Oka and Com Heinicke for MTA board. Add prorated time to the next agenda.
- **Thomas George Williams:** Alioto-Pier legislation hinders Commissions' work and creates uneven playing field. Jeopardizes any future gate increase.

10. Adjournment – 11:35pm

Consent Calendar: Item C

Consideration of the Taxi Commission to remove the following applicant name(s) from the Taxicab/Ramp Taxi waiting list in accordance with Municipal Police Code Section 1080(c)(2) for failure to respond and submit an application:

| Applicant Name(s) | List # |
|--------------------------|---------------|
| 1. Raymond Delgado | 6-475 |

* Continued from the last meeting



COMMISSIONERS TELEPHONE (415) 554-7737

PAUL GILLESPIE, PRESIDENT, ext. 3
PATRICIA BRESLIN, VICE PRESIDENT
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MIN PAEK, COMMISSIONER, ext. 7

HEIDI MACHEN, EXECUTIVE DIRECTOR

TO: TAXI COMMISSIONERS
FROM: HEIDI MACHEN
RE: MEDALLION APPLICANT RAYMOND DELGADO
DATE: JANUARY 22, 2008

BACKGROUND:

At its January 8 meeting, Taxi Commission considered whether to remove Raymond Delgado from eligibility for a taxi medallion because he did not qualify for one under the provisions of the Police Code requiring that a permit applicant have driven three out of the past four years. By his own admission, Mr. Delgado did not drive during two of those years, 2004 and 2005, because he took a job with Office Depot in 2003 in order to obtain health care insurance coverage for himself and his family.

Mr. Delgado is represented by attorney Phil Ward who wrote two letters on his behalf and spoke at the January 8 meeting. Taxi Commissioners directed staff to further investigate.

QUESTIONS:

1. Since one of the years that Mr. Delgado could have used to qualify was 2004, and since the progressive driving requirement did not go into effect until mid-2004, is it fair to hold applicants to a full-year standard for 2004?
2. Since Mr. Delgado was considered and rejected as an applicant for a medallion in 2007, could the Commission hold him to the 2007 driving standard and grant him a time waiver allowing him to meet that 2007 standard though he is not heard again until 2008?

DISCUSSION:

Mr. Delgado argues that application of the Daly-Ma legislation codified in the San Francisco Municipal Police Code (MPC) 1121 (b) is unfair because it did not go into effect until mid-2004, yet one of the years he could have used to qualify for his three out of the past four years driving experience as required in 2007 was the incomplete year of 2004.

This is not relevant to his case since he admittedly drove zero hours in 2004. Had he driven at least some hours in 2004, the Commission might elect to pro-rate the hours as a broader policy for applicants who wish to use hours from 2004 but who did not acquire

an entire year's worth of hours. Although this pro-rating would not help Mr. Delgado, President Gillespie has indicated his interest in considering such a policy.

Note: pro-rating to compensate for the mid-year enactment of the legislation in 2004 will only assist applicants applying for the next two years (2008, 2009) who drove in and wish to use a portion of 2004 as one of their qualifying years. In other words, applicants wishing to meet the 2008 requirement may prove driving using any four out of the following five years: 2004, 2005, 2006, 2007, or 2008. And, drivers wishing to qualify under the 2009 standard of five out of the last six years may choose from 2004, 2005, 2006, 2007, 2008, or 2009. But, the following year, 2010 retains the same standard as 2009 but drops 2004 as a qualifying year because it is too distant.

Second, Commissioner Breslin asked if Mr. Delgado could be given a time-waiver in 2008 but only be required to meet the 2007 driving standard since his application was first heard at the Commission in 2007.

The Commission authorizes time waivers for applicants whose names arise on the waiting list when they have not quite met their driving requirement and could benefit from some additional time to meet it. Time waivers are only allowed for a period of one year and are only granted in the event that it would make a difference for the applicant, in other words, if it is physically possible for the applicant to meet his driving requirement with this extra time.

Time waivers allow an applicant to float at the top of the applicant waiting list for a period of one year. Once they have completed their driving requirement, the applicant must notify the Commission office and once a medallion is available, the Commission notifies them to pick up a medallion applicant packet, turn in waybills, take a test, and complete all of the other steps necessary to qualify as a medallion holder. *The medallion applicant must meet the driving requirement for the year in which the Commission considers awarding him a medallion.* The requirements are not allowed to float with the applicant.

When a matter is heard before the Commission in one year and continued by the Commission until the following year, the applicant is held to the standard of the year in which he was heard. In this case, however, Ray Delgado was heard in 2007 and denied in 2007. The Commission did not continue it for its own convenience. Thus, he cannot make up the one year he lacked in 2007 by driving it in 2008 and then returning to be heard by the Commission again in 2008. In addition, since he would not physically be able to make up two years driving with a one year waiver, the Commission would not be able to grant a waiver.

Note: Ciro Mattarazzo was another "long time" driver who took time off from driving as his name advanced on the waiting list and thus missed meeting his requirement during years that were critical. The Commission made him ineligible and he appealed his case to the Board of Appeals. The Board of Appeals upheld the Commission's decision in this case.

CONCLUSION:

While the Commission may wish to consider an overall policy of pro-rating the 2004 driving requirement, it would not help Mr. Delgado since he did no driving in 2004 to pro-rate. And, to apply both a time waiver and the fact that Mr. Delgado's application was first "heard" in 2007 would treat Mr. Delgado's case differently than the Commission has

treated any other applicant. While Mr. Delgado's attorney argues that no one would be hurt by giving him a medallion, it risks hurting the public trust by disparate treatment of an applicant. And, the Commission loses credibility in appeals if its actions are inconsistent or arbitrarily applied.

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. Mohamed G. Malik | 1321 | Luxor Cab | Alt. Fuel |
| 2. Jong H. Oh | 9092 | Luxor Cab | Ramp |
| 3. Dong V. Tran | 9095 | Luxor Cab | Ramp |
| 4. Andrew Lee | 9097 | Yellow Cab | Ramp |
| 5. Sang N. Ta | 9099 | Yellow Cab | Ramp |
| 6. Leonid Tsatskin | 9098 | Black & White Checker | Ramp |
| 7. Amr Mahmoud | 9096 | DeSoto Cab | Ramp |
| 8. Ali R. Alikhani | 9094 | Gold Star Taxi | Ramp |
| 9. Alexander Labunsky | 9093 | Alliance Cab | Ramp |
| 10. Tommy Burton | 1322 | Arrow Cab | Alt. Fuel |



MEMORANDUM

To: Honorable Commissioners

From: Heidi Machen
Executive Director

Date: January 15, 2008

Re: Medallion Applicants for Ramp and Alternative Fuel Medallions

1. Mohamed G. Malik, List# 6-489, Alt. Fuel

- 2004: 976 hours
- 2005: 828 hours
- 2006: 868 hours
- 2007: 967.5 hours

2. Tommy Burton, List# 6-502, Alt. Fuel

- 2004: 1054 hours
- 2005: 855 hours
- 2006: 926 hours
- 2007: 1003 hours

3. Jong H. Oh, List# 6-677, Ramp

- 2004: 1045 hours
- 2005: 256 shifts
- 2006: 248 shifts
- 2007: 162 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.

- Hours/Shifts Driven: 570 hours
- Wheelchair Pick Ups: 140

4. Alexander Labunsky, List# 6-914, Ramp

- 2004: 1510 hours
- 2005: 158 shifts
- 2006: 157 shifts
- 2007: 1315 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.

- Hours/Shifts Driven: 429 hours
- Wheelchair Pick Ups: 112

5. Ali R. Alikhani, List# 6-931, Ramp

- 2004: 164 shifts
- 2005: 183 shifts
- 2006: 197 shifts
- 2007: 1190 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.

- Hours/Shifts Driven: 420 hours
- Wheelchair Pick Ups: 147

6. Dong V. Tran, List# 6-936, Ramp

- 2004: 241 shifts
- 2005: 235 shifts
- 2006: 223 shifts
- 2007: 248 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.

- Hours/Shifts Driven: 416 hours
- Wheelchair Pick Ups: 100

7. Amr Mahmoud, List# 6-987, Ramp

- 2004: 197 shifts
- 2005: 327 shifts
- 2006: 285 shifts
- 2007: 185 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.

- Hours/Shifts Driven: 402 hours
- Wheelchair Pick Ups: 116

8. Andrew Lee, List# 6-994, Ramp

- 2004: 223 shifts
- 2005: 236 shifts
- 2006: 167 shifts
- 2007: 160 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.

- Hours/Shifts Driven: 438 hours
- Wheelchair Pick Ups: 115

9. Leonid Tsatskin, List# 7-049, Ramp

- 2004: 199 shifts
- 2005: 196 shifts
- 2006: 159 shifts
- 2007: 176 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.

- Hours/Shifts Driven: 400 hours
- Wheelchair Pick Ups: 107

10. Sang N. Ta, List# 7-055, Ramp

- 2004: 312 shifts
- 2005: 309 shifts
- 2006: 278 shifts
- 2007: 190 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.

- Hours/Shifts Driven: 611 hours
- Wheelchair Pick Ups: 116

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

| | | | |
|---|-----------------|--|--|
| Applicant's Name (First, Middle, Last) MOHAMED GIAFEAR MALIK | | Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp | |
| Residence Address (Street Address, City, State, Zip) S-F CA 94110 | | | |
| Mailing Address (If different than residence address) | | | |
| Residence Phone Number: (415) | | Alternate Phone Number: () | |
| Hours Available at this Number: | | Hours Available at this Number: | |
| Social Security Number - 59 | | Other name(s) used | |
| California Driver's License Number / Expiration Year | | Date of Birth | |
| Place of Birth | | | |
| Race (Optional) Black | Sex M | Height 6 | Weight |
| | | | Eye Color BR |
| | | | Hair Color Black |
| Color Scheme / Business Name LUXOR Cab | | | Business Number (415) 282-1246 |
| Color Scheme / Business Address (Street Address, City, State, Zip) 2230 Terrold ave S-F CA, 94124 | | | |
| 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 | |
| If No, Alien Resident Card Number | | Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | If Yes - Date Permit was issued: 1980 Permit #: 053770 | |
| Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) | | | |
| <p>I have been cab driver for the last 27 years in S.F</p> <p>I do believe I have all the quality to serve the people</p> <p>of the S.F very well, I see my self very responsible</p> <p>and I have the courtesy to serve the people of</p> <p>San Francisco very well</p> | | | |

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OFFICE USE ONLY

| | | | |
|-------------------------------------|------------------------------------|-------------------------|--------------------------|
| Received by: T.O. | Receipt No. 644080 | Amount 638.00 | Date 11/3/2007 |
| Notice Date Dec. 11, 2007 | Hearing Date Jan 6, 2008 | | |

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) |
|-----------|---------|--|
| 5-2006 | Still | |
| 6-2000 | 5-2006 | |
| | | |
| | | |
| | | |

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

How many years driving experience do you have in San Francisco? 27 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 |
|-----------|---------|--------------|--|--------------|
| 7-2005 | Still | Luxor Cab | 2230 Jerrald ave S.F. CA 94124 | Cab driver |
| 6-1998 | 6-2005 | Veterans Cab | | 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 |
|---------|------|-----------------|-------------|
| | | | |
| | | | |
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| | | | |

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 be joining Luxor 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.

M 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 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 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 12-1-2007 day of _____, 20 07 at San Francisco, California.

Mohamed Mark
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) MOHAMED GAFAR MALIK | Phone |
|--|----------------|

| | |
|--|--------------|
| Residence Address (Street Address, City, State, Zip) 211 A A 94118 | Phone () |
|--|--------------|

| | |
|--|--------------|
| Joint 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 CO | Business Address (Street Address, City, State, Zip) 2230 TERROLD AVE, S.F. CA 94124 | Business Phone (415) 282-1224 |
| 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:

I do like The Company and The Service They do Provide

I do like The G.P.S system

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

Executed this _____ day of **12-3-07**, 20**07** at San Francisco, California

x MOHAMED MALIK
Print Name of Applicant

Mohamed Malik
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 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.

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

11-26-07
Date

OFFICE USE ONLY


| | | | |
|-------------------------|---------------------|--------------------------------|--|
| Agenda Notice Date | Hearing Date | Decision of Taxicab Commission | New Declaration Signed DEC 13 2007 |
| Worker's Comp Submitted | Insurance Submitted | Paint Chips Submitted | Photos Submitted |
| Received by: | Receipt No. | Amount | Date DEC 13 2007 |

RECEIVED

CALIFORNIA **DMV**
DRIVER LICENSE CLASS: C
 EXPIRES 04-21-09

MOHAMED GAFAR MALIK
 1c
 SEX: M HAIR: BLK EYES: BRN
 HT: 6

Mohamed Malik
 04/16/2004 503 A1 FD/09



I.D. Card or
 Driver License No. 12 11 1111
 Enter your new address below:
SAN FRANCISCO, CA 94116

Carry this change of address card with your I.D. or
 driver license. Do not tape or staple it to your driver
 license or ID.

DL 43 (REV. 9/94) **503 APR 9 2007** **DMV**
 A Public Service Agency

RECEIVED

DEC 03 2007

SAN FRANCISCO
 TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2007

MOHAMED G. MALIK

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

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|-------------------------------|----------------------------------|------------------------|--------------------------|
| OFFICE USE ONLY | | | |
| Received by: <u>Danette</u> | Receipt No: <u>64407</u> | Amount: <u>\$119 -</u> | Date: <u>NOV 30 / 07</u> |
| Office Date: <u>Jan 8, 08</u> | Hearing Date: <u>Jan. 22, 08</u> | | |

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) |
|-----------|---------|--|
| MAY 01 | - | ALAMEDA 94501 |
| MAR 04 | MAY 01 | ALAMEDA 94501 |
| APR 1994 | FEB 04 | ALAMEDA CA 94502 |
| | | |
| | | |
| | | |

How long have you lived within a 30 mile radius of San Francisco? 28 years 0 months

How many years driving experience do you have in San Francisco? 25 years 0 months

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

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

| From Date | To Date | Company Name | Address (Street Address, City, State, Zip) | Type of Work |
|-----------|----------|--------------|--|--------------|
| SEPT. 01 | - | LUXOR CAB | SAN FRANCISCO | DRIVER |
| AUG. 04 | SEPT. 01 | REGENTS CAB | SAN FRANCISCO | DRIVER |
| 2004 | AUG. 04 | BAY CAB | SAN FRANCISCO | DRIVER |
| 1999 | 7004 | CUNCKER CAB | SAN FRANCISCO | 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 |
|---------|------|-----------------|-------------|
| | | | |
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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 RADIO DISPATCH
AND GOOD RADIO WORK

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 Nov, 20 07 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

NOV 30 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) JONG HO OH | | Phone CELL () () () |
| Residence Address (Street Address, City, State, Zip) 160A CA 94501 | | |
| Joint Applicant's Name (First, Middle, Last) _____ | | Phone () () () |
| Residence Address (Street Address, City, State, Zip) _____ | | |
| Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation: _____ | | |

| | | |
|--|---|---|
| If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be. | | |
| Business Name LUXOR CAB CO | Business Address (Street Address, City, State, Zip) 2230 JERROLD S.F. 94124 | Business Phone (415) 282-4141 |
| 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:

GOOD RADIO DISPATCH SERVICE

RECEIVED

NOV 29 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 NOV, 2007 at San Francisco, California

JONG HO OH
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 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. | |
| <i>[Signature]</i> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder | 11-30-07 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 |

DMV CALIFORNIA DMV
DRIVER LICENSE CLASS: C
 EXPIRES 07-02-11

JONG HO OH
 SEX: M HAIR: BLK EYES: BRN
 HT: 5-10 RSTR: CORR LENS


[Signature]
 05/22/2006 235 RB FD/11



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

EXPIRES: DECEMBER 31, 2007
JONG H. OH
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 30 2007

SAN FRANCISCO
 TAXI COMMISSION

RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

Jong H. Oh

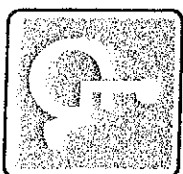
has successfully completed the requirements for Ramp
Taxi Operators Training, on this Fifteenth day of
September, 2007. Valid through September, 2010

Cheryl Damico

Cheryl Damico
Certified Sensitivity PASS
Trainer

Laurie Graham

Laurie Graham
Certified Ramp Taxi PASS Trainer



Ramp

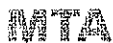
Qualified

Certificate #
2202

RECEIVED

NOV 30 2007

SAN FRANCISCO
TAXI COMMISSION



Gavin Newsom | Mayor

Rev. Dr. James McCray Jr. | Chairman

Tom Nolan | Vice-Chairman

Cameron Beach | Director

Shirley Breyer Black | Director

Wil Din | Director

Peter Mezey | Director

Leah Shahum | Director

Nathaniel P. Ford, Sr. | Executive Director/CEO

December 19, 2007

Heidi Machen, Executive Director
SF Taxi Commission
25 Van Ness, Suite 420
San Francisco CA 94102

Dear Ms. Machen:

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On December 14, 2007, the PCC Advisory committee to the SF Taxi Commission interviewed Jong Oh.

Summary of Review Categories:

Knowledge/experience with methods of facilitating safe
taxi transport of disabled passengers:

Unsatisfactory

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

Commitment to use the ramp taxi medallion in a manner that will
serve the disabled community:

Satisfactory

Comments/Concerns:

Jong Oh was not able to accurately describe or demonstrate the basic skills required to secure a wheelchair, in fact he repeatedly indicated an inappropriate technique. The PCC strongly feels that Mr. Oh should be re-trained in the proper wheelchair securement procedures. Mr. Oh demonstrated a wheelchair tie-down utilizing a moveable part of the wheelchair, and not the wheelchair frame. A wheelchair should not be secured by attaching a tie-down to a moveable part.

Recommendation:

The PCC Advisory committee is recommending Jong Oh for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

San Francisco Municipal Transportation Agency

San Francisco Municipal Railway | Department of Parking & Traffic

One South Van Ness Avenue, Third Fl. San Francisco, CA 94103 | Tel: 415.701.4425 | Fax: 415.701.4728 | TTY: 415.701.4730 | www.sfmata.com

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

| | | | |
|--|---|---|--------|
| Applicant's Name (First, Middle, Last) DONG VAN TRAN | | 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) (Same above) | | | |
| Residence Phone Number: () - Anytime | | Alternate Phone Number: (415) - 1 | |
| Hours Available at this Number: cell (415) - 5 | | Hours Available at this Number: Luxor cabs (Drivers) | |
| Social Security Number | | Other name(s) used none | |
| California Driver's License Number / Expiration Year | | Date of Birth | |
| Place of Birth VIETNAM | | | |
| Race (Optional) ASIA | Sex <input checked="" type="radio"/> M <input type="radio"/> F | Height | Weight |
| Eye Color Brown | Hair Color black | | |
| Color Scheme / Business Name Luxor cabs | | Business Number (415) 282-1241 | |
| Color Scheme / Business Address (Street Address, City, State, Zip) 2230 Terrold AVE, San Francisco, 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: 1987 Permit #: 042783 | |
| Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) I am a longtime luxor driver, I will stay in luxor cab company if the permit is granted to me and I will continue drive and service all the people of the city and county of San Francisco, including elderly and handicape person. | | | |

RECEIVED

| OFFICE USE ONLY | | | |
|-------------------------------|--------------------------------|--------------------------|------------------------|
| Received by: T.E. | Receipt No. 04444 | Amount 1119.00 | Date 11/1/00 |
| Notice Date 11/1/00 | Hearing Date 11/1/00 | | |

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) |
|-----------|---------|--|
| 1987 | present | San Francisco 94112 |
| | | |
| | | |
| | | |
| | | |

How long have you lived within a 30 mile radius of San Francisco? 22 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 |
|-----------|---------|--------------|--|--------------|
| 4-2000 | present | Luxor cabs | 2230 Jerrald AVE S.F., CA 94124 | 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)

My cab is going to be luxor cab, we use the computer dispatch and we will be 2 shift and 7 days a week, service for all resident of the city and county of San Francisco including elderly and disabled persons.

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.

DT 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.

DT 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.

DT 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 December day of 3rd, 2007 at San Francisco, California.

Signature of Applicant

RECEIVED

DEC 04 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>THOMAS DONG VAN TRAN</u> | | Phone <u>(415) 282-1224</u> <u>cell</u> |
| Residence Address (Street Address, City, State, Zip) <u>817, CA 94112</u> | | |
| Joint Applicant's Name (First, Middle, Last) | | Phone () |
| Residence Address (Street Address, City, State, Zip) | | |
| Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation: | | |

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

| | | |
|-----------------------------------|---|---|
| Business Name <u>LUXOR CAB</u> | Business Address (Street Address, City, State, Zip) <u>2230 Jerrard Ave, S.F. CA 94124</u> | Business Phone <u>(415) 282-1224</u> |
| 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:

I am stay with luxor cab company.

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DEC 04 2007

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 03 day of December, 2007 at San Francisco, California

| | |
|--|--|
| <u><i>Dong Van Tran</i></u> Print Name of Applicant | <u>DONG VAN TRAN</u> Signature of Applicant |
|--|--|

*** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY**

| | |
|--|---------------------------|
| Name of person authorized to sign for Color Scheme Holder: <u>JOHN LAZAR</u> | Title <u>PRESIDENT</u> |
| I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR CAB CO</u> Taxicab Color Scheme | |
| hereby give consent to the applicant named to use my color scheme. | |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | |
| <u><i>[Signature]</i></u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder | <u>12-3-07</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 |

RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

DONG TRAN

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DEC 04 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

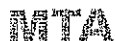
CALIFORNIA
DRIVER LICENSE
 CLASS: C
 EXPIRES 03-06-11
 DONG VAN TRAN
 SEX: M HAIR: BK
 HT: 5-03
 RSTR: CORR LENS
 01/13/2006 235 RB FD/11

ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER
 EXPIRES: DECEMBER 31, 2007
DONG V. TRAN
P4
 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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DEC 04 2007

SAN FRANCISCO
 TAXI COMMISSION



Gavin Newsom | Mayor

Rev. Dr. James McCray Jr. | Chairman

Tom Nolan | Vice-Chairman

Cameron Beach | Director

Shirley Breyer Black | Director

Wil Din | Director

Peter Mezay | Director

Leah Shahum | Director

Nathaniel P. Ford, Sr. | Executive Director/CEO

January 7, 2008

Heidi Machen, Executive Director
SF Taxi Commission
25 Van Ness, Suite 420
San Francisco CA 94102

Dear Ms. Machen:

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On January 4, 2008, the PCC Advisory committee to the SF Taxi Commission interviewed Dong Tran.

Summary of Review Categories:

Knowledge/experience with methods of facilitating safe
taxi transport of disabled passengers:

Satisfactory

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

Commitment to use the ramp taxi medallion in a manner that will
serve the disabled community:

Satisfactory

Comments/Concerns:

Mr. Tran did not fully understand that ramp taxi drivers are required to pick up three wheelchair passengers per shift, if available.

Recommendation:

The PCC Advisory committee is recommending Dong Tran for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION


San Francisco Taxicab Commission

| | | | |
|--|-----------------------|--|----------------------------|
| Applicant's Name (First, Middle, Last) ANDREW JICHENG LEE | | Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp | |
| Residence Address (Street Address, City, State, Zip) AVE, DALY CITY, C.A 94015. | | | |
| Mailing Address (If different than residence address) | | | |
| Residence Phone Number: () | | Alternate Phone Number: (415) 5 | |
| Hours Available at this Number: 4:00 PM - 8:00 PM | | Hours Available at this Number: 6:00 AM - 8:00 PM | |
| Social Security Number | | Other name(s) used MAUNG ZAW LWIN | |
| California Driver's License Number / Expiration Year | | Date of Birth | |
| | | Place of Birth MAR. | |
| Race (Optional) | Sex (M) / F | Height 5' 10" | Weight 165 |
| | | Eye Color BLACK | Hair Color BLACK |
| Color Scheme / Business Name YELLOW REGENTS CAB COMPANY | | Business Number 282-3737 (415) 487-1004 | |
| Color Scheme / Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI STREET 98 PENNSYLVANIA 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: 1996 Permit #: 47825 | |

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

- DEVELOPING BUSINESSES
- INCREASING POPULATION
- EQUAL OPPORTUNITY FOR DISABLE PERSON IN TRANSPORTATION

RECEIVED

| OFFICE USE ONLY | | | |
|--|------------------------------------|------------------------|-------------------------|
| Received by:  | Receipt No: 644110 | Amount: 119- | Date: 1/14/08 |
| Notice Date: Jan 8, 08 | Hearing Date: Jan 22, 08 | | |

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) |
|-----------|---------|--|
| Feb/2002 | CURRENT | 4 CITY, C.A 94015 |
| | | |
| | | |
| | | |
| | | |

How long have you lived within a 30 mile radius of San Francisco? 12 years 5 months

How many years driving experience do you have in San Francisco? 11 years 7 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 |
|-------------|-------------|-----------------|--|-----------------|
| Nov/2005 | PRESENT | REGENTS CAB CO. | 98 PENNSYLVANIA ST., S.F. CA 94107 | PARTTIME DRIVER |
| AUGUST/2003 | PRESENT | BAY CAB CO | 999 PENNSYLVANIA ST., S.F. CA 94107 | PARTTIME DRIVER |
| July/2000 | August/2003 | DIAMOND CAB CO | 1737 STOCKTON ST., S.F. CA 94133 | 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)

Two drivers will drive the cab.

By telling cab No. and position (ie Grant Powell), check in the radio 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.

AL 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.

AL 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.

AL 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 day of DECEMBER, 20 07 at San Francisco, California.

Stephen Lee
Signature of Applicant

RECEIVED

DEC 14 2007

SAN FRANCISCO
TAXI COMMISSION

Ramp

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>Andrew Lee</u> | | Phone () - - - - |
| Residence Address (Street Address, City, State, Zip) <u>1 e Daly City Ca 94015</u> | | |
| Joint Applicant's Name (First, Middle, Last) | | Phone () |
| Residence Address (Street Address, City, State, Zip) | | |
| Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation: | | |

| | | |
|--|---|---|
| If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be. | | |
| Business Name <u>Yellow Cab Co-op</u> | Business Address (Street Address, City, State, Zip) <u>1200 Mississippi St SF Ca 94107</u> | Business Phone <u>(415) 282-3737</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:

Good Business

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DEC 14 2007

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 12 day of December, 2007 at San Francisco, California

Andrew Lee

Print Name of Applicant

Andrew Lee

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

| | |
|--|--------------------------|
| Name of person authorized to sign for Color Scheme Holder: <u>Hal Mellegard</u> | Title: <u>Gen Mgr</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>Hal Mellegard</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder | <u>12/12/07</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 |

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DEC 14 2007

SAN FRANCISCO
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2008

ANDREW J. LEE

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



CALIFORNIA
DRIVER LICENSE

EXPIRES 05-23-09 CLASS: C

ANDREW JICHENG LEE

SEX: M HAIR: BLK EYES: BRN

Andrew J. Lee

03/23/2004 599 35 FD/09

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DEC 14 2007


SAN FRANCISCO
TAXI COMMISSION

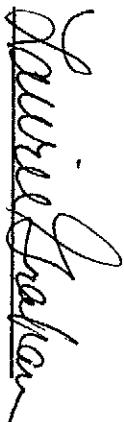
RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

Andrew J. Lee

has successfully completed the requirements for Ramp
Taxi Operators Training, on this thirteenth day of
August, 2005. Valid through August, 2008


Bruce Oka
Certified Sensitivity PASS Trainer


Laurie Graham
Certified Ramp Taxi PASS Trainer



Ramp

Qualified

Certificate #
2070

January 7, 2008

Heidi Machen, Executive Director
SF Taxi Commission
25 Van Ness, Suite 420
San Francisco CA 94102

Gavin Newsom | Mayor
Rev. Dr. James McCray Jr. | Chairman
Tom Nolan | Vice-Chairman
Cameron Beach | Director
Shirley Brayer Black | Director
Wil Din | Director
Peter Mezey | Director
Leah Shahum | Director
Nathaniel P. Ford, Sr. | Executive Director/CEO

Dear Ms. Machen:

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On January 4, 2008, the PCC Advisory committee to the SF Taxi Commission interviewed Andrew Lee.

Summary of Review Categories:

Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers:

Satisfactory

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

Commitment to use the ramp taxi medallion in a manner that will serve the disabled community:

Satisfactory

Comments/Concerns:

Mr. Lee did not fully understand that ramp taxi drivers are required to pick up three wheelchair passengers per shift, if available.

Recommendation:

The PCC Advisory committee is recommending Andrew Lee for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

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

| | | | |
|---|---|--|------------|
| Applicant's Name (First, Middle, Last) Sang, N. Ta | | Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp | |
| Residence Address (Street Address, City, State, Zip) Oakland, CA, 94601 | | | |
| Mailing Address (If different than residence address) | | | |
| Residence Phone Number: () 3 | | Alternate Phone Number: (415) | |
| Hours Available at this Number: Sunday 12 PM - 8 PM. | | Hours Available at this Number: Any 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 | Weight |
| | | Eye Color | Hair Color |
| Color Scheme / Business Name Yellow Cab | Business Number (415) 292-3737 | | |
| Color Scheme / Business Address (Street Address, City, State, Zip) 1200 Mississippi St, SF, 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: May 1991 Permit #: 44540 | |
| Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) The ramp taxi permit will give me a chance to service disabled people whenever they need my service to reach their destination to clinic or hospital. Now I am renting other driver's car to service disabled people for a few days. I would like to have my own permit, so I can service more disabled people. Also they don't have to wait too long for a ramp taxi. Places like Sunset, Richmond, Hunterpoint, and Bayview district have many disabled people who wait for hours, but there isn't any ramp taxi available to service them. If my permit is granted, I will be given the chance to service more disabled people. | | | |
| RECEIVED | | | |
| NOV 28 2007 | | | |
| SAN FRANCISCO TAXI COMMISSION | | | |

| OFFICE USE ONLY | | | |
|---------------------------------|-----------------------------------|--------------------------|-------------------------|
| Received by: Danelle | Receipt No. 644076 | Amount \$119 - | Date 11/28/07 |
| Notice Date Jan 8, 08 | Hearing Date Jan 22, 08 | | |

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) |
|-----------|---------|--|
| 7/01 | 11/07 | land, CA 94601 |
| | | |
| | | |
| | | |
| | | |
| | | |

How long have you lived within a 30 mile radius of San Francisco? 16 years 7 months

How many years driving experience do you have in San Francisco? 16 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 |
|-----------|---------|--------------|--|--------------|
| 8/97 | current | Yellow Cab | 1200 Mississippi St SF | 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 yellow Cab radio and cellphone.

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.

SS 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.

SS 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.

SS 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 26 day of Nov., 20 07 at San Francisco, California.

Signature of Applicant

RECEIVED

NOV 28 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>SANG TA</u> | | Phone (415) _____ |
| Residence Address (Street Address, City, State, Zip) <u>_____ Oakland Ca 94601</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>Yellow CAB</u> | Business Address (Street Address, City, State, Zip) <u>1200 Mississippi St SF 94107</u> | Business Phone (415) 282-3737 |
| 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:

Good Business

RECEIVED

NOV 28 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 26 day of Nov, 2007 at San Francisco, California

Sang Ta.

Print Name of Applicant

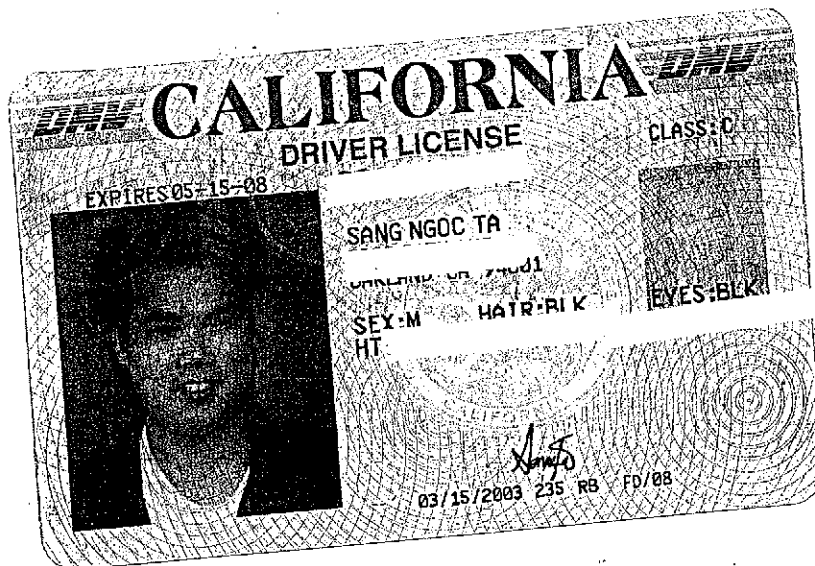
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

| | |
|---|-------------------------|
| Name of person authorized to sign for Color Scheme Holder: <u>Hal Mellegard</u> | Title: <u>GM</u> |
| 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. | |
| 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>Hal Mellegard</u> | Date <u>11/26/07</u> |

OFFICE USE ONLY

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



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

EXPIRES: DECEMBER 31, 2007

SANG N. TA

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 28 2007

SAN FRANCISCO
TAXI COMMISSION

RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

SANG N. TA

has successfully completed the requirements for Sensitivity/

Ramp Taxi Operators Training on this date

MARCH 19, 2006

Mark Powell

Mark Powell

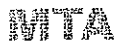
Certified Ramp Taxi/Sensitivity Trainer

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NOV 28 2007

SAN FRANCISCO
ART COMMISSION





Gavin Newsom | Mayor
Rev. Dr. James McCray Jr. | Chairman
Tom Nolan | Vice-Chairman
Cameron Beach | Director
Shirley Brayer Black | Director
Wil Din | Director
Peter Mezey | Director
Leah Shahum | Director
Nathaniel P. Ford, Sr. | Executive Director/CEO

December 19, 2007

Heidi Machen, Executive Director
SF Taxi Commission
25 Van Ness, Suite 420
San Francisco CA 94102

Dear Ms. Machen:

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On December 14, 2007, the PCC Advisory committee to the SF Taxi Commission interviewed Sang Ta.

Summary of Review Categories:

Knowledge/experience with methods of facilitating safe
taxi transport of disabled passengers:

Satisfactory

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

Commitment to use the ramp taxi medallion in a manner that will
serve the disabled community:

Satisfactory

Comments/Concerns:

Recommendation:

The PCC Advisory committee is recommending Sang Ta for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

| | | | |
|--|--------------------------|--|--------|
| Applicant's Name (First, Middle, Last) <i>Leonid Tsatskin</i> | | Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp | |
| Residence Address (Street Address, City, State, Zip) <i>AVE</i> | | | |
| Mailing Address (If different than residence address) | | | |
| Residence Phone Number: <i>(415)</i> | | Alternate Phone Number: <i>(415)</i> | |
| Hours Available at this Number: <i>ANY TIME</i> | | Hours Available at this Number: <i>ANY TIME</i> | |
| Social Security Number | | Other name(s) used <i>N/A</i> | |
| California Driver's License Number / Expiration Year | | Date of Birth | |
| Place of Birth | | | |
| Race (Optional) <i>WHITE</i> | Sex | Height | Weight |
| Eye Color <i>BN</i> | Hair Color <i>BLK</i> | | |
| Color Scheme / Business Name <i>BLACK and White Checker CAB CO</i> | | Business Number <i>(415) 285-3800</i> | |
| Color Scheme / Business Address (Street Address, City, State, Zip) <i>999 PENNSYLVANIA AVE, San Francisco, CA 94102</i> | | | |
| 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: <i>04-6-93</i> Permit #: <i>P44-045242</i> | |
| Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) <i>I have been a taxi-cab driver for 14 years I like to interact with people and I'm very friendly. I have many regular customers whom I serve for years The public need more ramps-taxis and if permit will be issued, we will get closer in providing more timely service.</i> | | | |

RECEIVED

OFFICE USE ONLY

| | | | |
|---------------------------------|------------------------------------|--------------------------|----------------------------|
| Received by: <i>Danille</i> | Receipt No. <i>04105</i> | Amount <i>\$119 -</i> | Date <i>JAN 22 2008</i> |
| Notice Date <i>Jan 8, 08</i> | Hearing Date <i>JAN 22 2008</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) |
|-----------|---------|--|
| 2/1997 | Current | San Francisco, CA 94121 |
| | | |
| | | |
| | | |
| | | |

How long have you lived within a 30 mile radius of San Francisco? 15 years 8 months

How many years driving experience do you have in San Francisco? 15 years 8 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 |
|-----------|---------|--------------------------------|--|--------------|
| 7/2000 | Current | Black and White Checker Cab Co | 999 Pennsylvania Ave CA 94102 | 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)

Black and White Checker Cab company

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.

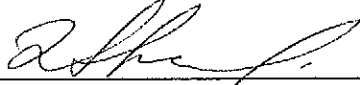
L.T. I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab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

L.T. 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.

L.T. 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 11 day of December, 20 07 at San Francisco, California.



Signature of Applicant

RECEIVED

DEC 13 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>Leonid Tsetskin</u> | | Phone (415) _____ |
| Residence Address (Street Address, City, State, Zip) <u>IVE</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>B&W CHECKER</u> | Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE S.F. CA 94107</u> | Business Phone (415) <u>285-3800</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 work for this company since 2/2000

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 day of December, 2007 at San Francisco, California

Leonid Tsetskin _____
 Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

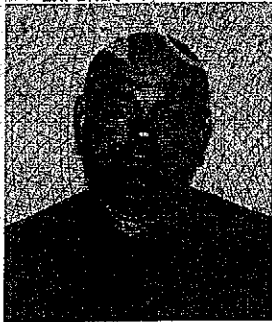
| | |
|--|--------------------------|
| Name of person authorized to sign for Color Scheme Holder: <u>BENNYADY EPSHTEYN</u> | Title: <u>MANAGER</u> |
| I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>B&W CHECKER</u> <small>Taxicab Color Scheme</small> hereby 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>12/11/07</u> Date |

OFFICE USE ONLY

| | | | |
|-------------------------|---------------------|--------------------------------|--|
| Agenda Notice Date | Hearing Date | Decision of Taxicab Commission | New Declaration Signed <u>DEC 13 2007</u> |
| Worker's Comp Submitted | Insurance Submitted | Paint Chips Submitted | Photos Submitted |
| Received by: | Receipt No. | Amount | Date <u>SAN FRANCISCO TAXI COMMISSION</u> |

CALIFORNIA
DRIVER LICENSE
 EXPIRES 07-17-10 CLASS: C

LEONID A TSATSKIN
 94121
 SEX: M HAIR: BLK
 HT:
 06/01/2005 503 A3 FD/10



RECEIVED

DEC 13 2007

SAN FRANCISCO
 TAXI COMMISSION



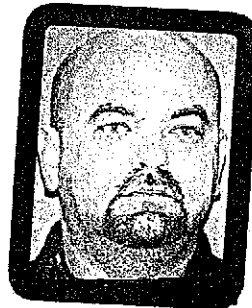
ISSUED BY
 OFFICE OF THE TREASURER & TAX COLLECTOR
 PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2007

LEONID A. TSATSKIN

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

Leonid A Tsatskin

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

RECEIVED

DEC 13 2007

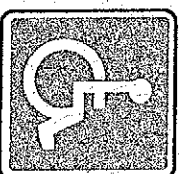
SAN FRANCISCO
TAXI COMMISSION

Cheryl Danico

Cheryl Danico
Certified Sensitivity PASS
Trainer

Laure Graham

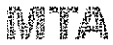
Laure Graham
Certified Ramp Taxi PASS Trainer



Ramp

Qualified

Certificate #
2246



Gavin Newsom | Mayor
Rev. Dr. James McCray Jr. | Chairman
Tom Nolan | Vice-Chairman
Cameron Beach | Director
Shirley Breyer Black | Director
Wil Din | Director
Peter Mezey | Director
Leah Shahum | Director
Nathaniel P. Ford, Sr. | Executive Director/CEO

January 16, 2008

Heidi Machen, Executive Director
SF Taxi Commission
25 Van Ness, Suite 420
San Francisco CA 94102

Dear Ms. Machen:

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On January 11, 2008, the PCC Advisory committee to the SF Taxi Commission interviewed Leonid Tsatskin.

Summary of Review Categories:

| | |
|---|--------------|
| Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers: | Satisfactory |
| Experience driving a ramp taxi/knowledge of equipment: | Satisfactory |
| Commitment to use the ramp taxi medallion in a manner that will serve the disabled community: | Satisfactory |

Comments/Concerns:

Recommendation:

The PCC Advisory committee is recommending Leonid Tsatskin for the ramp taxi medallion, based on the general criteria listed above.


Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

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

| | | | | | |
|--|---------------------|--|---|--|--------------------------|
| Applicant's Name (First, Middle, Last) AMR A MAHMOUD | | | | Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp | |
| Residence Address (Street Address, City, State, Zip) 1 DALY CITY CA 94015 | | | | | |
| Mailing Address (If different than residence address) | | | | | |
| Residence Phone Number: (6 11h pm | | | Alternate Phone Number: (415) 13h am | | |
| Hours Available at this Number: | | Other name(s) used | | | |
| Social Security Number | | California Driver's License Number / Expiration Year | | | |
| Date of Birth | | Place of Birth | | | |
| Race (Optional) | Sex M / F | Height | Weight 5 | Eye Color BRN | Hair Color BLK |
| Color Scheme / Business Name DESOTO CAB COOP | | | | Business Number (415) 970-1300 | |
| Color Scheme / Business Address (Street Address, City, State, Zip) 555 SELBY STREET S.F., 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: 12-11-07 Permit #: Pmt-048633 | | |
| Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) This permit will allow more ramp people to be serviced during the last 40 days I picked up to 100 ramp calls and still people were calling me wanting to be picked up | | | | | |

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OFFICE USE ONLY

| | | | |
|--|-----------------------------------|---------------------|--------------------------|
| Received by:  | Receipt No: 044121 | Amount: 119- | Date: DEC 31 2007 |
| Notice Date: JAN 8, 2008 | Hearing Date: JAN 22, 2008 | | |

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) |
|-----------|---------|--|
| 1995 | NOW | DALY CITY CA 94015 |
| | | |
| | | |
| | | |
| | | |
| | | |

How long have you lived within a 30 mile radius of San Francisco? 16 years months

How many years driving experience do you have in San Francisco? 15 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 |
|-----------|---------|------------------|--|--------------|
| 6-7-1995 | Present | DE SOTO CAB COOP | 555 SELBY S.F. CA 94124 | Cab driver |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Have you ever been convicted of, or plead guilty 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 be at DESOTO CAB COOP

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.

Adm 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.

Ann 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.

Am 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 Friday day of 14, 2007 at San Francisco, California.

Signature of Applicant

RECEIVED

DEC 20 2007

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

DEC 20 2007 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>AMR A MAHMOUD</u> | | Phone (650) 1-0005 |
| Residence Address (Street Address, City, State, Zip) <u>111 DAVIS ST - DALY CITY CA 94015</u> | | |
| Joint Applicant's Name (First, Middle, Last) | | Phone () |
| Residence Address (Street Address, City, State, Zip) | | |
| Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation: | | |

| | | |
|--|---|--|
| If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be. | | |
| Business Name <u>DESOTO CAB COOP</u> | Business Address (Street Address, City, State, Zip) <u>555 Selby S.F. CA 94124</u> | Business Phone (415) 9701306 |
| 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:
I have been with Desoto Cab since June 7, 1995
also this color scheme has a very good radio

(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 12 day of 20, 2007 at San Francisco, California
AMR A MAHMOUD [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>CINDY L. WARD</u> | Title: <u>GENERAL MGR</u> |
| The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>DESOTO CAB CO.</u> 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. | |
| <u>Cindy L. Ward</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder | <u>12/12/07</u> 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 |

RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

Amr A. Mahmoud

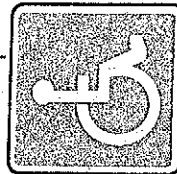
has successfully completed the requirements for Ramp
Taxi Operators Training, on this Thirtieth day of
October, 2007. Valid through October, 2010

RECEIVED

DEC 21 2007

SAN FRANCISCO
TAXI COMMISSION

Ramp



Qualified

Certificate #
2240

Cheryl Damico

Cheryl Damico
Certified Sensitivity PASS
Trainer

Laurie Graham

Laurie Graham
Certified Ramp Taxi PASS Trainer

RECEIVED

DEC 20 2007

SAN FRANCISCO
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2008

AMR A. MAHMOUD

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



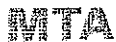
CALIFORNIA
DRIVER LICENSE

EXPIRES 02-17-11 CLASS: C

AMR A MAHMOUD

SEX: M HAIR: BLK EYES: BRN
HT: 5-08 WT: 145 DOB: 7

02/16/2006 599 38 FD/11



Gavin Newsom | Mayor
Rev. Dr. James McCray Jr. | Chairman
Tom Nolan | Vice-Chairman
Cameron Beach | Director
Shirley Breyer Black | Director
Wil Din | Director
Peter Mezay | Director
Leah Shahum | Director
Nathaniel R. Ford, Sr. | Executive Director/CEO

January 7, 2008

Heidi Machen, Executive Director
SF Taxi Commission
25 Van Ness, Suite 420
San Francisco CA 94102

Dear Ms. Machen:

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On January 4, 2008, the PCC Advisory committee to the SF Taxi Commission interviewed Amr Mahmoud.

Summary of Review Categories:

Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers:

Satisfactory

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

Commitment to use the ramp taxi medallion in a manner that will serve the disabled community:

Satisfactory

Comments/Concerns:

Recommendation:

The PCC Advisory committee is recommending Amr Mahmoud for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

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

| | | | |
|---|--------------------|---|--------|
| Applicant's Name (First, Middle, Last) <u>ALI R ALIKHANI</u> | | Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp | |
| Residence Address (Street Address, City, State, Zip) <u>CONCORD, CA 94521</u> | | | |
| Mailing Address (If different than residence address) | | | |
| Residence Phone Number: <u>(925)</u> | | Alternate Phone Number: <u>(415)</u> | |
| Hours Available at this Number: | | Hours Available at this Number: | |
| Social Security Number | | Other name(s) used | |
| California Driver's License Number / Expiration Year <u>10</u> | | Date of Birth | |
| Place of Birth | | | |
| Race (Optional) <u>W/ET</u> | Sex <u>(M)</u> / F | Height | Weight |
| Eye Color <u>BRN</u> | | Hair Color <u>D. BRN</u> | |
| Color Scheme / Business Name | | Business Number <u>401-8900</u> | |
| Color Scheme / Business Address (Street Address, City, State, Zip) <u>GOLD STAR TAXI</u> | | <u>999 PENNSYLVANIA AVE. SF. CA 94107</u> | |
| 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 #: <u>46955</u> | |
| Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) | | | |
| <p>The city of San Francisco is so short of Ramped taxi to Service the community despite of the 75 Ramp taxi is available right now. Call any largest cab co like Yellow Cab, Luxer cab for instant, I was told that it will take upto 3 hrs for a ramp taxi to reach you</p> <p>Willie MAE Parish broke her leg and needed badly a ramp taxi to send her to SF General, and I called Yellow dispatcher to send me one, and thats was the answer upto 3HRS. Finally I have no choice but to call 911 (11/30/07 @ 7:30 pm) to send for the paramedic to send her to SF General Hospital. If we have more ramp TAXI we will Service the community better and adequately as explained.</p> | | | |

RECEIVED

| OFFICE USE ONLY | | | |
|----------------------------|------------------------------|-----------------------|------------------------|
| Received by: <u>TD</u> | Receipt No: <u>044006</u> | Amount: <u>119.00</u> | Date: <u>11-7-2007</u> |
| Notice Date: <u>1-8-08</u> | Hearing Date: <u>1-22-08</u> | | |

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) |
|-----------|---------|--|
| 9/4/99 | Current | 1221 Mississippi St. S.F., CA 94107 |
| | | |
| | | |
| | | |
| | | |

How long have you lived within a 30 mile radius of San Francisco? 8 years 1 months

How many years driving experience do you have in San Francisco? 15 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 |
|------------------|---------|------------------|--|--------------|
| 10/30/07 | Current | Yellow CAB. Corp | 1221 Mississippi St. S.F. | Driver |
| 1999 to 10/30/07 | | Town TAXI | | |
| | | | | |
| | | | | |
| | | | | |

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)

City Radio dispatch Town TAXI 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.

A.A. 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.

A.A. 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.

A.A. 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 12/7/07 TH day of December, 20 07 at San Francisco, California.

see R. S. S. S. S. S.
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) ALI R ALIKHANI | Phone (415) 685-8483 |
| Residence Address (Street Address, City, State, Zip) CONCORD, CA 94521 | |
| 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 GOLD STAR TAXI | Business Address (Street Address, City, State, Zip) 999 PENNSYLVANIA AVE. SF. CA 94107 | Business Phone (415) 401-8900 |
| 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:

Better 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 24th day of Dec., 20 07 at San Francisco, California

ALI R. ALIKHANI

Print Name of Applicant

Ali R. Alikhani

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

| | |
|--|--------------------------------|
| Name of person authorized to sign for Color Scheme Holder: AYAD BADRIOUS | Title: Owner/Manager |
| I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>GOLD STAR 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. | |
| Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>Ayad Badrious</u> | Date <u>12/24/07</u> |

OFFICE USE ONLY

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

CALIFORNIA
COMMERCIAL DRIVER LICENSE
 EXPIRES 09-16-10 CLASS: A
 ENDORS: TPN
 ALI R ALIKHANI
 SEX: M HAIR: BLK EYES: BRN
 HT: 5-05 W: 125
 07/28/2005 235 RB FD/10



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

EXPIRES: DECEMBER 31, 2007

ALI R. ALIKHANI

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

Ali R. Alikhani

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

Cheryl Damico

Cheryl Damico
Certified Sensitivity PASS
Trainer

Laurie Graham

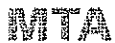
Laurie Graham
Certified Ramp Taxi PASS Trainer



Qualified

Certificate #

2252



Gavin Newsom | Mayor
Rev. Dr. James McCray Jr. | Chairman
Tom Nolan | Vice-Chairman
Cameron Beach | Director
Shirley Breyer Black | Director
Wil Din | Director
Peter Mezay | Director
Leah Shahum | Director
Nathaniel P. Ford, Sr. | Executive Director/CEO

January 7, 2008

Heidi Machen, Executive Director
SF Taxi Commission
25 Van Ness, Suite 420
San Francisco CA 94102

Dear Ms. Machen:

As you know, the SF Taxi Commission requested that the PCC set up an advisory committee to review applicants for the 25 newly issued ramp taxi medallions and make recommendations to the Taxi Commission on their qualifications to serve the disabled community. The SF Taxi Commission will make the final determination regarding the disbursement of the medallions.

In response to this request, the PCC Executive Committee set up a PCC Advisory committee. The PCC Advisory committee selected Patricia Lovelock as the Chair and Dee Ann Hendrix as the Vice Chair. The Chair and Vice Chair will work to ensure that the process for each medallion applicant is structured, consistent and fair.

On January 4, 2008, the PCC Advisory committee to the SF Taxi Commission interviewed Ali Alikhani.

Summary of Review Categories:

Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers:

Satisfactory

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

Commitment to use the ramp taxi medallion in a manner that will serve the disabled community:

Satisfactory

Comments/Concerns:

Mr. Alikhani needed coaching to accurately describe the proper wheelchair securement technique. The PCC would like to reinforce to Mr. Alikhani that the tie downs should be secured to the frame of the wheelchair, not a moveable part.

Recommendation:

The PCC Advisory committee is recommending Ali Alikhani for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

| | | | |
|---|---|--|--------|
| Applicant's Name (First, Middle, Last) ALEXANDER LABUNSKY | | Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp | |
| Residence Address (Street Address, City, State, Zip) SE. CA 94118 | | | |
| Mailing Address (If different than residence address) | | | |
| Residence Phone Number: (415) ... | | Alternate Phone Number: (415) ... | |
| Hours Available at this Number: 7pm - 11pm | | Hours Available at this Number: 7am - 11pm | |
| Social Security Number | | Other name(s) used ALEKSANDR LABUNSKY | |
| California Driver's License Number / Expiration Year 3207 | | Date ... | |
| Place of Birth UZBEKISTAN | | | |
| Race (Optional) | Sex <input checked="" type="radio"/> M <input type="radio"/> F | Height | Weight |
| | | | |
| Color Scheme / Business Name ALLIANCE CAB CO | | Business Number (415) 934-1757 | |
| Color Scheme / Business Address (Street Address, City, State, Zip) 2175 Market Str. SF. CA 94122 | | | |
| 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: 04-05-07 Permit #: 55667 | |
| Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) | | | |
| <p>I have 12 years of taxi driving experience, nice personality and very polite, and friendly.</p> <p>I will provide THE BEST SERVICE FOR RESIDENCE and GUESTS OF OUR CITY.</p> <p>I do have a lot of regular customers whom I serve for many years.</p> <p>Public need more taxis and especially disabled customers and issuing more ramp taxis will improve service for them.</p> | | | |

RECEIVED

| OFFICE USE ONLY | | | |
|-------------------------------|---------------------------------|------------------------|-----------------------------|
| Received by: | Receipt No: 644060 | Amount: 119- | Date: DEC 17 2007 |
| Notice Date: 1-8-08 | Hearing Date: 1-22-08 | | |

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) |
|------------|----------|--|
| 11-01-1991 | 11-29-07 | SF. CA 94118 |
| | PRESENT | |
| | | |
| | | |
| | | |
| | | |

How long have you lived within a 30 mile radius of San Francisco? 16 years 1 months

How many years driving experience do you have in San Francisco? 16 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 | PRESENT | ALLIANCE CAB CO | 2175 Market SF. CA 94114 | TAXI DRIVER |
| 2007 | PRESENT | LLIXOR CAB | 2230 JERROLD AVE SF. 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)

Black and White Checker

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.

AL 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.

AL 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.

AL 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 11-29-07 day of November, 20 07 at San Francisco, California.

Alex Labunsky
Signature of Applicant

RECEIVED

DEC 14 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) ALEXANDER LABUNSKY | Phone (415) 941-1122 |
|---|--------------------------------|

| | |
|---|--|
| Residence Address (Street Address, City, State, Zip) SF. CA 94118 | |
|---|--|

| | |
|--|--------------|
| 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 ALLIANCE CAB CO | Business Address (Street Address, City, State, Zip) 2175 Market SF. CA 94122 | Business Phone (415) 934-1757 |
| 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 I am with the company for longtime and they use Black and White Checker Dispatch and a lot of elderly and disabled Russian speaking residents of San Francisco calling for cab to Black Checker, so it will improve service for them, like for other people in need.

(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 _____ day of _____, 20____ at San Francisco, California

ALEXANDER LABUNSKY

Print Name of Applicant

Alex Labunsky

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME

| | |
|--|--------------------------|
| Name of person authorized to sign for Color Scheme Holder: <i>Geulyn Poquez</i> | Title: Manager |
|--|--------------------------|

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

Geulyn Poquez

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

12/7/07

Date

RECEIVED

OFFICE USE ONLY

| | | | |
|-------------------------|--------------------------------|---|------------------|
| Hearing Date | Decision of Taxicab Commission | New Declaration Signed DEC 14 2007 | |
| Worker's Comp Submitted | Insurance Submitted | Paint Chips Submitted | Photos Submitted |
| Received by: | Receipt No. | Amount | Date |

RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

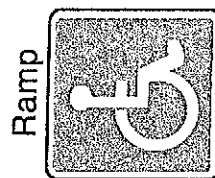
Alexander Labunsky

has successfully completed the requirements for Ramp
Taxi Operators Training, on this twenty-fourth day of
March, 2007. Valid through March, 2010

RECEIVED

DEC 14 2007

SAN FRANCISCO
TAXI COMMISSION



Qualified

Certificate #
2160

Cheryl Damico

Cheryl Damico
Certified Sensitivity PASS
Trainer

Laurie Graham

Laurie Graham
Certified Ramp Taxi PASS Trainer


RECEIVED

DEC 14 2007

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE CLASS: C

EXPIRES 07-02-09



ALEXANDER LABUNSKY

SEX: M HAIR: BRN EYES: BRN
HT: 5

RSTR: CORR LENS

Alex Labunsky

05/26/2004 S03 B1 FD/09



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

EXPIRES: DECEMBER 31, 2008

ALEKSANDER LABUNSKY

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



Gavin Newsom | Mayor

Rev. Dr. James McCray Jr. | Chairman

Tom Nolan | Vice-Chairman

Cameron Beach | Director

Shirley Breyer Black | Director

Wil Din | Director

Peter Mezey | Director

Leah Shahum | Director

Nathaniel P. Ford, Sr. | Executive Director/CEO

December 19, 2007

Heidi Machen, Executive Director
SF Taxi Commission
25 Van Ness, Suite 420
San Francisco CA 94102

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Summary of Review Categories:

Knowledge/experience with methods of facilitating safe taxi transport of disabled passengers: Satisfactory

Experience driving a ramp taxi/knowledge of equipment: Satisfactory

Commitment to use the ramp taxi medallion in a manner that will serve the disabled community: Satisfactory

Comments/Concerns:

Recommendation:

The PCC Advisory committee is recommending Alex Labunsky for the ramp taxi medallion, based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

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

| | | | | | |
|---|---|--|---|--|----------------------------|
| Applicant's Name (First, Middle, Last) TOM BURTON JR. | | | | Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp | |
| Residence Address (Street Address, City, State, Zip) 1100 11th St | | | | | |
| Mailing Address (if different than residence address) 1100 11th St | | | | | |
| Residence Phone Number: (925) 110011 | | | Alternate Phone Number: (925) 110011 | | |
| Hours Available at this Numc | | Hours Available at this Numc | | | |
| Social Security Number | | Other name(s) used None | | | |
| 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 6 | Weight 160 | Eyes Color black | Hair Color Black |
| Color Scheme / Business Name ARROW CAB CO | | | | Business Number (415) 970-1108 | |
| Color Scheme / Business Address (Street Address, City, State, Zip) 2575 MARIN ST 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: Permit #: P44-47396 | | | |
| Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) Things I AM hearing from the news media regarding the public out cry of NOT being able to get TAXI services shows that more cabs are needed. | | | | | |

RECEIVED

| OFFICE USE ONLY | | | |
|----------------------------------|------------------------------------|---------------------------|----------------------------|
| Received by: Danelle | Receipt No. 097115 | Amount \$638 -- | Date DEC 14 2007 |
| Notice Date: Jan 8, 08 | Hearing Date: Jan 22, 08 | | |

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) |
|-----------|---------|--|
| 2003 | | Pittsburg Ca |
| | | |
| | | |
| | | |
| | | |

How long have you lived within a 30 mile radius of San Francisco? 20 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 |
|-----------|---------|---------------|--|--------------|
| 2004 | 2007 | VETERANS CAB | 11th HARRISON ST | Driver |
| | | ARROW CAB CO. | 2575 MARIN ST 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 |
|---------|------|-----------------|-------------|
| | | | Program |
| | | | |
| | | | |
| | | | |
| | | | |

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? 73 ☒ 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 NOT Sit hours at The Airport
I Like to Work my Radio instead

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.

AB 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.

AB 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.

AB 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 14 day of December, 20 2007 at San Francisco, California.

Signature of Applicant

AB

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>Tom Burton</u> | | Phone <u>6</u> |
| Residence Address (Street Address, City, State, Zip) <u>San Francisco CA 94565</u> | | |
| Joint Applicant's Name (First, Middle, Last) | | Phone () |
| Residence Address (Street Address, City, State, Zip) <u>San Francisco CA 94565</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>Arrow Taxicab</u> | Business Address (Street Address, City, State, Zip) <u>2575 Marin St., S.F., CA 94124</u> | Business Phone <u>(415) 970-1101</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: want to bring medallion
1. I would like making more money
by working for my self instead of
working for a company. I would like
to take my medallion to Arrow Cab Company.
The company that I know provides
Excellent services

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 14th day of December, 2007 at San Francisco, California

Tom Burton Jr. _____
 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>Tyler Speck</u> | Title: <u>General Manager</u> |
| I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Arrow Taxicab Co.</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme. | |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | |
| Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>Tyler Speck</u> | Date <u>12-5-07</u> |

OFFICE USE ONLY

| | | | |
|-------------------------|---------------------|--------------------------------|--|
| Agenda Notice Date | Hearing Date | Decision of Taxicab Commission | New Declaration Signed <u>DEC 4 2007</u> |
| Worker's Comp Submitted | Insurance Submitted | Paint Chips Submitted | Photos Submitted <u>SAN FRANCISCO</u> |
| Received by: | Receipt No. | Amount | Date <u>RECEIVED</u> |

CALIFORNIA

DRIVER LICENSE

CLASS: C

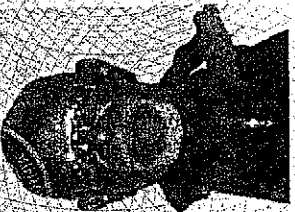
EXPIRES 11-01-10

TOMMY BURTON, JR.
352 PARNER PL.

SEX: M HAIR: BLK EYES: BRN 31

RSTR: CORR LENS

g B
12/19/2006 592 01 FD/10

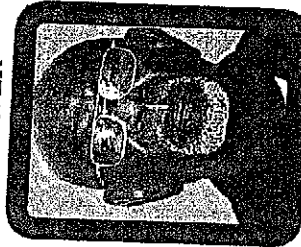


ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

TOM JR. BURTON

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

DEC 17 2007

SAN FRANCISCO
TAX COMMISSION

Consent Calendar: Item G

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

| Medallion Holder Name: | Medallion #: | Change: |
|-----------------------------------|---------------------|----------------------------|
| 1. Ray R. Yaghmour | 547 | Yellow Cab to Delta Cab |
| 2. Leon Veysman | 877 | United Cab to Luxor Cab |
| 3. Mary McGuire | 474 | Metro to National/Veterans |

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☒ *CHANGE OF COLOR SCHEME - From: yellow
(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) RAY RIZCALLAH YAGHMOUR | | Phone (415) 222-1111 |
| Residence Address (Street Address, City, State, Zip) 1234 5th Street, San Francisco, CA 94014 | | |
| 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 Delta Cab Company | Business Address (Street Address, City, State, Zip) 1340 25th Street | Business Phone (415) 920-9097 |
| Medallion Number(s) 547 | <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:

Financial situation

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 18 day of December, 2007 at San Francisco, California

RAY RIZCALLAH YAGHMOUR
Print Name of Applicant

Ray Yaghmour
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

| | |
|---|----------------------------------|
| Name of person authorized to sign for Color Scheme Holder: Martin Smith | Title: owner / MANAGER |
| I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Delta</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. | |
| <i>Martin B. Smith</i> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder | 12-18-07 Date |

OFFICE USE ONLY

| | | | |
|---------------------------------------|-----------------------------------|--------------------------------|---|
| Agenda Notice Date 1/8/08 | Hearing Date 1/22/08 | Decision of Taxicab Commission | New Declaration Signed RECEIVED |
| Worker's Comp Submitted yes | Insurance Submitted yes | Paint Chips Submitted | Photos Submitted |
| Received by: <i>[Signature]</i> | Receipt No. 644120 | Amount 291.00 | Date 12-18-07 |



SIR #: 80476

(must be entered in the vehicle before delivery to the purchaser)

1967-68

MAKE

SJK #: 80476

POULTRY

VEHICLE IDENTIFICATION NUMBER

DATE FIRST SOLD AS A NEW VEHICLE (MO/DAY/YR.) SD

SD

DEALER'S NUMBER:

SALESPERSON'S NUMBER

271472007
SOLD TO: PRINT TRU

~~10726~~

~~8564952~~

RAY YAGHMOUR
ADDRESS

~~ST DAILY CITY CA 94011~~

MUST ENTER ODOMETER READING HERE.



REG-397 (REV. 7/2005)

ENTER BOTH DEALER'S AND SALESPERSON'S NUMBERS. This is a notice of purchase of vehicle. Do not use as an application for registration or title.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID UR
DELTA12

DATE (MM/DD/YYYY)
07/20/07

| | | | |
|--|--|---|---------------|
| PRODUCER (SF) Heffernan Insurance Brkrs 120 Howard Street, Suite 550 San Francisco CA 94105 Phone: 415-778-0300 Fax: 415-778-0301 | | 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. | |
| INSURED Delta Cab Company Marty Smith 1340 25th Street San Francisco CA 94107 | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | 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 TR INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---------------------|--|----------------|----------------------------------|-----------------------------------|---|-------------------------------------|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | NOT APPLICABLE | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG | \$ \$ \$ \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | NOT APPLICABLE | | | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$ \$ \$ \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | NOT APPLICABLE | | | 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 \$ | NOT APPLICABLE | | | EACH OCCURRENCE AGGREGATE | \$ \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER | DCP001 | 07/20/07 | 07/20/08 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT | \$1000000 \$1000000 \$1000000 |

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

10 day notice of cancellation for non-payment of premium.

| | |
|---|---|
| CERTIFICATE HOLDER SANFRTA San Francisco Taxi Commission 25 Van Ness Avenue Ste 420 San Francisco CA 94102 | 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

(STATE) CA

COMPANY NUMBER
NATIONAL INTERSTATE INSURANCE COMPANY
EFFECTIVE DATE
10/12/07
EXPIRATION DATE
10/12/08
VEHICLE IDENTIFICATION NUMBER
2FDFP

AGENCY/COMPANY ISSUING CARD

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

SURED

YELLOW CAB #547
BITA & AUTOS FOR HIRE
200 MISSISSIPPI 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
NATIONAL INTERSTATE INSURANCE COMPANY
EFFECTIVE DATE
10/12/07
EXPIRATION DATE
10/12/08
VEHICLE IDENTIFICATION NUMBER
2FDFP

AGENCY/COMPANY ISSUING CARD

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

SURED

YELLOW CAB #547
BITA & AUTOS FOR HIRE
200 MISSISSIPPI 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)

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☒ CHANGE OF COLOR SCHEME - From: UNITED
(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>LEON VEYSMAN</u> | | Phone <u>415-401-1401</u> |
| Residence Address (Street Address, City, State, Zip) <u>1111 S. S.F. CA 94080</u> | | |
| Joint Applicant's Name (First, Middle, Last) | | Phone () |
| Residence Address (Street Address, City, State, Zip) | | |
| Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation: | | |

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

| | | |
|-----------------------------------|---|---|
| Business Name <u>LUXOR CAB</u> | Business Address (Street Address, City, State, Zip) <u>2230 JERROLD AVE, SF 94044</u> | Business Phone <u>(415) 401-1401</u> |
| Medallion Number(s) <u>877</u> | <input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease | |

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

BETTER DISPATCH AND WANT A FULL SERVICE COMPANY.

RECEIVED
DEC 27 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 27 day of December, 2007 at San Francisco, California

LEON VEYSMAN L. Veyzman
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: <u>President</u> |
| I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR CAB CO</u> Taxicab Color Scheme | |
| hereby give consent to the applicant named to use my color scheme. | |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | |
| Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u> | Date <u>12-27-07</u> |

OFFICE USE ONLY

| | | | |
|---------------------------------------|--------------------------------|--------------------------------|---------------------------------------|
| Agenda Notice Date <u>1-8-08</u> | Hearing Date <u>1-22-08</u> | Decision of Taxicab Commission | New Declaration Signed |
| Worker's Comp Submitted <u>yes</u> | Insurance Submitted | Paint Chips Submitted | Photos Submitted <u>2007/12/27</u> |
| Received by: <u>[Signature]</u> | Receipt No. <u>6044127</u> | Amount <u>291-</u> | Date |

Revised 11/04/2005

Client#: 6212

LUXORCAB

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
05/01/2007

PRODUCER

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

INSURED

Luxor Cab Company
2230 Jerrold Avenue
San Francisco, CA 94124

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American Home Assurance Company

19380

INSURER B: By Authority of AIG Co.

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 LTR | INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------------|--|---------------|----------------------------------|-----------------------------------|--|-------------|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE | \$ |
| | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | | | | | MED EXP (Any one person) | \$ |
| | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | GENERAL AGGREGATE | \$ |
| | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | OTHER THAN EA ACC | \$ |
| | | | | | AUTO ONLY: AGG | \$ |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE | \$ |
| | | | | | AGGREGATE | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER | WC5 | 05/01/07 | 05/01/08 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER | |
| | | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | | | | | 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
Certificate is subject to all policy limits, conditions and exclusions.

CERTIFICATE HOLDER

San Francisco Taxi Commission
25 Van Ness Avenue Rm 420
San Francisco, CA 94102

CANCELLATION Ten Day Notice for Non-Payment of Premium

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

AUTHORIZED REPRESENTATIVE

Masoud Shakeri

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

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

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

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



REGISTRATION CARD VALID FROM: 11/30/2007 TO: 11/30/2008

| | | | | | | | |
|--|-------------------------|---------------------|--------------------------|-------------|---|---------------------------|----------------|
| MAKE FORD | YR MODEL 2006 | YR 1ST SOLD 2005 | VLF CLASS CV | *YR 2007 | TYPE VEH 32X | TYPE LIC 31 | LICENSE NUMBER |
| VEHICLE TYPE MODEL X | MP G | MO NY | AX 2 | WC C | UNLADEN/G/CGW 03640 | VEHICLE ID NUMBER 1FAJ | |
| VEHICLE USE COMMERCIAL | DATE ISSUED 11/28/07 | CC/ALCO 38 | DT FEE RECVD 11/28/07 | PIC 9 | STICKER ISSUED | | |
| REGISTERED OWNER UNITED CAB CO 10 HERON ST | PR/HIST: TAXI | | | | PR EXP DATE: 11/30/2007 | | |
| | | | | | AMOUNT PAID \$ 166.00 | | |
| | | | | | AMOUNT DUE \$ 166.00 | | |
| | | | | | AMOUNT RECVD CASH : 166.00 CHCK : CRDT : | | |
| AN FRANCISCO A | 94103 | | | | | | |
| HOLDER | | | | | | | |

H00 B01 5L 0016600 0011 CS H00 112807 31 8H61313 628

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

POLICY NUMBER

LINCOLN GENERAL

INSURANCE COMPANY

CA00002100417

EFFECTIVE DATE

EXPIRATION DATE

YEAR

10/12/07

13/12/08

2006

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

FORD

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

INSURED

UNITED CAR # 877
SEITH & AUTOS FOR HIRE
20 HERON 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)

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)☒ CHANGE OF COLOR SCHEME – From: METRO
(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>MARY MARTYN MCGUIRE</u> | | Phone <u>415 6... 12</u> |
| Residence Address (Street Address, City, State, Zip) <u>... SAN FRANCISCO, CA 94109</u> | | |
| Joint Applicant's Name (First, Middle, Last) <u>...</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>NATIONAL/VETERANS</u> | Business Address (Street Address, City, State, Zip) <u>2270 McKinnon, SF 94124</u> | Business Phone <u>(415) 552-1300</u> |
| Medallion Number(s) <u>474</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:

I decided to transfer to National/Veterans because I like the company, and they offered me and the other drivers of #474 a new Ford Escape Hybrid.

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

Executed this 20 day of DECEMBER, 2007 at San Francisco, California

MARY MARTYN MCGUIRE Mary Martyn McGuire
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>Don Hines</u> | Title: <u>PRESIDENT</u> |
| I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>VETERANS COLOR SCHEME</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>Don Hines</u> | Date <u>12/26/07</u> |

OFFICE USE ONLY

| | | | |
|---|---|--------------------------------|----------------------------|
| Agenda Notice Date <u>01/08/08</u> | Hearing Date <u>01/22/08</u> | Decision of Taxicab Commission | New Declaration Signed |
| Worker's Comp Submitted <input checked="" type="checkbox"/> | Insurance Submitted <input checked="" type="checkbox"/> | Paint Chips Submitted | Photos Submitted |
| Received by: <u>Danette</u> | Receipt No. <u>644131</u> | Amount <u>9291</u> | Date <u>DEC 28 2007</u> |

SAN FRANCISCO
TAXICAB COMMISSION
11/04/2005



STK# 31936

APPLICATION FOR REGISTRATION OF NEW VEHICLE

18577621

A Public Service Agency

| | | | | | |
|---|--------------------|---|---|----------------------------|--------------------------------------|
| DATE FIRST SOLD AS A NEW VEHICLE (MO./DAY/YR.) 12/27/07 | | DATE FIRST OPERATED (MO./DAY/YR.) 12/27/07 | | NRMIND | |
| MAKE FORD | YEAR MODEL 2008 | BODY TYPE TX | MOTIVE POWER Q | NUMBER OF AXLES 2 | UNLADEN WEIGHT 3546 |
| VEHICLE IDENTIFICATION NUMBER | | | MVC ENGINE NUMBER OR ADDITIONAL IDENTIFICATION NUMBER | | |
| FOR CAMP TRAILERS AND TRAILER COACHES LENGTH IN INCHES | | | WIDTH IN INCHES | | COUNTY OF RESIDENCE SAN FRANCISCO |
| SOLD TO: PRINT TRUE FULL NAME AS IT APPEARS ON THE DRIVER LICENSE OR ID CARD IN THE ORDER SHOWN BELOW (1) NATIONAL CAB COMPANY INC | | | | EQUIPMENT NUMBER | DRIVER LICENSE/ID CARD NO. |
| <input type="checkbox"/> AND <input type="checkbox"/> OR (2) | | | | DRIVER LICENSE/ID CARD NO. | |
| BUSINESS OR RESIDENCE ADDRESS 2270 MCKINNON AVE | | | APT. NUMBER | CITY SAN FRANCISCO | STATE CA |
| MAILING ADDRESS--IF DIFFERENT FROM ABOVE OR LOCATION (FOR TRAILER COACH/VESSEL) | | | APT. NUMBER | CITY | STATE |
| LIENHOLDER OR LEGAL OWNER--PRINT TRUE FULL NAME One Pay | | | ELECTRONIC LIENHOLDER ID.# | | |
| BUSINESS OR RESIDENCE ADDRESS | | | APT. NUMBER | CITY | STATE |
| LESSEE ADDRESS--REQUIRED WHEN DIFFERENT FROM REGISTERED OWNER ABOVE | | | APT. NUMBER | CITY | STATE |

If a passenger vehicle, will it be used for hire or to provide a service of transporting passengers in conjunction with a business?

☐ Yes ☐ No

APPLICANT'S CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.

| | |
|------------------|--|
| DATE 12/27/07 | BUYER'S SIGNATURE(S) (1) X NATIONAL CAB COMPANY INC (2) X |
|------------------|--|

CERTIFICATE OF COST—The dealer signing the certification certifies under penalty of perjury under the laws of the State of California that the cost of the vehicle entered in the Certificate of Cost includes the cost of any equipment that is physically attached to the vehicle, plus any trade-in allowances (exclude state or local taxes, insurance and finance charges).

DATE PURCHASED/ACQUIRED

COST

A — Cost of vehicle purchased as a ☐ Complete vehicle ☐ Chassis only ☐ Cab and chassis

12/27/07

26421.00

B — Cost of trailer coach including all permanently attached items (wall to wall carpeting, factory air conditioning, built-in appliances, etc.).

ODOMETER DISCLOSURE STATEMENT

Federal and state law requires that you state the mileage upon transfer of ownership. Failure to complete or making a false statement may result in fines and/or imprisonment.

The odometer reading is ☐☐☐☐☐☐ (no tenths) miles and to the best of my knowledge reflects the actual mileage unless one of the following statements is checked.
WARNING — ☐ Is not the actual mileage. ☐ Mileage exceeds the odometer mechanical limits.

I/we certify under penalty of perjury under the laws of the State of California that the information entered on this form is true and correct.

| | | | |
|------------------|---|--|---|
| DATE 12/27/07 | SIGNATURE OF SELLER OR COMPANY AGENT <i>R. David</i> | PRINT SELLER'S TRUE FULL NAME/COMPANY AGENT SAN FRANCISCO FORD L/M | ADDRESS 2001 MARKET SAN FRANCISCO, CA 94114 |
| DATE 12/27/07 | SIGNATURE OF BUYER OR COMPANY AGENT | PRINT BUYER'S TRUE FULL NAME/COMPANY AGENT NATIONAL CAB COMPANY INC | ADDRESS 2270 MCKINNON AVE SAN FRANCISCO, CA 94124 |

REG 397 (REV. 7/2005)

— DMV copy —



NEW VEHICLE DEALER NOTICE TEMPORARY IDENTIFICATION (Must be affixed to the vehicle before delivery to the purchaser)

18577621

| | | | |
|--|-----------------|-------------------------------|---------------------------------|
| MAKE FORD | BODY TYPE TX | VEHICLE IDENTIFICATION NUMBER | STK# 31936 |
| DATE FIRST SOLD AS A NEW VEHICLE (MO./DAY/YR.) 12/27/07 | | DEALER'S NUMBER 64582 | SALESPERSON'S NUMBER S308085 |
| SOLD TO: PRINT TRUE FULL NAME(S) NATIONAL CAB COMPANY INC | | | |
| ADDRESS 2270 MCKINNON AVE SAN FRANCISCO, CA 94124 | | | |

NOTE: UPON TRANSFER OR SALE, DEALER MUST ENTER ODOMETER READING HERE.

☐☐☐☐☐☐
IMPORTANT! ENTER BOTH DEALER'S AND SALESPERSON'S NUMBERS. This is a notice of purchase of vehicle. Do not use as an application for registration or title.

REG 397 (REV. 7/2005)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2007

PRODUCER (415)564-4400 FAX (415)564-4494
DiNicola Insurance Services
License# 0B29457
1635 Irving Street
San Francisco, CA 94122

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.

INSURED National Cab Company, Inc.
DBA: Veterans Cab Company
2270 McKinnon Avenue
San Francisco, CA 94124

INSURERS AFFORDING COVERAGE

NAIC #

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 LTR/INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|-------------------------|--|---------------|-------------------------------------|--------------------------------------|--|--------------|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE | \$ |
| | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | | | | | MED EXP (Any one person) | \$ |
| | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | GENERAL AGGREGATE | \$ |
| | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | OTHER THAN EA ACC | \$ |
| | | | | | AUTO ONLY: AGG | \$ |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE | \$ |
| | | | | | AGGREGATE | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER | | 5/01/2007 | 05/01/2008 | X WC STATU- TORY LIMITS | |
| | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | 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
Medallion #474

CERTIFICATE HOLDER

City & County of San Francisco
Taxi Commission
25 Van Ness Avenue
Suite 420
San Francisco, CA 94102

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Nick DiNicola/MARCO

INSURANCE IDENTIFICATION CARD

STATE CA
 COMPANY NUMBER 27553
 COMPANY Mercury Insurance Company

POLICY NUMBER AC11081824
 EFFECTIVE DATE 10/07/07
 EXPIRATION DATE 10/07/08

YEAR MAKE/MODEL
 VEHICLE IDENTIFICATION NUMBER

SCHEDULE VEHICLES
 AGENCY/COMPANY ISSUING CARD

Y. A. Tittle Insurance
 Paul Batmale
 650-856-2120
 INSURED

National Cab Company, Inc.

2270 McKinnon Avenue
 San Francisco CA 94124

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

CSR TG

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 NM(2/95)

Consent Calendar: Item H

Consideration of the Taxi Commission to grant a Dispatch Change to:

| Color Scheme: | Change: |
|----------------------|---------------------------------------|
| 1. Delta Cab | Black & White Checker to Town Taxi |

Applicant's Name

Delta Cab - Marty Smith

TO BE COMPLETED FOR NEW COLOR SCHEMES ONLY

Distinguishing color scheme of vehicle to be used in business: (Must include color rendering upon submission.)

Body _____ Hood _____ Top _____ Trunk _____ Fenders _____

Logo shown on vehicles: _____ Lettering Color _____

Other markings _____

Dispatch Service: _____

Does the applicant understand that every person, firm or corporation operating a taxicab shall adopt and have approved by the Taxicab Commission a distinguishing color scheme and design for all such taxicabs and the operators thereof, and shall use the same on all such taxicabs operated; provided, however, that any person may, with the consent of another operator to whom a distinctive color scheme has been previously assigned, use said color scheme? ☐ Yes ☐ No

Does the applicant understand that it is unlawful to make or cause to be made any changes whatever in the color or distinguishing characteristics of taxicabs unless the permission of the Taxicab Commission has first been obtained? ☐ Yes ☐ No

TO BE COMPLETED BY THE DISPATCH SERVICE ONLY

Name of Dispatch Service:

Town Taxi, Inc

Address:

999 Pennsylvania Ave., SF CA 94107

I, Jacob Mayzel the person authorized to sign for the Dispatch Service hereby give
Print Name of Authorized Person of Dispatch Service

consent to the applicant named to use the dispatch service.

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

Jacob Mayzel
Signature of Authorized Person

Manager
Title

12/31/07
Date

RECEIVED

DEC 31 2007

SAN FRANCISCO
TAXI COMMISSION

Delta Cab Company
1340 25TH Street
San Francisco, Ca. 94107
Phone: 415-920-9097
Fax: 415-920-9317
Email: delta_cab@msn.com
December 21, 2007, 10:49 AM

RECEIVED

DEC 31 2007

SAN FRANCISCO
TAXI COMMISSION

From: Martin B. Smith
Owner/manager Delta Cab Company

To: Taxi Commission

Delta Cab Company will be moving from black and white dispatch to Town taxi dispatch for there radio dispatch as of January 1, 2008.

Thank you


Martin Smith

Owner/manager

TownTaxi, Inc.
999 Pennsylvania Avenue
San Francisco, CA 94107
Tel: 415.401.8900 Fax: 415.401.8734

12/24/2007

RE: Delta Cab Co. Radio Dispatch

RECEIVED

DEC 26 2007

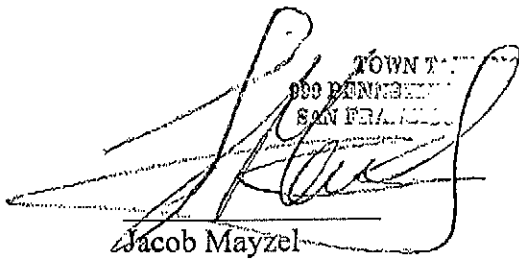
SAN FRANCISCO
CAB COMMISSION

Dear Heidi!

This letter is to inform you that Delta Cab Co. management expressed an interest of having us, Town Taxi, Inc. as their Radio Dispatching Service.
Effective January 1st, 2008 Town Taxi, Inc. will take over Delta Cab Co. radio dispatching needs including handling of their "lost and found" and other dispatching duties.

Please call us at 415.401.8900 if we can further assisted you on that matter.

Thank you,


TOWN TAXI
999 PENNSYLVANIA
SAN FRANCISCO
Jacob Mayzel

Consent Calendar: Item I

Consideration to reverse Commissions decision to grant a time waiver to Negash Tesfasilasie, list # 7-002, since the applicant submitted a letter to withdraw his Time Waiver Request. See memo.



MEMORANDUM

To: Honorable Commissioners

From: Heidi Machen *HM*
Executive Director

Date: January 3, 2008

Re: Negash Tesfasilasie, List# 7-002

Negash Tesfasilasie, List# 7-002, submitted a letter on December 6, 2007 withdrawing his request for a time waiver. Due to a clerical error, his name was kept on the list of time waiver requests and he was granted a time waiver. He should not have been on the list of names to receive a time waiver as he no longer wished to receive one.

The Taxi Commission recommends that the Commission vote to reverse the decision and allow Negash Tesfasilasie, List# 7-002, to be eligible for one time waiver in the future.