Notice Section

This is not an agenda item for this meeting, but serves as a public notice. The following individuals have filed and completed applications for Taxicab Medallion Holder Permits, Ramped Taxicab Medallion Holder Permits or Color Scheme Changes which will be reviewed and considered on the January 22, 2008 hearing.

Notice Section: Item A

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.



TAXI COMMISSION MAYOR GAVIN NEWSOM

MEMORANDUM

To:

Honorable Commissioners

From:

Heidi Machen

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.

Notice Section: Item E

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

Medallion Holder	Medallion #:	Change:
Name:		
1. Louis Peppars	337	Metro Cab to DeSoto Cab
2. Ray R. Yaghmour	547	Yellow Cab to Delta Cab
3. Leon Veysman	877	United Cab to Luxor Cab
4. Mary McGuire	474	Metro to National/Veterans

TAXICAB COLOR SCHEME APPLICATION

		.,,	San Francisco Taxicab Commission
☐ NEW COLOR SCHEME (Complete both sides)	Ø *CHANGE € (Comp	OF COLOR SCHEME — From: _ lete front side only)	Metro Cab
*YOU MUST SUBMIT A CERTIFIC	ATE OF WORKER'S COMPENSATION	ON, REGISTRATION CARD, & INSURA	NCE CARD WITH THIS APPLICATION
4. 33. d. v	PLEASE PRINT CLEARL'	Y - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last)	/ ¹ 0		Phone
Residence Address (Street Address, Cit	· Clara Zia)	<u> </u>	
	- ne Peta	Tama, CA. 949.	5 <i>4</i>
Joint Applicant's Name (First, Middle, La	ist)	,	Phone ()
Residence Address (Street Address, City	y, State, Zip)		
Is this a Corporate permit?	No ☐ Yes If yes, Name o	of Corporation:	
	anted by the Taxicab Commission, Business Address (Street Add	list what your business name, addres	Business Phone
Business Name			1/11/10 0- 10
De Soto Cab C Medallion Number(s)	00p. 355 SEL	by ST. S.F. CA. 9412	
}	•		Owner / Operator
#337			Gas & Gate
			Long Term Lease
Please list the reason(s) why	you are requesting this chang	e:	·
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<u> </u>			
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i (We) certify (or declare) under	penalty of perjury under the laws of	of the Orace of Camorria via and to	
Executed this	day of	, 20 at \$	San Francisco, California
Louis Pepp	2004	Dain la	A COLOR
Print Name of	Applicant	Signa	turk of Applicant
	O BE COMPLETED BY ACC	EPTING COLOR SCHEME ON	Title:
Name of person authorized to sign for Col			
CINDY L. WA	RD		GENERAL MGR.
I, the Color Scheme Holder / person	authorized to sign for the Color Schen	ne Holder for DESOTO	CAB Co.
hereby give consent to the applicant		Ida	and distriction of the state of
		California that the foregoing is true and	correct.
(waln & W)	ird -	11/5/07	
Signature of Color Scheme Holder / po	erson authorized to sign for Color Scheme Holder		Date
			
	ØFFICE	USE ONLY	
Agenda Notice Date	Hearing Date 1/22/08	Decision of Taxicab Commission	New Declaration Signed in the
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted 8 2007
Worker's Comp againing And	1 Mr	Amount	Date Date

Receipt No. OHH 119

Amount

291

SAN FRANCISCO (Rev. 11/30/05)

Received by:

Received by:

C:/MyFiles/Forms/Taxicab Calor Scheme Application.doc



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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2007

GROUP:
POLICY NUMBER:)7
CERTIFICATE ID: 3
CERTIFICATE EXPIRES: 04-01-2008
04-01-2007/04-01-2008

SAN FRANCISCO TAXI COMMISSION 25 VAN NESS AVENUE ROOM 420 SAN FRANCISCO CA 94102 NG

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

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

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

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

AUTHORIZED REPRESENTATIVE

PRESIDENT

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

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

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

M0409



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

December 14, 2007

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

To Whom It May Concern:

Cindy L. Ward

It is the policy of DeSoto Cab Company not to purchase a vehicle for a color transfer until the Taxi Commission has approved the transfer.

Therefore, there is no vehicle at this time for Cab #337.

Sincerely,

Cindy L. Ward General Manager

TAXICAB COLOR SCHEME APPLICATION

ssion ION.

		•		San Francisco Taxicab Comn
☐ NEW COLOR SCHEME (Complete both sides)	*CHAN	IGE OF COLOR SCHEME -	- From:	Bellow
'YOU MUST SUBMIT A CERTIFICATE OF WORK	ER'S COMPENS	SATION, REGISTRATION CARD, 8	& INSURANC	CE CARD WITH THIS APPLICA
Applicant's Name (First, Middle, Last)	PRINT CLEA	ARLY - COMPLETE ENTIR	E FORM	
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RAT RAZCALLA Residence Address (Street Address, City, State, Zip)	17/7	IGHMOUK	(
Joint Applicant's Name (First, Middle, Last)		- LY Cit	7,CA	94014
, , , , , , , , , , , , , , , , , , , ,			Ph	one
Residence Address (Street Address, City, State, Zip)				<i>.</i>
Is this a Corporate permit? ☑ No ☐ Ye	es If yes. Na	ma of Corporation:		
If this color scheme request is granted by the Tax Business Name Busines	lcab Commissi	on, list what your business name	e. address a	nd phone number will be
	-4441.000 (54.00)	Address, Gity, Glate, ZID)		Business Phone
Medallion Number(s)	40 2	5th Street		(45)920.909
	•			Owner / Operator
547				☐ Gas & Gate
Please list the reason(s) why you are reque				Long Term Lease
We) certify (or declare) under penalty of perjury	under the laws	s of the State of California that	the foregoin	
xecuted this 18 day of Dec	~/	- und district of dumonna triat		
RAY RIZCALLAM	<u>en 60</u>	<u>(</u> , 20 <u>0 7</u>	_ at San F	rancisco, California
RAY RIZCALLAM Y	AGU MO	10 8	vo.al	
Print Name of Applicant	TIC TIPIO		Signature of A	your policant
TO RECONDISE	TT DEFENDANCE		<i>U</i>	
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ne Color Scheme Holder / person authorized to sign for	the Color Scher	me Holder for)0 /fa	/
reby give consent to the applicant named to use my col		110.0001 101	Taxicab Color	Scheme
ertify (or declare) under penalty of perjury under the law	s or the State of	California that the foregoing is true	and correct.	
Wester BAncist		/n	.18.	17
Signature of Color Scheme Holder / person authorized to sign for C	olor Scheme Holder		Dale	
	OFFICE	USE ONLY		No. N. S.
nda Notice Date 1/8/08 Hearing Date 1/2	2/08	Decision of Taxicab Commission	New C	Peclaration Signed
ker's Comp Submitted Insurance Submitted	1010	Paint Chips Submitted		s Submitted

Received by:

Receipt No.

No. 644120

Amount

291.00

BANGUARS TRACT

NOTE: UPON TRANSHER OR SALE, DEALER MUST ENTER ODOMETER READING HERE. MAKE SOLD TO: PRINT TRUE FULL NAME(S) DATE FIRST SOLD AS A NEW VEHICLE (MOZDAYYR.) REG 397 (REV, 7/2005) ABAKES YAGHMOUR BODY TYPE NEW VEHICLE DEALER NOTICE TEMPORARY IDENTIFICATION (Must be affixed to the vehicle before delivery to the purchaser) DEALER'S NUMBER VEHICLE IDENTIFICATION NUMBER 10226 IMPORTANTI 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. SALESPERSON'S NUMBER \$564952 19916618

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	NSURED				Delos Insu	rance Company	
		Delta Cab Company		INSURER B:			
		Marty Smith 1340 25th Street		INSURER C: INSURER D:	**************************************		
		San Francisco CA	94107	INSURER E:			
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		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	s
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INSURANCE IDENTIFICATION CARD

(STATE)

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COMPANY

LICY NUMBER 890000008 O.

10/12/07 MAKE/MODEL

EXPIRATION DATE NATIONAL, INTERSTATE INSURANCE COMPANY EFFECTIVE DATE EXPIRATION DATE

10/12/08 VEHICLE IDENTIFICATION NUMBER 2FDFP

ENCY/COMPANY ISSUING CARD

PUBLIC LIVERY INS SERVICES, INC 530 EL CAJON BLVD, SUITE 212 EL CAJON, CA 92020

RILLOW CAB #547 SURED

SEITA & AUTOS FOR HIRE

AN FRANCISCO, CA 94107 .200 MISSISSIPPI ST

SEE IMPORTANT NOTICE ON REVERSE SIDE

IDENTIFICATION CARD INSURANCE

(STATE) CA

YPANT NUMBER

COMPANY

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

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\$0000008

10/12/07 MAKE/MODEL

2FD

AR 1997) SENCY/COMPANY ISSUING CARD

WBLIC LIVERY INS SERVICES, INC. 380 EL CAJON BLVD, SUITE 212 EL CAJON, CR 92020

SFITA & AUTOS FOR HIRE ELLOW CAB #547

.200 MISSISSIPPI ST

SAN FRANCISCO, CA 94107

EE IMPORTANT NOTICE ON REVERSE SIDE

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

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

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

ACORD 50 (1/83)

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

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

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

ACORD 50 (1/83)

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

Date

Revised 11/04/2005

			San Francisco Taxicao Commissioi
☐ NEW COLOR SCHEME	CHANGE OF	F COLOR SCHEME — From: ate front side only)	: UNITED
*YOU MUST SUBMIT A CERTIFICATE OF			
		- COMPLETE ENTIRE FO	
Applicant's Name (First, Middle, Last)	.roc i idii o e e i i		Phone
1	sman_		
Residence Address (Street Address, City, State, Zi	p)	10050	1 94080
Joint Applicant's Name (First, Middle, Last)		-, S.J.F. U	9 40 8 O Phone
Other State 7			
Residence Address (Street Address, City, State, Zi	,, 		
Is this a Corporate permit?	Yes If yes, Name of	f Corporation:	
If this color scheme request is granted by	the Tayleah Commission I	ist what your business name. ad	dress and phone number will be.
Business Name	 Business Address (Street Addr 	ess. Citv. State. ZID)	1 Business Phone
LUXIR CAR	2230 TRI	YOLD Ave, Sty	1924 (415) WIN-1401
Medallion Number(s)	1 Cate of the same		Gas & Gate
011	And the state of t		Long Term Lease
Please list the reason(s) why you ar	,		0
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SPRUCE POP	mpaky.		we was now come to pro-collect
			Market Control
			nec 2.7 2007
			on A that the first first first first
			TAXLOOMMISSION
I (We) certify (or declare) under penalty	of perjury under the laws o	f the State of California that the	foregoing is true and correct.
Executed this 27 day or	December	2007	at San Francisco. California
executed this day of		/ ()	
LEON VEYSMAN		S. Dey Sin	MM.
Print/Name of Applicant			alginature or Approprie
767		स्यान्यकाराहरूक्यकार्यकाराहरूका	
Name of person authorized to sign for Color Scheme	Holder:		Title:
JOHN LAZAR			President
I, the Color Scheme Holder / person authorize	d to sign for the Color Schem	e Holder for	COR CAB CO
hereby give consent to the applicant named to			Taxicab Color Scheme
I certify (or declare) under penalty of perjugitu	/	California that the foregoing is true a	and correct.
Signature of Color Scheme Holder / person author	ized to sign for Color Scheme Holder		- 27 - 0 F
	OFFICE	(EDINE)	
Agenda Notice Date 1-6-00 Hearing	Date 1-22-08	Decision of Taxlcab Commission	New Declaration Signed
Inc. 1 /2 72 D. S. Wood Incurrence	a Suhmitted	Paint Chips Submitted	Photos Submitted

Amount

Receipt No.

Received by:

LUXORCAB

ACORD CERTIF	ICATE OF LIA	BILITY	INSURAI	NCE	05/01/2007
PRODUCER John Burnham SD 1610		THIS CE	RTIFICATE IS ISSU ID CONFERS NO R THIS CERTIFICAT	ED AS A MATTER OF IN LIGHTS UPON THE CERT TE DOES NOT AMEND, E FORDED BY THE POLIC	TFICATE XTEND OR
750 B Street, Suite 2400 San Diego, CA 92101		ALIEKI	HE COVERAGE AF	PORDED BY THE POLIC	TEG BELOW.
800 421-6744		INSURERS	AFFORDING COV	ERAGE	NAIC#
INSURED			Assurance Company	19380	
Luxor Cab Company			3y Authority of A	IG Co.	
2230 Jerrold Avenue San Francisco, CA 941	34	INSURER C:			
San Francisco, CA 541	24	INSURER D:			
		INSURER E.			<u> </u>
THE POLICIES OF INSURANCE LISTED BEL ANY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFORDE POLICIES. AGGREGATE LIMITS SHOWN MA) OF ANY CONTRACT OR OTHER D O BY THE POLICIES DESCRIBED H	EREIN IS SUBJECT CLAIMS.	TO ALL THE TERMS, E	EXCLUSIONS AND CONDITION	
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CLAIMS MADE OCCUR				PERSONAL & ADV INJURY	\$
	·			GENERAL AGGREGATE	\$
GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO- LOC	Į.			PRODUCTS - COMP/OP AGG	\$
- AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
HIRED AUTOS				BODILY INJURY (Per accident)	\$
NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
GARAGE LIABILITY			_	AUTO ONLY - EA ACCIDENT	\$
ANY AUTO				UJES IHAN	\$
				EACH OCCURRENCE	\$ \$
EXCESS/UMBRELLA LIABILITY					\$
OCCUR CLAIMS MADE					\$
DEDUCTIBLE					\$
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A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCE	05/01/07	05/01/08	↑ TORY LIMITS ER	s1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	
OFFICER/MEMBER EXCLUDED? If yes, describe under				E.L. DISEASE - POLICY LIMIT	
SPECIAL PROVISIONS below OTHER					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDOR	SEMENT / SPECIAL PR	OVISIONS		
Cerificate is subject to all policy limi	its, conditions and exclusion	ons.			
CERTIFICATE HOLDER	****			tice for Non-Payment	
				D POLICIES BE CANCELLED BE WILL ENDEAVOR TO MAIL3	
San Francisco Taxi Com 25 Van Ness Avenue Rm				AMED TO THE LEFT, BUT FAILL	
San Francisco, CA 9410				F ANY KIND UPON THE INSURE	
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ACORD 25 (2001/08) 1 of 2 #93	82800/M382599	Mano	us That	AWEB @ ACORD C	ORPORATION 1988

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



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REGISTRATION CARD VALID FROM: 11/30/2007 TO: 11/30/2008
 MAKE
           YR MODEL
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166.00 CASH : 166.00

SAN FRANCISCO CHCK: CA CRDT : 94103

IENHOLDER

INSURANCE IDENTIFICATION CARD

COMPANY HUMBER (STATE) CA

POLICY NUMBER CAGGGGGIGG417

CHOR TECOMY/WINEY

XX EX

LINCOLN SENERAL BEFROTIVE DATE 10/12/07

EXPIRATION DATE 13/12/08

INSURBICE COMPANY

VEHICLE IDENTIFICATION NUMBER

ACEMCY/COMPANY ISSUING CARD

PUBLIC LIVERY INS SERVICES, INC 1380 EL CAJON BIVO, SUITE 212 EL CAJON, OR 92020

UNITED CAB # 877
SETTA & AUTOS FOR HIRE
20 HEROM ST
SAW FRANCISCO, CA 94103

SEE IMPORTANT NORTCE ON REVERSE SIDE

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

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

Name and address of each driver, passenger and witness.

E.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	-
*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION)N.
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM Applicant's Name (First, Middle, Last)	
MARY MARTUN MCGUIRE MINE, - 1-14	<u>_</u>
Residence Address (Street Address, City, State Zip) SAN FRANCISCO, CA 9410	1
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.	
NATIONAL METERANS 2270 Mc Kinnon, SF 94124 (415 552-13)	X
Medakion Number(s) And Owner / Operator Gas & Gate Long Term Lease	
Please list the reason(s) why you are requesting this change:	
T decided to transfer to National / Veterans	
bocause I like the company, and they	-
offered me and the other drivers of	_
#474 a new Ford Escape Hybria.	_
	~
	-
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 DECEMBEK , 2007 at San Francisco, California	-
MARY MARTYN McGURE Mary Mastyn McGure Signature JApplicant	<u>'</u>
TO BE COMPLETED BY ACCEPTING COLOR SCHEME	
Name of person authorized to sign for Color Scheme Holder:	
DON HORDS	
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Verence Color Scheme	1
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder? person authorized to sign for Color Scheme Holder Date	<u>.</u>
OFFICE USE ONLY OFFICE D	
Agenda Notice Date Hearing Date Decision of Taxicab Commission New Decision Signed	
Worker's Comp Submitted Insurance Submitted Paint Chips Submitted	
Received by: Dand Receipt No. 64913)5

REG 397 (REV. 7/2005)

Public Service Agency	BEGIS"	APPLICATION OF		CLE		18	577621
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12/27/07	,	,	2/27/07				
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FOR CAMP TRAILERS And Trailer Coach	LENGTH IN INCHES		1110711111110	1123			SAN FRANC
	NAME AS IT APPEARS ON THE DRIV	ER LICENSE OR ID CARD	IN THE ORDER SHOW	N BELOW	EQUIPMENT NUMBER	DRIVER L	ICENSE/ID CARD N
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AND L	AST	FIRST	,	MIDDI.E		DRIVER L	ICENSE/ID CARD N
OR (2) SINESS OR RESIDENCE ADDR	biga		APT. NUMBER	CITY		STATE	ZIP CODE
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passenger vehicle, will Yes No	it be used for hire or to prov	ide a service of trans	sporting passenge	ers in conjun	ction with a busine	ess?	
	ICATION: I certify under pen	alty of perjury under th	e laws of the State	of California ti	nat the foregoing info	ormation is tru	e and correct.
E	BUYER'S SIGNATURE(S)	NATIONAL CA	B COMPANY	TNC			
12/27/07	(1) X	MULTIONIC ON	2 0018 1111	1/2) X			
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RTIFICATE OF COST te Certificate of Cost include finance charges).	T—The dealer signing the certific des the cost of any equipment the	cation certifies under pe hat is physically attache	nalty of perjury unde ed to the vehicle, pl	us any trade-i	1 allowances (exclud	hat the cost of le state or loc	al taxes, insuranc
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IN	SURED		ational Cab Company,				Delos Insura	nce Company		
			BA: Veterans Cab Com 270 McKinnon Avenue	ipany		INSURER B:				
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			CLAIMS MADE OCCUP	₹				MED EXP (Any one person)	\$	
		\vdash		-				PERSONAL & ADV INJURY GENERAL AGGREGATE	s	
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			HIRED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$	······································
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R	TIFIC	ATI	HOLDER		CA	NCELLATI	ON			
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	36	11	FIGURISCO, CA 34102				ola/MARCO	VILADAL		

INSURANCE IDENTIFICATION CARD

COMPANY STATE CA COMPANY NUMBER

POLICY NUMBER

Mercury Insurance Company EFFECTIVE DATE

MAKE/MODEL

AC11081824

VEHICLES

SCHEDULE VEI

10/07/01

EXPIRATION DATE

10/07/08 VEHICLE IDENTIFICATION NUMBER

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

INSURED

National Cab Company, Inc.

2270 McKinnon Avenue San Francisco COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

CA 94124

CSR TG

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

to your Agent/Company as soon as possible, IN CASE OF ACCIDENT: Report all accidents 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 WM(2/95)

Notice Section: Item F

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

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

Applicant's Name Delta Cab - Marty Smith

	TO BEG	OMBLÉ FÉRIFORNE	veolorischenesio	WIFA
Distinguishing cold	r scheme of vehicle	to be used in business	: (Must Include color rendering	η υροη aubmission.)
Body	Hood	Тор	Trunk	Fenders
Logo shown on vel	ricles:	· · · · · · · · · · · · · · · · · · ·	Lettering C	olor
				transmission (State Company)
Dispatch Service:		**************************************		
Commission a distinguance such taxicabs operated	ishing color scheme an I; provided, however, th	nd design for all such taxio	cabs and the operators thei the consent of another ope	pt and have approved by the Taxicab act, and shall use the same on all rator to whom a distinctive color
Does the applicant und characteristics of taxical	erstand that it is unlaw be unless the permissi	ful to make or cause to be on of the Taxicab Commi	made any changes whate ssion has first been obtaine	ver in the color or distinguishing ed? Yes No
	T CORTEX SOLME SE		ijkie jeieri (* e en e en (HANN
Name of Dispatch Service:		A A dament		e., SF CA 94107
I, Příni Namer	Anthomas of Person of Dispatch S	, the	MAYZBL person authorized to sign (for the Dispatch Service hereby give
consent to the applicant	named to use the disp	atch service.		
certify (or declare) und	7 / //		of California that the forego	

RECEIVED

DEC 3 1 2007

STY PEAK DISCO PAY 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 3 1 2007

SAMPLINGS

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

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

DEC 2 8 2007

SAM FRANCISCO CAMI COPAMISSION

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,

Sacob Mayzel