

## Consent Calendar

### Item C:

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

<b>Medallion Holder Name:</b>	<b>Medallion #:</b>	<b>Change:</b>
1. Charles Kleiman	772	DeSoto to B&W Checker
2. Michael Wilson	1112	Metro to Luxor Cab
3. Theodore Gray	150	DeSoto to Luxor Cab
4. Antonio Vasquez	53	Yellow to Fog City
5. Edwin Santigao	1225	DeSoto to Yellow
6. Leonard Howe	183	DeSoto to Yellow

**TAXICAB COLOR SCHEME APPLICATION**  
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME  
(Complete both sides)

☒ \*CHANGE OF COLOR SCHEME -- From: De Solo  
(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) <b>CHARLES STEPHAN KLEIMAN</b>		Phone <b>(415) -</b>
Residence Address (Street Address, City, State, Zip)		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip) <b>BRISBANE</b>		
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 <b>BEW CHECKER</b>	Business Address (Street Address, City, State, Zip) <b>999 PENNSYLVANIA AVE S.F.</b>	Business Phone <b>(415) 285-3710</b>
Medallion Number(s) <b># 772</b>		<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:

**GENERAL MANAGER AT De SOLO  
AND ME HAD A FALLING OUT  
(#772 - CHARLES KLEIMAN)  
I'M LOOKING FORWARD TO WORKING  
WITH BLACK AND WHITE CHECKER.**

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 22 day of MAY 2008 at San Francisco, California

**CHARLES KLEIMAN**  
Print Name of Applicant

*Charles Stephan Kleiman*  
Signature of Applicant

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

Name of person authorized to sign for Color Scheme Holder <b>Gennady Epshteyn</b>	Title: <b>MANAGER</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____ 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>Gennady Epshteyn</i> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<b>05/22/08</b> Date

**OFFICE USE ONLY**

Agenda Notice Date <b>6/10/08</b>	Hearing Date <b>7/8/08</b>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <b>yes</b>	Insurance Submitted <b>yes</b>	Paint Chips Submitted	Photos Submitted <b>MAY 30 2008</b>
Received by: <i>[Signature]</i>	Receipt No. <b>375907</b>	Amount <b>291-</b>	Date

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

POLICY NUMBER

NATIONAL INTERSTATE INSURANCE COMPANY  
EFFECTIVE DATE

10/12/07

EXPIRATION DATE

10/12/08

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2005

SCION

AGENCY/COMPANY ISSUING CARD

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

INSURED

DESOTO CAB # 772  
SPITA & AUTOS FOR HIRE  
555 SELBY ST  
SAN FRANCISCO, CA 94124

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)

COML 06/30/2007 TO 06/30/2008  
 REGISTRATION VALID FROM  
 TYPE 31  
 TAXI  
 LICENSE NUMBER

VEHICLE IDENTIFICATION NUMBER

VEH	DATE FIRST SOLD	CLASS	MAKE
00/00/2005	DQ		
TYPE VEH	DATE	CLASS	MAKE
32X	05/29/2007		
MP	AX	WC	UNLADEN/GROSS
G	2	B	02390
TOTAL FEES PAID			\$157
VEH. MODEL			2005

KLEIWMAN CHADICE  
 BRISBANE CA 94005-1707  
 4100



W00008  
 R00041  
 L00082

140051820075272

STATE OF CALIFORNIA  
 DEPARTMENT OF MOTOR VEHICLES  
 VALIDATED REGISTRATION CARD  
 READ REVERSE SIDE - IMPORTANT INSTRUCTIONS  
 M7432020

*Farmers Insurance Group of Companies***Dmitry Erenkov Insurance Agency**

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

22 May 2008

**TO SAN FRANCISCO TAXICAB COMMISSION:**

DeSoto Cab #772 is currently covered through our Agency for Auto Liability insurance. This is to confirm that this same medallion will be added to Black & White Checker Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by the Taxicab Commission. Coverage is provided by our Agency through National Interstate Insurance and Lincoln General Insurance companies.

Sincerely,

A handwritten signature in black ink, appearing to read "Dmitry Erenkov".

Dmitry Erenkov  
Agent/Broker

DIE/ece

## San Francisco Taxicab Commission

(Complete both sides)

(Complete front side only)

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM


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

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

# BETTER RADIO DISPATCH

Signature of Applicant

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

***** OFFICE USE ONLY *****			
Agenda Notice Date 6.10.08	Hearing Date 7.8.08	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <del>NO</del> YES	Insurance Submitted <del>NO</del> YES	Paint Chips Submitted	Photos Submitted
Received by: 	Receipt No. 375917	Amount 291.00	Date MAY 26 2008

# Luxor Cabs, Inc.

2230 Jerrold Avenue, San Francisco CA 94124, Tel. (415) 282 1224 Fax (415) 282 1706

SF Taxicab Commission  
25 Van Ness Avenue #420  
San Francisco, CA 94102


May 29, 2008

This is to verify that Luxor Cab is happy to accept Mr. Michael Wilson as a medallion holder with our color scheme.

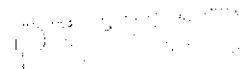
Liability and workers' compensation insurance policies are in place, as documented with the attached certificates.

Luxor will advise the commission of the vehicle particulars when Mr. Wilson's color scheme change is approved.

Sincerely,



Charles Rathbone  
Operations Department



MAY 29 2008

RECEIVED  
MAY 29 2008

Client#: 6212

LUXORCAB

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 10/11/07
<b>PRODUCER</b> UnionBanc Insurance Svcs, Inc. 750 B Street, Suite 2400 San Diego, CA 92101 800 421-6744		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.
<b>INSURED</b> Luxor Cab Company 2230 Jerrold Avenue San Francisco, CA 94124		
		<b>INSURERS AFFORDING COVERAGE</b>
		INSURER A: Lincoln General Insurance Co.
		INSURER B: By Authority of AequiCap
		INSURER C:
		INSURER D:
		INSURER E:

## COVERAGES

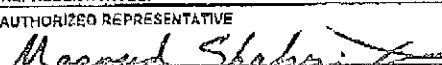
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/PROP AGG \$	
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		10/12/07	10/12/08	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
	<b>OTHER</b>					

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

The city and county of San Francisco, the police commission and the airport commission of the city and county of San Francisco and all their officers and employees are named as additional insured.  
 Veh# 7 - 2004 Ford cab109 TAXI VIN# 2FAFP74W24X134903 CA;  
 (See Attached Descriptions)

MAY 30 2008

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER</b>	<b>CANCELLATION Ten Day Notice for Non-Payment of Premium</b>
SFPD Permit Sect #458 Hall of Justice 850 Bryant St Taxi Cab Detail Attn: Taxi Detail San Francisco, CA 94103		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 



Client#: 6212

LUXORCAB

<b>ACORD. CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 05/02/08												
<b>PRODUCER</b> UnionBanc Insurance Svcs, Inc. 750 B Street, Suite 2400 San Diego, CA 92101 800 421-6744		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.												
<b>INSURED</b> Luxor Cab Company 2230 Jerrold Avenue San Francisco, CA 94124		<table border="1"> <tr> <td><b>INSURERS AFFORDING COVERAGE</b></td> <td><b>NAIC #</b></td> </tr> <tr> <td>INSURER A: Delos Insurance Company</td> <td>35408</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>	INSURER A: Delos Insurance Company	35408	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>													
INSURER A: Delos Insurance Company	35408													
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														

## COVERAGES

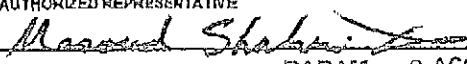
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES 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	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		<b>GENERAL LIABILITY</b> <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	\$ \$ \$ \$ \$
		<b>AUTOMOBILE LIABILITY</b> <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)	\$ \$ \$ \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG	\$ \$ \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE AGGREGATE \$ \$ \$	\$ \$ \$ \$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		05/01/08	05/01/09	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000

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

MAY 29 2008

## CERTIFICATE HOLDER

## CANCELLATION Ten Day Notice for Non-Payment of Premium

<b>CERTIFICATE HOLDER</b> ATC / Inteltran 1449 Webster Street San Francisco, CA 94115	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 
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**TAXICAB COLOR SCHEME APPLICATION**  
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME  
(Complete both sides)

☒ \*CHANGE OF COLOR SCHEME – From: DESOTO  
(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>THEODORE GRAY</u>	Phone / -
Residence Address (Street Address, City, State, Zip) <u>Petaluma, CA 94954</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 JERROLO AVE. SF. CA 94134</u>		
Business Phone <u>(415) 282-4141</u>	Medallion Number(s) <u>#150</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

NO COMPUTER  
NO CREDIT CARD  
CORRUPT MGMT.

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 3 day of JUNE, 2008 at San Francisco, California

Print Name of Applicant: THEODORE GRAY  
 Signature of Applicant

*****TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY*****	
Name of person authorized to sign for Color Scheme Holder: <u>THOMAS J. STANGHELLINI</u>	Title: <u>OPERATIONS MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR CAB</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></u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>6-3-08</u> Date

*****OFFICE USE ONLY*****			
Agenda Notice Date: <u>6/10/08</u>	Hearing Date: <u>07/03/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Daniel</u>	Receipt No.: <u>37509</u>	Amount: <u>\$891-</u>	Date: <u>JUN 03 2008</u>

SAN FRANCISCO  
TAXI COMMISSION

Client#: 6212

LUXORCAB

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)  
10/11/07

## PRODUCER

UnionBanc Insurance Svcs, Inc.  
750 B Street, Suite 2400  
San Diego, CA 92101  
800 421-6744

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

## INSURERS AFFORDING COVERAGE

## INSURED

Luxor Cab Company  
2230 Jerrold Avenue  
San Francisco, CA 94124

INSURER A: Lincoln General Insurance Co.

INSURER B: By Authority of AequiCap

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY		10/12/07	10/12/08	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	X SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS \$
					OTH-ER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

The city and county of San Francisco, the police commission and the airport commission of the city and county of San Francisco and all their officers and employees are named as additional insured.  
Veh# 7 - 2004 Ford cab109 TAXI VIN# 2FAFP74W24X184903 CA;  
(See Attached Descriptions)

RECEIVED

JUN 03 2008

SAN FRANCISCO

## CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

## CANCELLATION Ten Day Notice for Non-Payment of Premium

SFPD Permit Sect #458 Hall of  
Justice  
850 Bryant St Taxi Cab Detail  
Attn: Taxi Detail  
San Francisco, CA 94103

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 Shaha*

Client#: 6212

LUXORCAB

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
05/02/08

## PRODUCER

UnionBanc Insurance Svcs, Inc.  
750 B Street, Suite 2400  
San Diego, CA 92101  
800 421-6744

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## INSURED

Luxor Cab Company  
2230 Jerrold Avenue  
San Francisco, CA 94124

## INSURERS AFFORDING COVERAGE

## NAIC #

INSURER A: Delos Insurance Company

35408

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 INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <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 \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		05/01/08	05/01/09	X WC STATU-TORY LIMITS 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

JUN 9 3 2008

SAN FRANCISCO  
TAXI COMMISSION

## CERTIFICATE HOLDER

ATC / Inteltran  
1449 Webster Street  
San Francisco, CA 94115

## 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 Shahrin

# Luxor Cabs, Inc.

2230 Jerrold Avenue, San Francisco CA 94124, Tel. (415) 282 1224 Fax (415) 282 1706

SF Taxi Commission  
25 Van Ness Ave #420  
San Francisco, Ca 94102

June 3, 2008

To Whom It May Concern:

This is verify that Luxor Cab is happy to accept Mr. Theodore Gray as a medallion holder with our color scheme.

Liability and workers' compensation policies are in place, as documented with the attached certificates.

Luxor will advise the commission of the vehicle particulars as soon as Mr. Gray obtains the vehicle.

Sincerely,



Thomas J. Stanghellini  
Operations Manager

RECEIVED

JUN 03 2008

SAN FRANCISCO  
TAXI COMMISSION

## 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) <u>Antonio George Vasquez</u>		Phone ( <u>415</u> ) <u>888-8888</u>
Residence Address (Street Address, City, State, Zip) <u>1111 1st St San Francisco CA 94103</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>Fog City Cab</u>	Business Address (Street Address, City, State, Zip) <u>979 Bryant St SF 94103</u>	Business Phone <u>(415) 282-8749</u>
Medallion Number(s) <u>#53</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I like to join Fog city CAB

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

Executed this 02 day of June, 20 08 at San Francisco, California

Antonio G Vasquez [Signature]  
Print Name of Applicant Signature of Applicant

## TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder:	Title:
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Fog City Cab</u> hereby give consent to the applicant named to use my color scheme. Taxicab Color Scheme	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>6/2/08</u> Date

## OFFICE USE ONLY

Agenda Notice Date <u>6/10/08</u>	Hearing Date <u>6/24/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>[initials]</u>	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>JUN 9 2008</u>
Received by: <u>Danette</u>	Receipt No. <u>215925</u>	Amount <u>\$291</u>	Date

RECEIVED

**ACORD** TM.**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

05/29/2008

PRODUCER Phone: (925) 900-0000 Fax: 925-570-0000

NEW CENTURY INS SERVICES, INC.

16 N. 2ND ST.

ALHAMBRA CA 91801

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

## INSURERS AFFORDING COVERAGE

NAIC #

Agency Lic#: 0B07095

## INSURED

FOG CITY CAB, INC.

979 BRYANT STREET

SAN FRANCISCO CA 94103

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

RECEIVED  
JUN 02 2008  
SAN FRANCISCO  
TAXI COMMISSION

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

THIS CERTIFICATE IS FOR INFORMATION-ONLY PURPOSES.

MEDALLION NUMBER: 53

## CERTIFICATE HOLDER

TAXI COMMISSION

CITY HALL

25 VAN NESS AVE., SUITE 420

SAN FRANCISCO, CA 94102-6055

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE



Attention:

ACORD 25 (2001/03)

Certificate # 66003

© ACORD CORPORATION 1999

# INSURANCE IDENTIFICATION CARD

## CALIFORNIA

COMPANY NUMBER 1383 EL CAJON BLVD, SUITE 212  
 EL CAJON, CA 92020  
 COMPANY NATIONAL INTERSTATE INSURANCE COMPANY  
 EFFECTIVE DATE 10/12/07  
 YEAR 2006  
 MAKE/MODEL TOYOTA  
 AGENCY/COMPANY ISSUING CARD

PUBLIC LIVERY INS SERVICES, INC  
 1383 EL CAJON BLVD, SUITE 212  
 EL CAJON, CA 92020

INSURED  
 FOG CITY CAB # 53  
 979 BRIANT ST  
 SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

# INSURANCE IDENTIFICATION CARD

## CALIFORNIA

COMPANY NUMBER 1383 EL CAJON BLVD, SUITE 212  
 EL CAJON, CA 92020  
 COMPANY NATIONAL INTERSTATE INSURANCE COMPANY  
 EFFECTIVE DATE 10/12/07  
 YEAR 2006  
 MAKE/MODEL TOYOTA  
 AGENCY/COMPANY ISSUING CARD

PUBLIC LIVERY INS SERVICES, INC  
 1383 EL CAJON BLVD, SUITE 212  
 EL CAJON, CA 92020

INSURED  
 FOG CITY CAB # 53  
 979 BRIANT ST  
 SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

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

ACORD 50 (1/83)

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

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

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

ACORD 50 (1/83)

JUN 02 2008

SAN FRANCISCO  
 CALIFORNIA



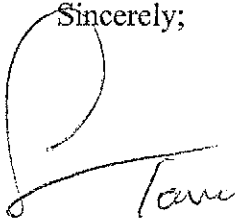
Fog City Cab, Inc.

Re:#53

To Taxi Commission:

Fog City Cab, Inc. will purchase a new vehicle for Cab #53 before June 24, 2008. If you have any questions, feel free to give me a call at 415.318.9951.

Sincerely;

A handwritten signature in black ink, appearing to read "Sonny Tam". The signature is written in a cursive style with a large, looping initial "S" and a horizontal line extending to the right.

Sonny Tam

June, 2, 2008

RECEIVED

JUN 02 2008

SAN FRANCISCO  
TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION  
San Francisco Taxicab Commission

G NEW COLOR SCHEME  
(Complete both sides)

G CHANGE OF COLOR SCHEME - From: De Soto Cab  
(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) <u>Edwin Santiago</u>	Phone <u>let</u> ( <u>415</u> )
Residence Address (Street Address, City, State, Zip) <u>SF CA. 94109</u>	
Joint Applicant's Name (First, Middle, Last)	Phone ( )
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? <input checked="" type="radio"/> No <input type="radio"/> Yes If yes, Name of Corporation:	

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>Yellow Cab</u>	Business Address (Street Address, City, State, Zip) <u>1200 Mississippi</u>	Business Phone <u>(415) 333-3333</u>
Medallion Number(s) <u>1225</u>	<input checked="" type="radio"/> Owner / Operator <input type="radio"/> Gas & Gate <input type="radio"/> Long Term Lease	

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

I would like To go To A Company That  
Makes Solid Financial Decisions.  
~~It is a company that is not a franchise~~  
Computerized Dispatch, Credit Card Capability (e8)

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 5<sup>th</sup> day of June, 2008 at San Francisco, California

Edwin Santiago  
Signature of Applicant

Edwin Santiago  
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder <u>Michael [Signature]</u>	Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow</u> hereby give consent to the applicant named to use my color scheme.	Taxicab Color Scheme
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>Michael [Signature]</u>	Date <u>6/5/2008</u>

OFFICE USE ONLY			
Agenda Notice Date <u>6/10/08</u>	Hearing Date <u>7/08/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Daneille</u>	Receipt No. <u>375938</u>	Amount <u>\$291 -</u>	Date

RECEIVED  
JUN 05 2008  
SAN FRANCISCO  
TAXI COMMISSION

DEPARTMENT OF MOTOR VEHICLES

P. O. Box 942884

Sacramento, CA 94284-0884

(916) 657-6520



August 20, 2007

S.I. # 124

Yellow Cab Cooperative  
Nathan Dwiri, President  
1200 Mississippi St.  
San Francisco, CA 94107

Your annual report/financial statements have been reviewed and the requirements for renewal of your self-insurance permit have been met. Your self-insurance status is valid from September 1, 2007 through August 31, 2008.

Vehicle Code Section 16020 requires that every driver and every owner shall at all times be able to establish financial responsibility and shall at all times carry in the vehicle evidence of the form of financial responsibility in effect for the vehicle. A copy of your Certificate of Self-Insurance or a copy of this letter constitutes written evidence of financial responsibility and should be placed in each of your affected vehicles.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Edwin Imura'.

EDWIN IMURA, Manager  
Financial Responsibility Area

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
OFFICE OF THE DIRECTOR

NUMBER 2282

# CERTIFICATE OF CONSENT TO SELF-INSURE

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

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

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

EFFECTIVE:

THE 15th day of June 19 2003

DEPARTMENT OF INDUSTRIAL RELATIONS  
OF THE STATE OF CALIFORNIA

CHUCK CAKE

Director

MARK B. ASHCRAFT

MANAGER

\* Revocation of Certificate.—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dilatory manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3703 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

**TAXICAB COLOR SCHEME APPLICATION**  
San Francisco Taxicab Commission

G NEW COLOR SCHEME  
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) <u>LEONARD A. HOWE</u>	Phone <u>(415) - - - - -</u>
Residence Address (Street Address, City, State, Zip) <u>1200 MISSISSIPPI ST, E ROHNERT PARK, CA 94928</u>	
Joint Applicant's Name (First, Middle, Last)	Phone ( )
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? <input checked="" type="radio"/> No <input type="radio"/> Yes If yes, Name of Corporation:	

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>YELLOW CAB</u>	Business Address (Street Address, City, State, Zip) <u>1200 MISSISSIPPI ST</u>	Business Phone <u>(415) 333-3333</u>
Medallion Number(s) <u>183</u>	<input checked="" type="radio"/> Owner / Operator <input type="radio"/> Gas & Gate <input type="radio"/> Long Term Lease	

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

UNHAPPY WITH DESOTO'S BAD MANAGEMENT PRACTICES. I WANT COMPUTER + CREDIT CARD CAPABILITY

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 5<sup>th</sup> day of JUNE, 2008 at San Francisco, California

Leonard A. Howe LEONARD A. HOWE  
Signature of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: <u>NATHAN DWIET</u>	Title: <u>Manager</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____ 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>Leonard A. Howe</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>6/5/2008</u> Date

OFFICE USE ONLY			
Agenda Notice Date <u>6/10/08</u>	Hearing Date <u>7/08/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>DECL. 100</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>JUN 05 2008</u>
Received by: <u>Danielle</u>	Receipt No: <u>515939</u>	Amount: <u>\$291</u>	Date



August 20, 2007

S.I. # 124

Yellow Cab Cooperative  
Nathan Dwiri, President  
1200 Mississippi St.  
San Francisco, CA 94107

Your annual report/financial statements have been reviewed and the requirements for renewal of your self-insurance permit have been met. Your self-insurance status is valid from September 1, 2007 through August 31, 2008.

Vehicle Code Section 16020 requires that every driver and every owner shall at all times be able to establish financial responsibility and shall at all times carry in the vehicle evidence of the form of financial responsibility in effect for the vehicle. A copy of your Certificate of Self-Insurance or a copy of this letter constitutes written evidence of financial responsibility and should be placed in each of your affected vehicles.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Edwin Imura'.

EDWIN IMURA, Manager  
Financial Responsibility Area

NUMBER **2282**

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
OFFICE OF THE DIRECTOR

**CERTIFICATE OF CONSENT TO SELF-INSURE**  
**YELLOW CAB COOPERATIVE, INC.**

THIS IS TO CERTIFY, that (aCalifornia corporation) has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-insure.

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

EFFECTIVE:

THE 15th DAY OF JUNE 10 2003

DEPARTMENT OF INDUSTRIAL RELATIONS  
OF THE STATE OF CALIFORNIA

CHUCK CAKE

QUALIFIER

MARK B. ASHCRAFT

*[Signature]*

MANAGER

\* Revocation of Certificate.—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of course failing to secure the compensation due; (b) Discharging his compensation obligations in a dilatory manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3705 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 8, Administration of Self-Insurance.

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

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>ANATOLY SHIRIN</b>		Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>SFO. CA. 94121</b>			
Mailing Address (If different than residence address) <b>"SAME AS"</b>			
Residence Phone Number: (415) <b>ANYTIME</b>		Alternate Phone Number: (415) <b>ANYTIME</b>	
Hours Available at this Number: <b>ANYTIME</b>		Hours Available at this Number: <b>ANYTIME</b>	
Social Security Number		Other name(s) used <b>N/A</b>	
California Driver's License Number / Expiration Year <b>107-04-08</b>		Date of Birth <b>07-04-48</b>	
Place of Birth <b>TASHKENT, UZBEKISTAN</b>			
Race (Optional) <b>WHITE</b>	Sex <b>(M) F</b>	Height <b>5'11"</b>	Weight <b>230</b>
Color Scheme / Business Name <b>ALLIANCE CAB CO.</b>	Eye Color <b>BROWN</b>	Hair Color <b>GREY</b>	Business Number <b>(415) 934-1757</b>
Color Scheme / Business Address (Street Address, City, State, Zip) <b>ALLIANCE CAB CO. 2175 MARKET. S.F., CA. 94114</b>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes - Date permit was issued: <b>12/31/98</b> Permit #: <b>P44-042579</b>			
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <b>THE PUBLIC WILL NOT BE ADEQUATELY SERVED UNLESS THIS PERMIT IS GRANTED BECAUSE THERE AREN'T ENOUGH RAMP TAXI CABS FOR THE HANDICAP, AND DISABLED PASSENGERS. MAKING THESE EXTRA TAXI RAMP CABS WILL SERVE THE PUBLIC IN A MORE WELCOMING MANNER TO S.F. RESIDENTS, AND TOURISTS.</b> <b>I HAVE BEEN WORKING AS A S.F. TAXI CAB DRIVER FOR SEVENTEEN AND A HALF YEARS, AND I MAKE SURE THAT ALL OF MY PASSENGERS ARE SAFE, AND SECURE AND ARE ALSO SATISFIED WITH THEIR FIDE.</b>			

RECEIVED

OFFICE USE ONLY			
Received by: <b>Daniel</b>	Receipt No. <b>375937</b>	Amount <b>\$ 119-</b>	Date <b>JUN 04 2008</b>
Notice Date: <b>6/10/08</b>	Hearing Date: <b>7/8/08 6/24/08</b>		



## Consent Calendar

### Item D:

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

<b>Taxicab Permit Applicant:</b>	<b>Medallion #:</b>	<b>Color Scheme:</b>	<b>Medallion Type:</b>	<b>Criminal Background Check:</b>
1. Anatoly Shirin	9035	Alliance	Ramp	Not Cleared
2. Vincent Mierjeski	762	DeSoto	Regular	Not Cleared
3. Igor Traub	140	Luxor	Regular	Not Cleared
4. Michael Farruggia	335	Arrow	Regular	Not Cleared
5. Danil Levi	1332	SF Taxi	Alternative Fuel	Not Cleared



## ***MEMORANDUM***

**To:** Honorable Commissioners

**From:** Jordanna Thigpen  
Acting Executive Director

**Date:** June 12, 2008

**Re:** Medallion Applicants for Taxi Medallions

---

**1. Anatoly Shirin, List# 6-976, Ramp, Alliance Cab**

- 2005: 1395 hours
- 2006: 157 shifts
- 2007: 1206 hours

Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, ramp applicants 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: 464 hours
- Wheelchair Pick Ups: 130

**2. Vincent Mierjeski, List# 6-550, Regular, DeSoto Cab**

- 2006: 856 hours
- 2007: 1072 hours
- 2008: 67 shifts

Per the Daly/Ma amendments to the full-time driving requirement (Ordinance 58-08), applicants may drive a prorated number of shifts (59 shifts) or hours (300 hours) for the year 2008.

**3. Igor Traub, List# 6-555, Regular, Luxor Cab**

- 2006: 156 shifts
- 2007: 205 shifts
- 2008: 83 shifts

Per the Daly/Ma amendments to the full-time driving requirement (Ordinance 58-08), applicants may drive a prorated number of shifts (59 shifts) or hours (300 hours) for the year 2008.

**4. Michael Farruggia, List# 6-561, Regular, Arrow Cab**

- 2006: 807 hours
- 2007: 873 hours
- 2008: 513 hours

Per the Daly/Ma amendments to the full-time driving requirement (Ordinance 58-08), applicants may drive a prorated number of shifts (59 shifts) or hours (300 hours) for the year 2008.

**5. Danil Levi, List# 6-554, Alternative Fuel, SF Taxi**

- 2005: 167 shifts
- 2006: 164 shifts
- 2007: 175 shifts

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

Applicant's Name (First, Middle, Last) <u>ANATOLY SHIRIN</u>					Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <u>San Francisco, CA 94121</u>						
Mailing Address (If different than residence address) <u>"SAME AS"</u>						
Residence Phone Number: (415) 3 <u>ANYTIME</u>				Alternate Phone Number: (415) 3 <u>ANYTIME</u>		
Hours Available at this Number:		Hours Available at this Number:				
Social Security Number: <u>6 02</u>		Other name(s) used: <u>N/A</u>				
California Driver's License Number / Expiration Year: <u>07-04-08</u>				Date of Birth:		Place of Birth: <u>TASHKENT, UZBEKISTAN</u>
Race (Optional): <u>WHITE</u>	Sex: <u>M/F</u>	Height: <u>5'11"</u>	Weight: <u>230</u>	Eye Color: <u>BROWN</u>	Hair Color: <u>GREY</u>	
Color Scheme / Business Name: <u>ALLIANCE CAB CO.</u>					Business Number: <u>(415) 934-1757</u>	
Color Scheme / Business Address (Street Address, City, State, Zip): <u>ALLIANCE CAB CO. 2175 MARKET, S.F., CA 94114</u>						
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:						
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes --Date permit was issued: <u>12/31/98</u> Permit #: <u>P44-042579</u>						
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:						
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary):						
<p><u>THE PUBLIC WILL NOT BE ADEQUATELY</u>  <u>SERVED UNLESS THIS PERMIT IS GRANTED BECOSE</u>  <u>THERE ARENT ENOUGH RAMP TAXI CABS</u>  <u>FOR THE HANDICAP, AND DISABLED</u>  <u>PASSENGER. HAVING THESE EXTRA TAXI</u>  <u>RAMP CABS WILL SERVE THE PUBLIC</u>  <u>IN A MORE WELCOMING MANNER TO</u>  <u>S.F. RESIDENTS, AND TOURISTS.</u></p> <p><u>I HAVE BEEN WORKING AS A S.F. TAXI CAB</u>  <u>DRIVER FOR SEVENTEEN IN A HALF YEARS, AND</u>  <u>I MAKE SURE THAT ALL OF MY PASSENGERS</u>  <u>ARE SAFE, AND SECURE AND ARE ALSO</u>  <u>SATISFIED WITH THEIR RIDE.</u></p>						

**RECEIVED**

**OFFICE USE ONLY**

Received by: <u>Daniel</u>	Receipt No.: <u>375432</u>	Amount: <u>\$ 119-</u>	Date: <u>JUN 04 2008</u>
Notice Date: <u>6/10/08</u>	Hearing Date: <u>2/8/08 6/24/08</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 residence addresses for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
02.10.00	05.29.08	AVE S.F. CA. 94121

How long have you lived within a 30 mile radius of San Francisco? 19 years  months

How many years driving experience do you have in San Francisco? 19 years  months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1999	current	ALLIANCE CAB.CO.	2175 MARKET ST S.F. CA. 94114	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 a medallion holder? ☐ Yes ☒ No

If yes, was the medallion permit ever revoked? If yes, explain for what cause? ☐ Yes ☐ No

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)

TELL THE BLACK AND WHITE CHEVY RADIO  
DISPATCH SERVICE

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

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

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

A.S. 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.

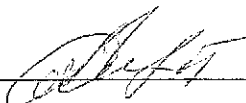
A.S. I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at [www.sfgov.org](http://www.sfgov.org). If 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.S. 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 and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.

Executed on this: MAY day of 29, 2008 at San Francisco, California.

Signature of Applicant



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JUN 04 2008

SAN FRANCISCO  
TAXI COMMISSION

**COLOR SCHEME DESIGNATION APPLICATION**  
San Francisco Taxicab Commission

\*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>ANATOLY SHIRIN</u>	Phone (415)
Residence Address (Street Address, City, State, Zip) <u>S.F. CA. 94121</u>	
Mailing Address, if different from above (Street Address, City, State, Zip)	

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company <u>ALLIANCE CAB CO</u>	Business Address of Taxi Company (Street Address, City, State, Zip) <u>2175 MARKET S.F. CA. 94114</u>		
Business Phone (415) 988-1757	Medallion Number	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please describe why you would like to use the color scheme for the above named taxi company (attach additional pages if necessary):

BECAUSE I WORK AT THIS COMPANY FOR 9 YET, AND I AM  
SATISFIED WITH THIS.

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JUN 04 2008

SAN FRANCISCO  
TAXI COMMISSION

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

Executed on 05.29., 2008 at San Francisco, California.

ANATOLY SHIRIN  
Print Name of Applicant

[Signature]  
Signature of Applicant

***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <u>EVILYN A. POQUEZ</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>ALLIANCE CAB</u> , hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
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>05.29.08</u> Date

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

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

03/18/2008

PRODUCER (619)702-7022 FAX (619)593-2176  
 Public Livery Insurance Services, Inc.  
 Michael E. James Ins. Agency  
 1380 El Cajon Blvd Ste 212  
 El Cajon, CA 92020-5760

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

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Lincoln General Insurance Company 33855

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURED ALLIANCE CAB COMPANY

Medallion #938, 1178, 1257, 1262 & 9093  
 3450 Geary Blvd Ste 100  
 San Francisco, CA 94118

## 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.

OR ADDL INSTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA occurrence) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (EA accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		10/12/2007	10/12/2008	X WC STATUS: <input type="checkbox"/> TORY / LIMIT <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

San Francisco Taxicab Company, Insured Medallions are: #938, #1178, #1257, #1262 & #9093

the City and County of San Francisco, the Taxicab Commission and the Airports Commission of the City and County of San Francisco and all of their officers, and employees are additional named insured hereunder.

10 Day Notice for cancellation of premium for non-payment.

## CERTIFICATE HOLDER

City and County of San Francisco  
 Taxicab Commission  
 25 Van Ness 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



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JUN 04 2008

COML 07/31/2008 TO 07/31/2009 31 7 4  
TAXI

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL  
TX

DATE ISSUED  
05/28/2008

CYLS.	DATE FIRST SOLD	CLASS	MAKE	YR	Yr. Model
00/00/0000		CQ	MERC	2004	2001
TYPE VEH.	MP	AX	WD	UNLADEN/GCW	TOTAL FEES PAID
37X	6	2	C	03860	\$122 3800

POQUEZ ROBERT  
2175 MARKET ST  
SAN FRANCISCO CA 94114-1321

REGISTERED  
OWNER

LINEHOLDERS

0



W0024  
R0044  
L0044

143052020082202

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

S

## INSURANCE IDENTIFICATION CARD

## CALIFORNIA

COMPANY NUMBER

COMPANY

POLICY NUMBER

NATIONAL INTERSTATE INSURANCE COMPANY  
EXPIRATION DATE 10/12/08

YEAR

NAME/MODEL

VEHICLE IDENTIFICATION NUMBER

2001

MERC

AGENCY/COMPANY ISSUING CARD

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

INSURED

ALLIANCE CAR # 2078

SETTA

2175 MARKET ST

SAN FRANCISCO, CA 94114

SEE IMPORTANT NOTICE ON REVERSE SIDE

## INSURANCE IDENTIFICATION CARD

## CALIFORNIA

COMPANY NUMBER

COMPANY

POLICY NUMBER

NATIONAL INTERSTATE INSURANCE COMPANY  
EXPIRATION DATE 10/12/08

YEAR

NAME/MODEL

VEHICLE IDENTIFICATION NUMBER

2001

MERC

AGENCY/COMPANY ISSUING CARD

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

INSURED

ALLIANCE CAR # 2078

SETTA

2175 MARKET ST

SAN FRANCISCO, CA 94124

SEE IMPORTANT NOTICE ON REVERSE SIDE

JUN 04 2008

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMANDIN 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 DEMANDIN CASE OF ACCIDENT: Report all accidents  
to your Agent/Company as soon as possible.  
Obtain the following information:1. Name and address of each driver,  
passenger and witness.2. Name of Insurance Company and policy  
number for each vehicle involved.

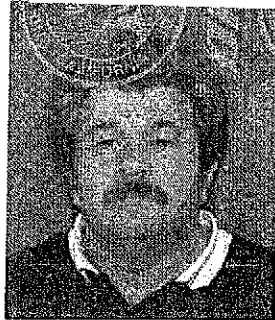
ACORD 50 (1/83)

RECEIVED

JUN 04 2008

SAN FRANCISCO  
TAXI COMMISSION

**CALIFORNIA**  
COMMERCIAL DRIVER LICENSE



ANATOLY SHIRIN

SAN FRANCISCO CA 94121

SEX:M HAIR:BRN  
HT:5-11 WT:250

RSTR: 48 64 74

CLASS:B  
ENDORS:P



*[Signature]*

05/30/2003 235 RB FD/08



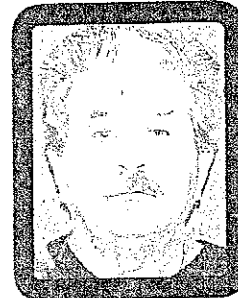
ISSUED BY  
OFFICE OF THE TREASURER & TAX COLLECTOR  
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

**ANATOLY SHIRIN**

**P44-042579**

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

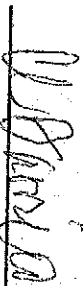


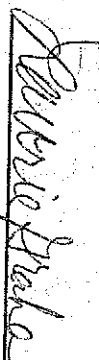
# RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

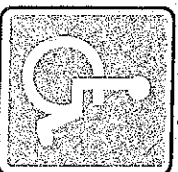
Anatoly Shirin

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

  
Cheryl Damico  
Certified Sensitivity PASS  
Trainer

  
Laurie Graham  
Certified Ramp Taxi PASS Trainer

Qualified  
Certificate #  
2265



Ramp


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JUN 04 2008

SAN FRANCISCO  
TAXI CERTIFICATION

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

Applicant's Name (First, Middle, Last) <b>VINCENT BERNARD MIERJESKI</b>				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>SAN FRANCISCO, CA 94134</b>					
Mailing Address (If different than residence address)					
Residence Phone Number: (415) _____			Alternate Phone Number: (415) _____		
Hours Available at this Number: <b>9:00 A.M. - 2:00 PM</b>			Hours Available at this Number: <b>2:00 PM - 11:00 PM.</b>		
Social Security Number		Other name(s) used			
California Driver's License Number / Expiration Year <b>/ 2008</b>			Date of Birth		Place of Birth <b>BROOKLYN, NEW YORK</b>
Race (Optional) <b>CAUCASIAN</b>	Sex <b>(M) F</b>	Height <b>6-00</b>	Weight <b>185</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>
Color Scheme / Business Name <b>DESOTO CAB CO.</b>				Business Number <b>(415) 970-1300</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>555 SELBY ST., SAN FRANCISCO, CA 94124</b>					
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: <b>12/18/07</b> Permit #: <b>P44-019560</b>		
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed) <b>I HAVE BEEN A TAXI DRIVER IN SAN FRANCISCO FOR 34 YEARS AND HAVE OVER 20 YEARS EXPERIENCE AS A DISPATCHER. WITH THIS EXPERIENCE I KNOW HOW DIFFICULT IT IS TO GET GOOD TAXI SERVICE IN SAN FRANCISCO. THE RESPONSE TIMES FOR TAXI SERVICE (ESPECIALLY IN THE OUTLYING NEIGHBORHOODS) SUPPORT THE FACTS THAT WE NEED MORE TAXIS IN SAN FRANCISCO. WE CURRENTLY ARE NOT MEETING RESPONSE TIME GOALS AND THERE ARE CUSTOMERS WHO ARE NOT BEING SERVED. I PERSONALLY AVERAGE BETWEEN 10-15 RADIO CALLS PER SHIFT AND OFTEN WILL DRIVE OUT TO OUTLYING NEIGHBORHOODS TO SERVICE RESIDENTS. I AM COMMITTED TO IMPROVING TAXI SERVICE IN SAN FRANCISCO. THE GRANTING OF THIS PERMIT TO ME WILL HELP TO IMPROVE RESPONSE TIME GOALS AND BETTER SERVE THE PUBLIC.</b>					

OFFICE USE ONLY			
Received by: 	Receipt No: <b>375927</b>	Amount: <b>638</b>	Date: <b>6/10/08</b>
Notice Date: <b>6/10/08</b>	Hearing Date: <b>6/24/08</b>		

Revised 10/2/06

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)
7/30/92	5/19/08	E ST, SAN FRANCISCO, CA 94134

How long have you lived within a 30 mile radius of San Francisco? 38 years \_\_\_\_\_ months

How many years driving experience do you have in San Francisco? 34 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
5/25/99	5/19/08	DESOTO CAB CO.	555 SELBY ST, SAN FRANCISCO, CA 94124	TAXI DRIVER

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

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

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

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

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

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

I WILL USE DESOTO RADIO DISPATCH FOR THE MAJORITY OF MY ORDERS TO PROVIDE SERVICE TO CUSTOMERS ORDERING TAXI SERVICE THROUGH DESOTO 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.

VM 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.

VM 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](http://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.

VM 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 19<sup>TH</sup> day of MAY, 20 08 at San Francisco, California.

Vincent Bernard Meyehi  
Signature of Applicant

JUN 03 2008

**TAXICAB COLOR SCHEME APPLICATION**  
San Francisco Taxicab Commission

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

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

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

**PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM**

Applicant's Name (First, Middle, Last) <b>VINCENT BERNARD MIERTESKI</b>		Phone <b>(415)</b>
Residence Address (Street Address, City, State, Zip) <b>1000 ST., SAN FRANCISCO, CA 94134</b>		
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 <b>DESOTO CAB CO.</b>	Business Address (Street Address, City, State, Zip) <b>555 SELBY ST., SAN FRANCISCO, CA 94124</b>	Business Phone <b>(415) 970-1300</b>
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: *taking your medallion to company named below.*

I HAVE WORKED AT DESOTO CAB AS A TAXI DRIVER FOR ALMOST TEN YEARS. I ALSO WORK AS AN ORDER TAKER AND DISPATCHER. I ENJOY WORKING WITH THE PEOPLE THERE AND WANT TO CONTINUE TO MAINTAIN THOSE RELATIONSHIPS. DESOTO CAB IS A FULL-SERVICE COMPANY WITH A LOYAL CUSTOMER BASE. I FEEL THAT THEY HAVE THE BEST VOICE RADIO DISPATCH SERVICE AND BEST CUSTOMER SERVICE IN THE CITY. I WANT TO BE A PART OF THE TEAM AT DESOTO AND CONTINUE TO IMPROVE SERVICE TO THE COMMUTERS, TOURISTS AND RESIDENTS OF SAN FRANCISCO.

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 19TH day of MAY, 20 08 at San Francisco, California

VINCENT BERNARD MIERTESKI  
Print Name of Applicant

Vincent Bernard MierTESKI  
Signature of Applicant

**TO BE COMPLETED BY ACCEPTING COLOR SCHEME**

Name of person authorized to sign for Color Scheme Holder: <b>CINDY L. WARD</b>		Title: <b>GENERAL MGR</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>DESOTO CAB CO.</u> Taxicab Color Scheme		
hereby give consent to the applicant named to use my color scheme.		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>Cindy L. Ward</u>		Date <u>5/20/08</u>

**OFFICE USE ONLY**

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





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

---

June 4, 2008

JUN 04 2008

RECEIVED  
SAN FRANCISCO  
CITY TAXI COMMISSION

San Francisco Taxi Commission:

DeSoto Cab Company is unable to provide you with the registration of a vehicle for the issuance of a medallion for Vincent Mierjeski.

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

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

Sincerely,

Cindy L. Ward  
General Manager  
DeSoto Cab Company

POLICYHOLDER COPY

NG

**STATE  
COMPENSATION  
INSURANCE  
FUND**

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

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 04-01-2008

GROUP:  
POLICY NUMBER: : 8  
CERTIFICATE ID: 3  
CERTIFICATE EXPIRES: 04-01-2009  
04-01-2008/04-01-2009SAN FRANCISCO TAXI COMMISSION  
25 VAN NESS AVENUE ROOM 420  
SAN FRANCISCO CA 94102

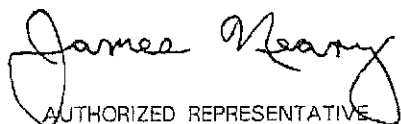
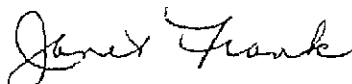
NG

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

**ACORD CERTIFICATE OF LIABILITY INSURANCE**CSR TG  
DESOT-2DATE (MM/DD/YYYY)  
05/18/08

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

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

INSURED  
  
DeSoto Cab Cooperative Inc.  
Cindy Ward  
555 Selby Street  
San Francisco CA 94124

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Northfield Insurance  
INSURER B: Mercury Insurance Company  
INSURER C:  
INSURER D:  
INSURER E:

27553

## COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC		08/14/07	08/14/08	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ \$1,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ \$1,000,000 PRODUCTS - COMP/OP AGG \$ \$1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		05/18/08	05/18/09	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 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 RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	OTHER DEDUCTIBLE		05/18/08	05/18/09	DEDUCTIBL \$20,000

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

SAN FRANCISCO TAXICAB COMPANY AT 555 SELBY STREET, SAN FRANCISCO, CA 94124

PLEASE REFER TO THE ATTACHED LIST OF SCHEDULED MEDALLIONS.

THE CITY AND COUNTY OF SAN FRANCISCO, THE TAXICAB COMMISSION AND THE AIRPORT

COMMISSION OF THE CITY AND COUNTY OF SAN FRANCISCO AND ALL THEIR OFFICERS

AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED.

## CERTIFICATE HOLDER

## CANCELLATION

SFTCOMM

THE CITY & COUNTY OF SAN  
FRANCISCO TAXICAB COMMISSION  
25 VAN NESS AVENUE, STE 420  
SAN FRANCISCO CA 94102

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

AUTHORIZED REPRESENTATIVE

Paul Batmale

RECEIVED

JUN 08 2008

SALES TAX  
OFFICE



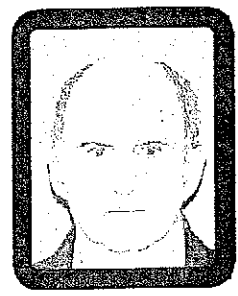
ISSUED BY  
OFFICE OF THE TREASURER & TAX COLLECTOR  
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

**VINCENT B. MIERJESKI**

**P44-019560**

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



**CALIFORNIA**

**DRIVER LICENSE**

CLASS: C



VINCENT BERNARD MIERJESKI

134

SEX: M HAIR: BRN EYES: HZL  
HT: 6-00 WT: 160

DONOR


*Ken Mierjeski*

05/24/2008 239 RB FD/13

# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>IGOR VLADIMIROVICH TRAUB</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>D. DALY CITY, CA, 94015</b>			
Mailing Address (If different than residence address) <b>SAME address</b>			
Residence Phone Number: <b>(650) 992-4122</b>		Alternate Phone Number: <b>(415)</b>	
Hours Available at this Number: <b>any TIME</b>		Hours Available at this Number: <b>after 2<sup>PM</sup> any day</b>	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year <b>05/05/10</b>		Date of Birth <b>1-1-71</b>	
Place of Birth <b>BRYANSK, RUSSIA</b>			
Race (Optional) <b>WHITE</b>	Sex <b>(M) F</b>	Height <b>5'3"</b>	Weight <b>158 LB</b>
Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>		
Color Scheme / Business Name <b>LUXOR CAB COMPANY</b>		Business Number <b>(415) 282-4141</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>LUXOR CABS 2230 JERROLD AV. SAN FRANCISCO, CA, 94124</b>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes -Date permit was issued: <b>1993</b> Permit #: <b>P44-044900</b>			
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <b>I have been a taxi driver for the city of San Francisco since 1993. For this years I have been proud to drive my clients around this beautiful city and provide best customer service for all of them. As a result, I have a long client's list full of satisfied customers who call me when they are in need of taxi service. In addition I have noticed that we are in need of more cabs, especially during busy days. Getting this meddalion would be an award for the 15 years of my hard work as a taxi driver.</b>			

OFFICE USE ONLY			
Received by: 	Receipt No: <b>375930</b>	Amount: <b>638-</b>	Date: <b>JUN 05 2010</b>
Notice Date: <b>6/10/08</b>	Hearing Date: <b>7/8/08 6/24/08</b>		

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
2000	2008	DR. 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 6 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
2002	2008	LUXOR CAB	2230 JEROME AVE. SAN FRANCISCO, 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 a medallion holder? ☐ Yes ☒ No

If yes, was the medallion permit ever revoked? If yes, explain for what cause? ☐ Yes ☐ No

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

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

I will use LUXOR CAB COMPANY radio

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

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

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

I.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.

I.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](http://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.

I.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 and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.

Executed on this 28 day of may, 20 08 at San Francisco, California.

TKaub

Signature of Applicant

JUN 03 2008

RECEIVED  
OFFICE OF THE  
SAN FRANCISCO  
COMMISSIONER

**COLOR SCHEME DESIGNATION APPLICATION**  
San Francisco Taxicab Commission

\*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>IGOR VLADIMIROVICH TRAUB</u>		Phone (650) <u>555-1234</u>
Residence Address (Street Address, City, State, Zip) <u>1234 5th St. DR. DALY CITY, CA, 94015</u>		
Mailing Address, if different from above (Street Address, City, State, Zip) <u>THE SAME</u>		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:

Name of Taxi Company <u>LUXOR CAB COMPANY</u>	Business Address of Taxi Company (Street Address, City, State, Zip) <u>2230 JEROME ST. SAN FRANCISCO, CA 94124</u>	
Business Phone (415) 282-4141	Medallion Number	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

Please describe why you would like to use the color scheme for the above named taxi company (attach additional pages if necessary):

I have worked for LUXOR cab for about 7 years  
and can compare with other companies. LUXOR IS RELIABLE  
company with great service. Many of my customers only  
call LUXOR cabs when they are in need of service.  
LUXOR has good management and great reputation

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

Executed on 28 May, 2008 at San Francisco, California.

IGOR TRAUB  
Print Name of Applicant

TRAUB  
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</u> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
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>5-28-08</u>

**\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\***

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>5-28-08</u>
Received by:	Receipt No.	Amount	Date



# Luxor Cabs, Inc.

2230 Jerrold Avenue, San Francisco CA 94124, Tel. (415) 282 1224 Fax (415) 282 1706

SF Taxicab Commission  
25 Van Ness Avenue #420  
San Francisco, CA 94102

RECEIVED  
JUN 08 2008  
SAN FRANCISCO  
OFFICE OF THE  
TAXICAB COMMISSION

May 28, 2008

This is to verify that Luxor Cab is happy to accept Mr. Igor Traub as a medallion holder with our color scheme.

Liability and workers' compensation insurance policies are in place, as documented with the attached certificates.

Luxor will advise the commission of the vehicle particulars when Mr. Traub's medallion is awarded.

Sincerely,



Charles Rathbone  
Operations Department

Client#: 6212

LUXORCAB

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 05/02/08												
<b>PRODUCER</b> UnionBanc Insurance Svcs, Inc. 750 B Street, Suite 2400 San Diego, CA 92101 800 421-6744		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.												
<b>INSURED</b> Luxor Cab Company 2230 Jerrold Avenue San Francisco, CA 94124		<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Delos Insurance Company</td> <td>35408</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Delos Insurance Company	35408	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #													
INSURER A: Delos Insurance Company	35408													
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
	<b>GENERAL LIABILITY</b> <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 \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	F	05/01/08	05/01/09	X <input type="checkbox"/> WC STATU-TORY 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 HOLDER**

ATC / Intelltran  
 1449 Webster Street  
 San Francisco, CA 94115

**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 Shahrin*

DARAM

© ACORD CORPORATION 1988

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)  
10/11/07

## PRODUCER

UnionBanc Insurance Svcs, Inc.  
750 B Street, Suite 2400  
San Diego, CA 92101  
800 421-6744

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

## INSURERS AFFORDING COVERAGE

## INSURED

Luxor Cab Company  
2230 Jerrold Avenue  
San Francisco, CA 94124

INSURER A: Lincoln General Insurance Co.

INSURER B: By Authority of AequiCap

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
					PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	9	10/12/07	10/12/08	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS \$
					OTH-ER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

The city and county of San Francisco, the police commission and the airport commission of the city and county of San Francisco and all their officers and employees are named as additional insured.  
Veh# 7 - 2004 Ford cab109 TAXI VIN# 2FAFP74W24X184903 CA;  
(See Attached Descriptions)

JUN 9 2008

## CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

## CANCELLATION Ten Day Notice for Non-Payment of Premium

SFPD Permit Sect #458 Hall of Justice  
850 Bryant St Taxi Cab Detail  
Attn: Taxi Detail  
San Francisco, CA 94103

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

JUN 08 2003



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

EXPIRES: DECEMBER 31, 2008

**IGOR TRAUB**

**P44-044900**

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



**CALIFORNIA**  
DRIVER LICENSE

CLASS: C

IGOR TRAUB

SEX: M HAIR: BLK EYES: BRN  
HT: 5-01 WT: 165

04/24/2007 599 41 FD/10

# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>MICHAEL M. FARLUCCIA</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>T. OAKLAND, CA 94607</b>			
Mailing Address (If different than residence address)			
Residence Phone Number: (415) <b>CEL PHONE</b>		Alternate Phone Number: ( )	
Hours Available at this Number:		Hours Available at this Number:	
Social Security Number <b>076-70-7294</b>		Other name(s) used	
California Driver's License Number / Expiration Year <b>2008</b>		Date of Birth <b>9-17-68</b>	
Place of Birth <b>NEW YORK</b>			
Race (Optional) <b>WHITE</b>	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height <b>5'10"</b>	Weight <b>150</b>
Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>		
Color Scheme / Business Name <b>SPECIC CAB COMPANY (ARROW CAB)</b>		Business Number <b>(415) 648 3181</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>2501 MARIN ST SAN FRANCISCO, CA 94124</b>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes --Date permit was issued: <b>1993</b>		Permit #: <b>45261</b>	
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain: <b>Suspended for about 1 week - Failed to "Safeguard Funds properly" (HANDBACK) when I was working for Pump Taxi (2000)</b>			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary):  <b>see attached</b>			

## OFFICE USE ONLY

Received by: <b>YB</b>	Receipt No: <b>375936</b>	Amount: <b>638.00</b>	Date: <b>JUN 14 2008</b>
Notice Date: <b>6/10/08</b>	Hearing Date: <b>7/8/08</b>	<b>6/24/08</b>	

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
JAN 08	PRESENT	OAKLAND CA 94607
JUNE 06	JAN 08	244 CAPP ST SAN FRANCISCO CA 94110
JUNE 05	FEB 06	625 BUSH ST SAN FRANCISCO CA 94108
JAN 04	MAY 05	1318 DOLORES ST SAN FRANCISCO CA 94110
1996	DEC 04	238 CAPP ST SAN FRANCISCO CA 94110

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
MAY 06	PRESENT	ARROW CAB	2501 MARIN SF, CA 94124	TAXI
2000	2004	ARROW CAB		
1998	2000	TOWN TAXI	VARIOUS	TAXI
1993	1997	LUXOR CAB CO	2250 JEROME SF, CA 94124	TAXI
1992	PRESENT	SELF EMPLOYED WOODWORKING - VARIOUS LOCATIONS		

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 a medallion holder? ☐ Yes ☒ No

If yes, was the medallion permit ever revoked? If yes, explain for what cause? ☐ Yes ☐ No

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 USING MY MEDALLION WITH ARROW CAB COMPANY  
WHICH USES A 24-HOUR MANDED RADIO DISPATCH SERVICE

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

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

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

MF 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.

MF 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](http://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.

MF 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 and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.

Executed on this 29 day of MAY, 20 08 at San Francisco, California.

Mike

Signature of Applicant

RECEIVED

JUN 04 2008

RECEIVED





**COLOR SCHEME DESIGNATION APPLICATION**  
San Francisco Taxicab Commission

\*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) <div style="font-size: 1.2em; font-family: cursive;">MICHAEL M FARRUGLIA</div>	Phone (415) - - - -
Residence Address (Street Address, City, State, Zip) <div style="text-align: right; font-size: 1.2em;">OAKLAND CA 94607</div>	
Mailing Address, if different from above (Street Address, City, State, Zip)	

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company <div style="font-size: 1.2em; font-family: cursive;">ARROW CABS CO.</div>	Business Address of Taxi Company (Street Address, City, State, Zip) <div style="font-size: 1.2em; font-family: cursive;">2501 MARIN ST. SAN FRANCISCO, CA 94124</div>		
Business Phone ( ) <div style="font-size: 1.2em; font-family: cursive;">415 970 1100</div>	Medallion Number	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please describe why you would like to use the color scheme for the above named taxi company (attach additional pages if necessary):

I LIKE ARROW CAB COMPANY - ITS LOCATION, CARS, AND PEOPLE. OVER THE PAST EIGHT YEARS I HAVE BECOME FRIENDS WITH MANY OF THE DRIVERS AND OTHER EMPLOYEES THERE. I LIKE THE "LIVE" (NON-COMPUTER) DISPATCH TOO.

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

Executed on 29th of MAY, 20 08 at San Francisco, California.

MICHAEL M. FARRUGLIA  
Print Name of Applicant

Mike  
Signature of Applicant

***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <div style="font-size: 1.2em; font-family: cursive;">MARILYN SPECK - 415-970-1104</div>	Title: <div style="font-size: 1.2em; font-family: cursive;">V.P.</div>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>SPECK CAB CO. INC. dba</u> Color Scheme Name <u>ARROW</u> hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Marilyn Speck</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>5/30/08</u> Date

***** OFFICE USE ONLY *****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <div style="font-size: 0.8em;">JUN 04 2008</div>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date

**STATE  
COMPENSATION  
INSURANCE  
FUND**

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

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 01-01-2008

GROUP:  
POLICY NUMBER:  
CERTIFICATE ID: 11  
CERTIFICATE EXPIRES: 01-01-2009  
01-01-2008/01-01-2009SAN FRANCISCO TAXI CAB COMMISSION  
25 VAN NESS AVE STE 420  
SAN FRANCISCO CA 94102-6055

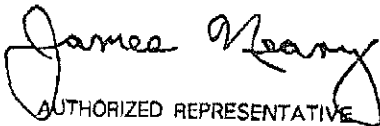
NA

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

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 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.

EMPLOYER

SPECK CAB COMPANY, INC.  
2575 MARIN ST  
SAN FRANCISCO CA 94124

NA

PRINTED : 12-15-2007

M0409

# INSURANCE IDENTIFICATION CARD

CSR TO

STATE CA  
 COMPANY NUMBER 27553  
 POLICY NUMBER 7  
 YEAR 7  
 MAKE/MODEL  
 SCHEDULE  
 EFFECTIVE DATE 09/01/07  
 EXPIRATION DATE 09/01/08  
 VEHICLE IDENTIFICATION NUMBER  
 VEHICLES

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

AGENCY/COMPANY ISSUING CARD  
 Y. A. Tittle Insurance  
 Paul Batmale  
 650-856-2120  
 INSURED

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

Speck Cab Company, Inc.  
 DBA / Arrow Cab  
 2575 Marin Street  
 San Francisco

CA 94124

1. Name and address of each driver,  
 passenger and witness.

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

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

ACORD 50 NM(2/95)

SPECK CAB CO., INC.  
DBA ARROW CAB  
2575 MARIN STREET  
SAN FRANCISCO, CA 94124  
415 970-1100

June 16, 2008

San Francisco Taxi Commission  
25 Van Ness Avenue Ste 420  
San Francisco, CA 94102  
Attn: Vicky Siu

Re: Medallion 335 – Registration

This is to inform you that we are in the process of getting a car registered for medallion 335. Currently we do not have the registration or vehicle information.

If you have any questions, please call.

Sincerely,



Jeannie Smitheram  
Controller

JUN 04 2008

30-1-11-11  
77-11-11-11



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

EXPIRES: DECEMBER 31, 2008

**MICHAEL M. FARRUGGIA**

**P44-045261**

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



**DMV CALIFORNIA DMV**  
**DRIVER LICENSE**


EXPIRES: CLASS: C M1

**MICHAEL M FARRUGGIA**  
SAN FRANCISCO CA 94110

SEX:M HAIR:BRN EYES:BLU  
HT:5-10 WT:150 DOB:

RSTR: CORR LENS

*Michael*  
02/13/2007 503 C7 FD/08



# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>Daniel Levi</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>1000 Broadway San Francisco CA 94112</b>			
Mailing Address (If different than residence address)			
Residence Phone Number: (415) <b>3</b>		Alternate Phone Number: (415) <b>-</b>	
Hours Available at this Number: <b>Any time</b>		Hours Available at this Number: <b>any time</b>	
Social Security Number <b>1-1-1-1-1-1</b>		Other name(s) used <b>n/a</b>	
California Driver's License Number / Expiration Year <b>07-19-02</b>		Date of Birth <b>07-19-02</b>	
Place of Birth <b>Azerbaijan, Baku</b>			
Race (Optional) <b>White</b>	Sex <b>(M) / F</b>	Height <b>5-07</b>	Weight <b>165</b>
Eye Color <b>BRN</b>	Hair Color <b>BRN</b>		
Color Scheme / Business Name <b>S.F. Taxi-cab co.</b>		Business Number <b>(415) 920-0709</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>2121 Evans St. San Francisco Ca 94124</b>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes -Date permit was issued: <b>2008</b> Permit #: <b>P44-047501</b>			
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <b>- I have been a taxi-cab driver for 17 years and I have a record of excellent service to the public. San Francisco needs more taxis for locals and guests. Issuance of additional permits is going to serve the public properly.</b>			

OFFICE USE ONLY			
Received by: <b>Danielle</b>	Receipt No: <b>375937</b>	Amount: <b>\$1638</b>	Date: <b>JUN 05 2008</b>
Notice Date: <b>6/10/08</b>	Hearing Date: <b>7/2/08 4/24/08</b>	SAN FRANCISCO TAXI COMMISSION	

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1996	Present	1 way San Francisco CA 94112

How long have you lived within a 30 mile radius of San Francisco? 17 years 1 months

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

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1999	present	Yellow cab coop.	1300 Mississippi St. SF	driver
2004	present	IHSS	San Francisco CA 94102	caregiver

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 a medallion holder? ☐ Yes ☒ No If yes, was the medallion permit ever revoked? If yes, explain for what cause? ☐ Yes ☒ No

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 Wide 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.

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

D.L. I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at [www.sfgov.org](http://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.

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

I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.

Executed on this: 2nd day of June, 20 08 at San Francisco, California.

[Signature]  
Signature of Applicant

Danil Levi

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JUN 05 2008

SAN FRANCISCO  
TAXI COMMISSION



**COLOR SCHEME DESIGNATION APPLICATION**  
San Francisco Taxicab Commission

\*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>Danil Levi</u>	Phone <u>(415) -</u>
Residence Address (Street Address, City, State, Zip) <u>San Francisco, CA 94112</u>	
Mailing Address, if different from above (Street Address, City, State, Zip)	

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

Please describe why you would like to use the color scheme for the above named taxi company (attach additional pages if necessary):

I believe that this taxi company provides a professional and friendly environment. I'd like to work with people that I know long time ago

**RECEIVED**

JUN 05 2008

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

Executed on 2 June, 20 08 at San Francisco, California.

Danil Levi  
Print Name of Applicant

[Signature]  
Signature of Applicant

***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <u>JACK G. TRAD</u>	Title: <u>OWNER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>S.F. TAXI-CAB CO.</u> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
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>06-03-08</u> Date

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



PROMPT • COURTEOUS • HONEST



2121 EVANS ST., S.F., CA. 94124  
(415) 920-0709 (415) 920-0717  
OFFICE FAX


09 JUN 08

TO: S.F. TAXICAB COMMISSION  
25 VAN NESS AVENUE  
SAN FRANCISCO, CA. 94102

TO WHOM IT MAY CONCERN:

WHEN MR. DANIL LEVI IS APPROVED FOR A MEDALLION, S.F.  
TAXI-CAB CO. WILL PROVIDE HIM A CLEAN AIR VEHICLE, AND  
ALL THE NECESSARY INSURANCE, INCLUDING WORKMAN'S COMP.

SINCERELY,

  
JACK C. THAD  
OWNER,  
S.F. TAXI-CAB CO.  
(415) 571-1351

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JUN 09 2008

SAN FRANCISCO  
TAXI COMMISSION



RECEIVED

JUN 05 2008

SAN FRANCISCO  
TAXI COMMISSION

**CALIFORNIA**  
DRIVER LICENSE

EXP1 CLASS: C

DANTI I FUI  
F  
SAN FRANCISCO CA 94112

SEX: M HAIR: BRN EYES: BRN  
HT: 5-07 WT: 165 DOB: 1

07/15/2003 503 E8 FD/08



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

EXPIRES: DECEMBER 31, 2008

**DANIL LEVI**

**P44-047501**

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

