Consent Calendar

Item C:

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

Medallion Holder Name:	Medallion #:	Change:
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) *CH.	ANGE OF COLOR SCHEME Fron (Complete front side only)	n: De Solo
*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMP	ENSATION, REGISTRATION CARD, & INSU	RANCE CARD WITH THIS APPLICATIO
	EARLY - COMPLETE ENTIRE FO	RM
Applicant's Name (First, Middle, Last)		Phone (146)
CHARLES STEPHAN KLEIMA	N	(4(5)
Residence Address (Street Address, City, State, Zip)		
Joint Applicant's Name (First, Middle, Last)		Phone
South Approximation (1887)		()
Residence Address (Street Address, City, State, Zio)	BANE	
	Name of Corporation:	
If this color scheme request is granted by the Taxicab Comm	ission, list what your business name, add treet Address, Cify, State, Zip)	ress and phone number will be. Business Phone
Business Name Business Name Business Address (S Business Address (S Business Address (S Business Address (S Business Name	NNSYLVAULA-NES.A	
Medallion Number(s)	10 10 211-11 14 10 11 110 11 110 11	Ø Owner / Operator
. 770		Gas & Gate
tr 772		☐ Long Term Lease
Please list the reason(s) why you are requesting this	change:	and the second of the second o
GENERAL MANAGER	AT De Soro	
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/ / / / / / / / / / / / / / / / / / / /	#772 - CUADIS	= MIXIMAN)
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WITH BLACK AN	O WHITE CHECK	Cer.
I (We) certify (or declare) under penalty of perjury under the	laws of the State of California that the f	oregoing is true and correct.
	^	/ }
Executed this 22 day of 11		: San Francisco, Callfornia
CHARLES KLEMAN	$\langle \mathcal{I}(l, k_z) \rangle$	Stefen
Print Name of Applicant	Sig	nature of Applicant
TO BE COMPLETED BY	ACCEPTING COLOR SCHEME OF	XLY
Name of person authorized to sign for Color Scheme Holder.	177.	Title:
Gennady Epshiteyn		MAMACUK
I, the Color Scheme Holder / person authorized to sign for the Color	Scheme Holder for	xicab Color Scheme
hereby give consent to the applicant named to use my color scheme	o.	•
I certify (or declare) under penalty of perjury under the laws of the St	ate of California that the foregoing is true and	d correct.
1 = 1 1 Pgp	17 6	199/08
puy the	United Tables	Date /
Signature of Color Scheme Holder / person authorized to sign for Color Scheme	TIDIXEI	
/	FICE USE ONLY	
Hearing Date -1 ()	Decision of Taxicab Commission	New Declaration Signed
United to Insurance Submitted to A	Paint Chips Submitted	Photos Submitted MAY 3 3 ZUIN
Receipt No. 2006	Amount C	Date
Parent of 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	707	(Rev. 11/30/05)

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

POLICY NUMBER

NATIONAL INTERSTATE INSURANCE COMPANY EFFECTIVE DATE EXPIRATION DATE COMPANY

10/12/07

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

EXPIRATION DATE 10/12/08

AGENCY/COMPANY ISSUING CARD

XEAR 2005

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

INSURED DESOTO CAB # 772 SFITA & AUTOS FOR HIRE

555 SELBY ST SAN ERANCISCO, CA 94124

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

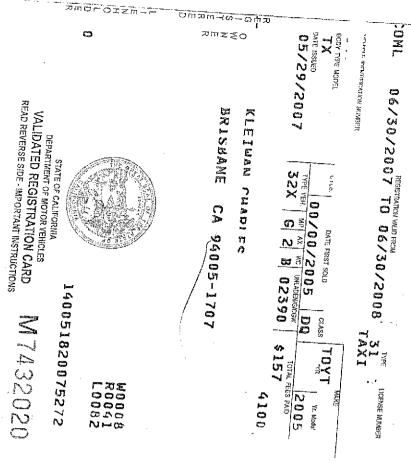
IN CASE OF ACCIDENT: Report all accidents To your Agent/Company as soon as possible. Obtain the following information:

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)

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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,

Dmitry Erenkov Agent/Broker

DIE/ece

M ion

		TAXICAB COL	OR SCHEME APPLICATION San Francisco Taxicab Commission
	*CHANGE OF COLOR S	CUEME From: 6	
☐ NEW COLOR SCHEME (Complete both sides)	(Complete front side only)	Chelvie – Pioni	to Comment of National Control
*YOU MUST SUBMIT A CERTIFICATE OF WORKS	ER'S COMPENSATION, REGISTRAT	ION CARD, & INSURAN	CE CARD WITH THIS APPLICATION.
	PRINT CLEARLY - COMPLE		
Applicant's Name (First, Middle, Last)	, <u>4</u>	Ph	one
Project Address (Street Address City State Zin)	Wilson		, , J
Residence Address (Street Address, City, State, Zip) Joint Applicant's Name (First, Middle, Last)		RENO, NO	/ 89523
Joint Applicant's Name (First, Middle, Last)		Ph (one)
Residence Address (Street Address, City, State, Zip)			
Is this a Corporate permit?	es If yes, Name of Corporation:		
is the distribution of the second of the sec	.,,,		
If this color scheme request is granted by the	Taxicab Commission, list what you	ır business name, addre	ss and phone number will be.
Business Name Busines	ss Address (Street Address, City, State, Zi		
Business Name LUX6/2 CAB Business Phone	Medallion Number(s)	8F 94124	
(415) 401-1422			Owner / Operator
	1112		☐ Gas & Gate ☐ Long Term Lease
BETTER I	2 Adio DISPAT	CH	
I (We) certify (or declare) under penalty of perjur	y under the laws of the State of C	alifornia that the forego	sing is true and correct.
Executed this $\frac{29}{20}$ day of $\frac{1}{2}$	144	20 () A at San	Francisco, California
Executed this day or		1 1	
MICHAEL LOUIS WILSO Print Name of Applicant	Signature of	1.00 / CV/ Applicant	U,189n
**************************************	ETED BY ACCEPTING COL	OR SCHEME ONLY	*****
Name of person authorized to sign for Color Scheme Holder:	LILD DI AGGEL MICO GOE	Title:	
DAVID ADAMS		0	ware
I, the Color Scheme Holder / person authorized to sign	for the Color Scheme Holder for	Luxor	AB.
hereby give consent to the applicant named to use my		Taxicab C	olor Scheme
I certify (or declare) under penalty of perjury under the I	aws of the State of California that the	foregoing is true and corre	ect.
West allers		5.19.2	oos
Signature of Color Scheme Holder / person authorized to sign t	or Color Scheme Holder	Da	ite

Vice and the state of the state	**************************************	JSE ONLY***************	
Agenda Notice Date	Hearing Date 7.8.00	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No. 3759(7)	Amount 2-9	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

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 39 2006

	(Client#: 6212			LUX	ORCAB	
1	ACORD. CERT	IFICATE OF LI	ABI	LITY	NSURA	NCE	DATE (MM/DD/YY) 10/11/07
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						GENERAL AGGREGATE	\$
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TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

TAXI COMMISSION

□ NEW COLOR SCHEME (Complete both sides)	-	OF COLOR SCHEM: lete front side only)	E – From: 🕭	1E9010
*YOU MUST SUBMIT A CERTIFICATE	, ,		RD, & INSURANC	E CARD WITH THIS APPLICATIO
	LEASE PRINT CLEARL'			
Applicant's Name (First, Middle, Last)			Pho:	ne · · · · · · · · · · · · · · · · · · ·
THEODORE GRA	(Y			1714
Residence Address (Street Address, City, State	e, Zíp)		anacı	4
	JETALI	ing, CA	7795 Phor	10
Joint Applicant's Name (First, Middle, Last)	·		()
Residence Address (Street Address, City, State	e, Zip)			
				A March agents -
Is this a Corporate permit? AN	o 🗌 Yes If yes, Name o	of Corporation:		
If this color scheme request is gra	nted by the Taxicab Commiss	on. list what your busin	ess name, addres	s and phone number will be.
	Business Address (Street Add		•	
Business Name Luxor Car		RROLD AVE	F, SF, C	n 94134
Business Phone	Medallion Numb	er(s)		Owner / Operator
(ALS) JON HILLS	#	1.50		Gas & Gate
282-4141		100		Long Term Lease
Please describe why you would li	ke to change to the above	named taxi compan	y (attach additi	onal pages if necessary):
No COMPOTEL				
No CARRITCH	<u> </u>			
Corrupt MG	MT			
I (We) certify (or declare) under pena	Ity of perjury under the laws	of the State of Californi	a that the foregoi	ing is true and correct.
Executed this 3 day	of JUNE	, 20	OB at San	Francisco, California
A.				
	<u> </u>	THEODORY		
Print Name of Applicant	•	Signature of Applicar	nı	
**************************************	E COMPLETED BY ACC	EPTING COLOR SC	HEME ONLY"	**********
Name of person authorized to sign for Color Sch	eme Holder:		inte:	13.4
IHOTHER J. STAN	11K1 117140			perations Managem
I, the Color Scheme Holder / person autho	rized to sign for the Color Schen	se Holder for	uxor Ci	3 -12
hereby give consent to the applicant name		To Holder for	Taxicab Co	olor Scheme .
I certify (or declare) under penalty of perior		California that the foregoin	na ie true and corre	ect
certify (or declare) under penalty of penul	y under the laws of the State of	Camorna that the foregon		(C)
- Alman a Chim	apuller)		6-3-00	.
Signature of Color Scheme Helder / person a	thorized to sign for Color Scheme Halder		Da .	te

Agenda Notice Date: In In A Hea	ring Date COLOG	USE ONLY*********** Decision of Taxicab Comm		w Declaration Signed
VII()IV()	rance Submitted	Paint Chips Submitted	Ph	otos Submitted 0 3 2008
Received by:	Receipt No. 2 7 5 (1) 6	Amount \$	91_	JU18 19 0 2 0 0 0
LAMALL	9150	1 70	1	SAN FRANCISCO

I I	Client#: 6212			LUZ	URCAB		
	IFICATE OF LIA	4BI				DATE (MM/DD/YY) 10/11/07	
PRODUCER UnionBanc Insurance Svcs, Inc. 750 B Street, Suite 2400 San Diego, CA 92101	3.		ONLY AI HOLDER.	ND CONFERS (THIS CERTIFIC THE COVERAGE	SUED AS A MATTER NO RIGHTS UPON TO CATE DOES NOT AN AFFORDED BY THE	HE GERTIFICATE MEND, EXTEND OR POLICIES BELOW.	
800 421-6744			INSURERS AFFORDING COVERAGE				
INSURED Luxor Cab Compan	31 <i>7</i>			ncoln General			
2230 Jerrold Avenu	=		INSURER B: By Authority of AequiCap				
San Francisco, CA			INSURER C: INSURER D:				
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COMMERCIAL GENERAL LIABILITY	1				FIRE DAMAGE (Any one fire)	\$	
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ORD 25-S (7/97)1 of 3 #/	VI411788	•		- +=	DARAM@ ACORD COF	RPORATION 1988	

DARAM

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

RECEMEN

JUN 932008

SAN FRANCISCO TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION

Phone (///5-)

Phone

San Francisco Taxicab Commission

☑ No Is this a Corporate permit? ☐ 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 Address (Street Address, City, State, Zip) Business Name Owner / Operator Gas & Gate Long Term Lease Please list the reason(s) why you are requesting this change: I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. ైన్ at San Francisco, California Executed this TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY Name of person authorized to sign for Color Scheme Holden I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for hereby give consent to the applicant named to use my color scheme. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signalure of Color Scheme Holder / person authorized to sign for Color Scheme Holder OFFICE USE ONLY New Declaration Signed Decision of Taxicab Commission Agenda Notice Date Hearing Date Photos Submitted 0 9 7108 Paint Chips Submitted Insurance Submitted Worker's Comp Submitted Dale Amount Receipt No. / Received by:

*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

☐ NEW COLOR SCHEME (Camplete both sides)

Applicant's Name (First, Middle, Last)

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

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

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

ACORD CERTIE	ICATE OF LIA	ARH	it'v ini	CHIDANA		DATE	(MWDD/YY)
PRODUCER Phone: (828) 300-6000 Fax: 6284 NEW CENTURY INS SERVICES, INC. 15 M. 2ND ST. ALMAMBRA CA 91801	570-0008		THIS ONLY HOLE	CERTIFICATE 18 1 Y AND CONFERS 1 DER. THIS CERTIF	SSUED AS A MATTEM OF NO RIGHTS UPON THE CI ICATE DOES NOT AMEND AFFORMED BY THE POLI	INFORMA ERTIFICAT	E O
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SAN FRANCISCO CA 94103		IN:	SURER C; SURER D:				
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PER CENTRO DEAD ROLLWORLDHAMELON CARD

CALIFORNIA

COMPANY MUMBER

COMPANY

KEEK POSTTY ASSESSED

EFFECTIVE DATE

NATIONAL UNTERSTATE INSURANCE COMPANY

AGENCY/COMPANY ISSUING CARD

LANDI THURST WATER 10/12/07

ARRIGUE IDENTIFICATION NOWBER

10/12/08 EXPIRATION DATE

2004

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

CHECKS

FOG CITY CAR # 53 SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

HENCHMANCE LOUNDIFICATION CARD

COMPANY NUMBER CALIFORNIA

AMSSERIO

MEND SATEDURE HATIONAL INTERSTRIE INSURANCE COMPANY

EXPIRATION DATE

10/12/07

VEHICLE IDENTIFICATION NUMBER 10/12/08

2004 ACENCY/COMPANY ISSUING CARD MAKE/MODEL LAOL

NAME OF

POLICY NUMBER

PUBLIC LIVERY INS SERVICES, 1380 EL CAJON BIVO, SUITE 212

EL CAJOM, CA 92020

THE PROPERTY

FCG CITY CAB # 53 979 BRYANT ST

SAN FRANCISCO, CA 94103

SEE IMPORTANT WOTHER ON REVERSE SIDE

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

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

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

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:

passenger and witness.

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

ACORD 50 (1/83)

JUN 022008

SAN FRANCISCO

, i

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;

Sonny Tam

June, 2, 2008

RECEVED

JUN 0 2 2008

SAN FRANCISCO TAXI COMMISSION

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

(Complete both sides) (Complete front side only)	om: <u>De Soto Cab</u>
YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & I	NSURANCE CARD WITH THIS APPLICA
PLEASE PRINT CLEARLY - COMPLETE ENTIRE	FORM
pplicant's Name (First, Middle, Last)	Phone Ce
Edwin Santiage esidence Address (Street Address, City, State, Zip)	(415)
SF CA 94109	
int Applicant's Name (First, Middle, Last)	Phone (
esidence Address (Street Address, City, State, Zip)	
——————————————————————————————————————	
this a Corporate permit? (GNo) G Yes If yes, Name of Corporation:	
this color scheme request is granted by the Taxicab Commission, list what your business name, siness Name Business Address (Street Address, City, State, Zip)	address and phone number will be. Business Phone
Yellow Cab 1200 Mississippi	(415) 333-333
dallion Number(s)	G Owner / Operator
1225	G Gas & Gate
	G Long Term Lease
ease list the reason(s) why you are requesting this change:	
I would like To go To A Co	manny That
I would like To go To A Co Makes Solid Financial Decisions. 1	
Makes Dolly Financial Decisions. 1	
A TOP	
(e) certify (or declare) under penalty of perjury under the laws of the State of California that the	ne foregoing is true and correct.
ecuted this 5th day of June ,2008	at San Francisco, California
Elvin Instance Edwin	< 1.
Edwin Joneton Lowin	Santiago
жулаште от Аррисан.	адпаше и хрркан
TO BE COMPLETED BY ACCEPTING COLOR SCHEME	ONLY
of person authorized to sign for Color Scheme Holder	Title:
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	tel (su)
Color Scheme Holder / person authorized to sign for the Color Scheme Holder for	Taxicab Color Scheme
y give consent to the applicant named to use my color scheme.	J
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fy (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true	and correct.
fy (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true	1-6-0
Telecolo Copen 6,	15/00000
fy (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true	1-6-0
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	15/00000
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder OFFICE USE ONLY	15/00000
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder OFFICE USE: ONLY A Natice Date: Decision of Taxicab Commission	Date New Declaration Signed
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder OFFICE USE ONLY A Notice Date S Comp Submitted Insurance Submitted Paint Chips Submitted	Date New Declaration Signed Photos Submitted N 0 5 2008
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder OFFICE USE: ONLY A Natice Date: Decision of Taxicab Commission	Date New Declaration Signed

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. 94107 San Francisco, CA

Your annual report/financial statements have been reviewed and the requirements for renewal of your self-insuance 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.

EDWIN IMURA, Manager

Financial Responsibility Area

DMPARIMENT OF OFFICE OF THE DESERVOR STATE OF CALIFORNIA AMINITOZO OZO

OF COXMEX WILL LYNGS

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That (a:Callonia corporation)

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

HELL TO TAN THE THE

CHUCK CARE

department of industrial helations of the state of California

Ctalotes

MARK B. ASHCRAF

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

G NEW COLOR SCHEME

G CHANGE OF COLOR SCHEME - From: DES 070 CAB

(Complete both sides)

(Complete front side only)

DI FASE PRINT CLEARLY.	- COMPLETE ENTIRE FORM
Applicant's Name (First, Middle, Last)	Phone
LEONARD A. HOWE	(cf/5)
(Charles of Address City State Zie)	
Residence reduces former reading and a first former	INERT PARK, EA 94928
- 15 OH	NERI Phone
Joint Applicant's Name (First, Middle, Last)	(()
O's Chile 77-)	
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? G No G Yes If yes, Name of C	Pornoration:
is this a Corporate permit? Give Give a resilives, Marie or o	on parallers.
If this color scheme request is granted by the Taxicab Commission, list	what your business name, address and phone number will be.
Business Name Business Address (Street Address	s, City, State, Zip) Business Phone
YELLOW CAB 1200 MIS	91551 PP1 ST (45) 333-333
Medallion Number(s)	G Owner / Operator
102	G Gas & Gate
	G Long Tem Lease
Please list the reason(s) why you are requesting this change:	
	- Sele Plan Manager - 20
UNHAID WITH DE	SOTO'S BAP MANAGEM COMPUTOR + CAEDITCA
PRACTICES. TWANT	COMPUTER + CAENITCAL
CAPABILITY	
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I (We) certify (or declare) under penalty of perjury under the laws of the	e State of California that the foregoing is true and correct.
Provide	
₩nd	e State of California that the foregoing is true and correct, 20 🗢 🕳 at San Francisco, California
Executed this 5 day of June	, 20 08 at San Francisco, California
Executed this 5 day of June	, 2008 at San Francisco, California
Percent	, 20 o g at San Francisco, California
Executed this 5 day of June Limited Applicant Signature of Applicant	, 20 03 at San Francisco, California LEONARD A HOWE Signature of Applicant
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Executed this	, 20 03 at San Francisco, California LEONARD A HOWE Signature of Applicant ING COLOR SCHEME ONLY Title:
Executed this 5 day of June Limited Applicant TO BE COMPLETED BY ACCEPT	, 20 08 at San Francisco, California LEONARD A HOWE Signature of Applicant ING COLOR SCHEME ONLY
Executed this	, 2008 at San Francisco, California LEONARD A HOWE Signature of Applicant ING COLOR SCHEME ONLY Title: A Jue CA
Executed this	
A Color Scheme Holder / person authorized to sign for the Color Scheme Holder. It is a color scheme Holder to the applicant named to use my color scheme.	
Executed this	
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Executed this	
A Color Scheme Holder / person authorized to sign for the Color Scheme Holder. It is a color scheme Holder to the applicant named to use my color scheme.	
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Executed this	
Executed this	

Amount

Receipt No.

SANT-WHICIDC (Rev. 1006/06) TAXI COMMISSION

State of Colifornia · Business Transportation and Housing Agency DEPARTMENT OF MOTOR VEHICLES P. O. Box 942884 Sacramento, CA 94284-0884

August 20, 2007

(916) 657-6520

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-insuance 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,

EDWIN IMURA, Manager

Financial Responsibility Area

department of industrial office of the director state of California RELATION OF

OF COUNTY SEL-NOURE

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CENTIFY, That (Ecquisodisodisodisodis)

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

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

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department of industrial relations of the state of California

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Appreciation of Certificate.—"A contilicate of consent to self-tusure may be revised by the Director of Indinatial Relations at any time for good cause afte a practice by such employer, among other things, the impoinment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice and custom indicating claiments for conspensation to account that division of any of the following: (c) Habitually so due a matter of against the employer to secure the compensation due; (b) Directorist his compensation discount in a calculate an active of collegations in such a manner at to cause tighty to the public or those design with the compensation obligations in a disbesset manner: (c) Directorist his compensation obligations in a disbesset manner: (c) Directorist his compensation obligations in a disbesset manner: (c) Directorist his compensation obligations in a disbesset manner: (c) Directorist his compensation obligations in a disbesset manner: (c) Directorist his compensation obligations in a disbesset manner: (c) Directorist his compensation obligations in a disbesset manner: (c) Directorist his compensation obligations in a disbesset manner: (c) Directorist his compensation obligations in a disbesset manner: (c) Directorist his compensation obligations in a disbesset manner: (c) Directorist his compensation obligations in a disbesset manner: (c) Directorist his compensation obligations.

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
HNATOLY SHIB	/// □ Regular ØRamp
Residence Address (Street Address, City, State, Zio)	SEO. CA. 94121
Mailing Address (If different than residence address)	SEC, CII. J'IIXI
Residence Phone Number: (4/5)	Alternate Phone Number: (5/5) 5
Hours Available at this Number: 17 / 1/4 / 5 Social Security Number Other name(s) used	Hours Available at this Number: Canytint
. The second of	1/A
California Driver's License Number / Expiration Year $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Birth Place of Birth 7-04-48 TASHKENT, UZBEKIST
Race (Optional) WHITE Color Scheme / Business Name	Weight Eye Color Hair Color
Color Scheme / Business Name	Business Number
ALLIANCE CAB CO. Color Scheme / Business Address (Street Address, City, State, Zip)	(415) 934-1757
ALCIANCE CAB CO. 2175	MARKET. S.F. CA. 94114
Are you a U.S. Citizen? 🗹 Yes 🗀 No, If No, write the Alien Resident	,
Are you currently an active driver and hold a current Public Passenge	er Vehicle Driver Permit (A-Card)?
If Yes –Date permit was issued: 19/31/96 Permit #:	P44-042579
Has this permit ever been revoked? Yes No If yes, e	explain:
Please describe why the public will not be served properly if thi	is medallion is not granted (attach additional pages if necessary):
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SETVED UNLESS This F	,
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OFFICE USE	ONLY
ceived by: Receipt No. Amount	Part Date

Hearing Date:

Notice Date:

Consent Calendar

Item D:

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

Taxicab Permit Applicant:	Medallion #:	Color Scheme:	Medallion Type:	Criminal Background Check:
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

CITY AND COUNTY OF SAN FRANCISCO



TAXI COMMISSION MAYOR GAVIN NEWSOM

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 hours2006: 157 shifts2007: 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.

- o Hours/Shifts Driven: 464 hours
- o Wheelchair Pick Ups: 130

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

o 2006: 856 hours

o 2007: 1072 hours

o 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

o 2006: 156 shifts

o 2007: 205 shifts

o 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 hours2007: 873 hours2008: 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 shifts2006: 164 shifts2007: 175 shifts

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Residence Prome Number (1/5) 3 Hours Available as this Number (1/5) 4 Hours Available as this Number (1/5) 4 Hours Availabl	Applicable Name (First Middle Last)	Type of Medallion Applying for:
Maling Accress (If Citizen I train resolvence States of State Cost (1/5) 3 House Analothie at this Number (1/5) 3 House Anal	Applicants Name (1986) ATOLY SHIP	3 / / □ Regular Ø Ramp
Residence Phone Number (4/5) 3 Hours Available at this Number (4/5) 3 Hours Available at this Number (5/5) 4/7 5/7 5/7 5/7 5/7 5/7 5/7 5/7 5/7 5/7 5	Residence Address (Street Address City State, Zio)	CISEO. CA. 94121
Allerents Proof Number (4/5) 3 Hours Analytic at this Number (4/5) 4 Hours Analytic at this Number (4/5) 5 Hours Analytic at this Nu	Mailing Address (If different than residence address)	
Hours Available at this Number	Residence Phone Number (4/5) 3	Alternate Phone Number: (4/5') 3
California Dipperia Licanse Number / Expiration Year Page Date of Birth Price of Bir	Hours Available at this Number: AIVYTIME	Hours Available at this Number: CENGUITE
Cotor Scheme / Business Address (Sizest Address, Chy. State 20) Are you a U.S. Citizen? Eyes E. No. If No. write the Alien Resident Card Number. Are you a U.S. Citizen? Eyes E. No. If No. write the Alien Resident Card Number. Are you a U.S. Citizen? Eyes E. No. If No. write the Alien Resident Card Number. Are you a U.S. Citizen? Eyes E. No. If No. write the Alien Resident Card Number. Are you a U.S. Citizen? Eyes E. No. If No. write the Alien Resident Card Number. Are you a U.S. Citizen? Eyes E. No. If No. write the Alien Resident Card Number. Are you acurrently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? Eyes ENO If Yes—Date permit was issued: 12131111 Permit #. P44-042579 Has this permit ever been revoked? Eyes ENO If yes, explain: Please describe why the public will not be served properly if this medallion is not granted (ettach additional pages if necessary): THE PUBLIC WILL NOT BE OFFICIAL ATELY IF FIFED UNLESS THIS PETMIX IS GIANTED BEESE. THETE DIENTER ADDITIONAL BRAND TAXI ENDS C. FOR THE STENT COULUMN BRAND TAXI ENDS C. FOR THE STENT COULUMN BRAND TAXI ENDS C. FOR THE STENT ENDS WILL SERVE THE PUBLIC EXTENDED TO S. F. FLSIDE NTS, AND TOWN C. MANNE (TO. S. F. FLSIDE NTS, AND TOWN C. MANNE (TO. S. F. FLSIDE NTS, AND TOWN C. MANNE (TO. INAVE BEEN WEREING C.S. C. O. M. PASSENBOEETS INAVE SEEN WEREING C.S. C. O. M. PASSENBOEETS COLOR S. R. FLS. C. W.D. S. E. C. C. C. D. H. P. B. C. S. C. C. S. C. C. S. F. TAXI ECRB INDUSTRIES ADDITIONAL THE FILE OF SEVENTER IN C. MANNE G. C. C. S. C. S. F. TAXI ECRB INDUSTRIES ADDITIONAL THE FILE OF SEVENTER IN C. M. P. PASSENBOEETS COLOR S. R. FLS. C. W.D. S. E. C. C. C. C. D. H. P. E. A. C. S. C.	Social Security Number 202	Diago of Birth
Color Schoma / Business Address (Street Address, City, State, 20) ALLIANCE CABB CC. Color Schoma / Business Address (Street Address, City, State, 20) ALLIANCE CABB CC. 2/75 MARKET. S.F. CA. GLIILL Are you a U.S. Citizen? Yes F. 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)? Yes No If Yes—Date permit was issued: 12/3/1/16 Permit#. P44-C42579 Has this permit ever been revoked? Yes INO If yes, explain: Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): THE PUBBLIC WILL NOT BE ONDEQUATE CY SETVED WALE STANDED BEENSE THESE ASE OF COLOR BEENSE **HESE ASE OF CETT, HAVING HESE EXTRA TAXI BAMP CABS WILL SETVE THE PUBBLIC IN A MOSE WELCOMING MANNE TO S.F. FESIDENTS, AND TOUTISTS. I HAVE BEEN WORKING ON SECURE CALL HIE ALSO I MAYE SELVENTER IN CALL OF PASSENDGESS COLOR SAFE, CAND SECURE CALL HIE ALSO SAFIELD WITH THEIT SIDE.	California Driver's License Number / Expiration Year OF - 04 - 08	
Color Schoma / Business Address (Street Address, City, State, 20) ALLIANCE CABB CC. Color Schoma / Business Address (Street Address, City, State, 20) ALLIANCE CABB CC. 2/75 MARKET. S.F. CA. GLIILL Are you a U.S. Citizen? Yes F. 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)? Yes No If Yes—Date permit was issued: 12/3/1/16 Permit#. P44-C42579 Has this permit ever been revoked? Yes INO If yes, explain: Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): THE PUBBLIC WILL NOT BE ONDEQUATE CY SETVED WALE STANDED BEENSE THESE ASE OF COLOR BEENSE **HESE ASE OF CETT, HAVING HESE EXTRA TAXI BAMP CABS WILL SETVE THE PUBBLIC IN A MOSE WELCOMING MANNE TO S.F. FESIDENTS, AND TOUTISTS. I HAVE BEEN WORKING ON SECURE CALL HIE ALSO I MAYE SELVENTER IN CALL OF PASSENDGESS COLOR SAFE, CAND SECURE CALL HIE ALSO SAFIELD WITH THEIT SIDE.	Race (Optional)	Weight Eye Color Hair Color 232 BTOUN ETEY
Color Schome Pous meas Address (Street Address, City, State, Zip) ### Color Schome Pous meas Address (Street Address, City, State, Zip) #### Color Schome Pous meas Address (Street Address, City, State, Zip) ##### Are you a U.S. Citizen? ** ### Yes ** ### Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? ** ### Yes ** ### Permit ever been revoked? ** ### Permit ### P44 - 0425 #\$ ### Permit tever been revoked? ** ### Permit ### P44 - 0425 #\$ #### Permit ever been revoked? ** ##### Permit ever been revoked? ** ##### Permit ever been revoked? ** ##################################		Business Number (475) 934-1757
Are you a U.S. Citizen? Kyes [No. If No. Write the Allen Resident Card Number: Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? Kyes [No If Yes -Date permit was issued: 19-13-1-1-15] Permit#: P44-042579 Has this permit ever been revoked? [Yes [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): THE PUBLIC WILL NOT BE ONDEQUATE LY SETVED UNLESS THIS PERMIT IS GRANTED BECOSE THESE ASSENDATE CROUGH BRAND TAXI CARDS FOR THE PARNICAP, CAND DISABLED PASSENDEET, HAVING THESE EXTRA TAXI PAMP CARS WILL SETVE THE PUBLIC IN A MOSE WELCOPCING MANNES TO S.F. TESIDENTS, CAND TOUTISTS. I HAVE BEEN WORKING CUS COS, F. TAXI CORD I DRUFF SUTT THAT CALL OF MY PASSENDAETS CYTE SAFE, CAND SECURE CARD HIE ALSO SAFIELD WITH THEIT TIDE.	Color Scheme / Business Address (Street Address, City, State, Zip)	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? EYES INO If Yes—Date permit was issued: 12/31/96 Permit#: 12/41-042579 Has this permit ever been revoked? IYES INO If yes, explain: Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): THE DUBLIC WILL NOT BE ONDEQUATELY SETVED UNLESS THIS PERMIT IS GIANTED BEEOSE THEVE AFENT ENOUGH BRAMD TAXIENDS FOR THE DANDICAD, CLAID DISABLED PASSENDEET, HAVING THESE EXTRA TAXI PAMP CABS WILL SETVE THE PLUBLIC IN A MOSE WILL SETVE THE PLUBLIC S.F. TESIDENTS, AND TOUTISTS. I HAVE BEEN WORKING CUS CL. S.F. TAXIECUB DIVET SET SENENTER IN CHARLES SENDSETS COPE SEFE, CAND SECURE CAD HIE ALSO S.H. ISSENDEETS COPE SEFE, CAND SECURE CAD HIE ALSO S.H. ISSENDSETS	HLCIANCE CHOCO, ZIT	3 ////// S/
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OFFICEUSEONLY		DECENIA

Hearing Date:

Received by:

Notice Date:

JUN 0142008

Date

I have driven a taxicab in the Police Code Section 1121(b)		d I meet the current year's driving re	quirement pursuant to SFPD Municipal
List residence addresses for From Date To Date OL. IV. DV 05: 29.08	Residence Address (Street Ad	ont first, attach additional pages if needed) dress, City, Stale, Zip) AVE S. 7- CA, S	3 G 121
How long have you lived within a 30 n Francisco?	months Francisco?	years driving experience do you have in San	Are you physically qualified to drive a standard vehicle safely? ☑Yes □ No
List employment for last five y From Date To Date / G G G ELLTENT	Company Name	Address (Street Address, City, State	e, Zip) Type of Work S.F. CA. 94114 †ALI DICVET
•		Contest to any crime? ☐ Yes Magnetity pleas or not contest pleas may be contest pleas may be contest pleas may be contest pleas may be contest.	(Attach additional pages if needed)
Is your eyesight impaired? Do not include ordinary nears	□ Yes ☑ No ightedness or farsightedne	ess corrected by eyeglasses.	Is your hearing impaired? □Yes ☑No
Do you have any physical in	npairments? □ Yes	☑No If yes, describe the impa	airment:
Have you ever had: Epi	lepsy □Yes ☑No	Vertigo □Yes ☑No	Heart Trouble ☐ Yes ☑ Ño
Are you now, or have you ev Addicted to the use of intoxi		kď No Any Narco	tic Drug? □Yes ☑No
Were you previously a medalifyes, was the medallion per		☑No s, 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
True TOUR BLAIR END WHITE CHEMET PHADIO DISPATEM SEPVISE
DISPATEN SEPVISE
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 you taxicab? Yes No
Read each section and sign initials to the left of each section if you agree and understand.
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.
Problem I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
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
The Lit
Signature of Applicant (Letter 1)

RECEIVED

JUN 042008

SAN FRANCISCO TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

		RINT CLEARL	Y - COMPLETE ENTIRE	FORM
Applicant's Name (First, Middle,	Last) HTOLY	SHIBI	N	Phone (4/5)
Residence Address (Street Addr	ess, City, State, Zip)			
· -		S.F. CA	1. 94121	
Mailing Address, if different from	above (Street Address, City,	State, Zip)		
			·	
If this color scheme requ	uest is granted by the Ta	xicab Commissio	n, list what the taxi company r	name, address and phone number will be:
Name of Taxi Company ALLIANCE C			npany (Street Address, City, State, Zi	
Business Phone	.77911 60	Medallion Numb	ARKET S.F. CA	₩ Owner/Operator
Business Phone (4/5) 934-17	757			Gas & Gate
				☐ Long Term Lease
Di 1 1	1.1.121 (£ 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
Please describe why yo necessary):	ou would like to use th	ne color schem	e for the above named tax	ki company (attach additional pages
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SATISFAID	WITH TH	118.		
ď				RECLIVED
				JUN 9 4 2008
				SAN FRANCISCO
				TAXI COMMISSION
I certify (or declare) under ne	enalty of perium under t	the laws of the S	tate of California that the fore	egoing is true and correct
·		ino laws of the o		-
Executed on $_{-}$ $_{-}$ $_{-}$ $_{-}$ $_{-}$ $_{-}$, 20 <i>08</i>	at San Francisco, California.
Print Name of Applicant	1 CHIBII	1	0 /	Take
Print Name of Applicant	07//03//		signature of Applicant	£71
****************	"""TO BE COMPLE	TED BY ACC	PTING COLOR SCHEW	EONLY**************
Name of person authorized to	sign for Color Scheme Hol	ider:		Title:
EVI	ILYN A	P09.	42	MANAGET
, the Color Scheme Holder / pe	erson authorized to sign fo	or the Color Schem	e Holder forALL	IANCF CAB
nereby give consent to the app	licant named to use my co	lor scheme.		Color Scheme Name
	•		alifornia that the foregoing is true	e and correct
	(// //	wa or the otate or c	amornia mat the loregoing is the	e and correct.
Clally.	170g/-		05.2	9°, 08
ignature of Color Scheme Holder /	person authorized to sign for	Colod Scheme Holde	Date	
,				
	**********	********OFFIGE L	SE ONLY***********	### @\$\\\
genda Notice Date	Hearing Date		Decision of Taxicab Commission	New Declaration Signed
Vorker's Comp Submitted	Insurance Submitted		Paint Chips Submitted	Photos Submitted

Amount

Date

Receipt No.

Received by:

06/04/2008 12:03 ALLIED BUSINESS CORP 4158630843 PAGE 03 ALUKU CERTIFICATE OF LIABILITY INSURANCE 03/18/2008 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. FAX (619)593-2176 RODUCER (619)702-7022 Public Livery Insurance Services, Inc. Michael E. James Ins. Agency 1380 El Cajon Blvd Ste 212 NAIC# INSURERS AFFORDING COVERAGE 7 Cajon, CA 92020-5760 INSURER & Lincoln General Insurance Company 33855 JRED ALLIANCE CAB COMPANY Medallion #938, 1178, 1257, 1262 & 9093 INGURER B 3450 Geary 87vd Ste 100 INSUBSE D MALIBER O San Francisco, CA 94118 NEURER E **XOVERAGES** 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 SLICH POLICIES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EPPECTIVE POLICY EXPRATION ER ADDU Р<mark>ОШСУ И</mark>ЙЖВЕЯ TYPE OF INBURANCE PACH OCCURRENCE BENERAL LIABILITY DAMAGE TO RENTED Q COMMERCIAL GENERAL LIABILITY MED EXP (Any one person) CLAIMS MADE OCCUR PERECINAL & ARV BUILBY 3 GENERAL AGOALGATE PRODUCTS - COMP/OP AGG GEN'L AGGAEGATE LIMIT APPLIES PER POLICY LOD AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT 5 ANY AUTO ALL DWINED AUTOS BOOK Y BUILDRY JUN 0 4 2008 SCHEDULED ALTOS BOOKLY INJURY (Per accident) AUTOS BOTUA GENWO-MON A STATE OF S PROPERTY DAMAGE AUTO ONLY - EA ACOIDENT ŝ GARAGE LIABILITY EA ACC OTUA YMA OTHER THAN AUTO ONLY: ŝ AGG EACH OCCURRENCE \$ EXCESSIUMBRELLA LIABILITY AGGREGATE 8 CLAIMS MADE OCCUR S DEDUCTIBLE \$ RETENTION 10/12/2007 X WC STATU-10/12/2008 WORKERS COMPERSATION AND EMPLOYERS' LIABILITY 1,000,000 E.L. EACH ACCIDENT 5 ANY PROPRIETCR/PARTICE/EXECUTIVE OFFICER/MEMBER EXCLUDED? 1,000,000 E.L. DISEASE - EA EMPLOYEE S il yea, coacribe under SPECIAL PROVIDIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT OTHER DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
AN Francisco Taxicab Company, Insured Medallions are: #938, #1178, #1257, #1262 & #9093 he 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 ereunder. 10 Day Notice for cancellation of premium for non-payment. CANCELLATION CERTIFICATE HOLDER should any of the above described policies be cancelled beyone the

City and County of San Francisco Taxicab Commission 25 Van Ness Suite 420 San Francisco, CA 94102 EXPIRATION DATE THEREOF, THE ISSUING DISURER WILL ENDEAUGR TO MAN.

230 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,
BUT FAILURE TO MAN, SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY

OF ANY KIND UPON THE INSURAD, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZE FERNÍANT ANTONIO

07/31/2008 TO 07/31/2009 31 TAXI :OML

VEHICLE IDENTIFICATION NUMBER DATE FIRST SOLD BODY TYPE MODEL .

MERC 78 2004 200 2004 200 \$122 380 2001 C 03860 G 2

> POQUEZ ROBERT 2175 MARKET ST SAN FRANCISCO CA 94114-1321



W0024 R0044 L0044

143052020082202

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

кро-онжао OWNER. NEO-OIZM-F 0 SEZ INFORTANT MOTICE ON REVERSE SIDE

2175 MARKET ST

SAN FRANCISCO, CA 94124

STITA

ALLIANCE CAB \$ 2078

2003

AGENCY/COMPANY ISSUING CARD

例で

1380 EL CARON BLVD, SWITE 212

EL CACON, CA 92020

PUBLIC LIVERY INS SERVICES, INC

YEAR

POLICY NUMBER

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY

THIS CARD MEST BE REFT IN THE INSURED

VINIGLE AND PERSENTED UPON DEMEND

To your Agent/Company as soon as possible. Obtain the following information:

IN CASE OF ACCIDENT: Report all accidents

1. Name and address of each driver,

passenger and witness.

COMPANY NUMBER

POLICY NUMBER

西西

TRECOM/RENTER 10/12/07

ACENCY/COMPANY ISSUING CARD

FUBLIC LIVERY INS SERVICES, INC 1380 EL CAJON BLØD, SUITE 212 EL CAJON, CA 92020

CHARLISMI ALLIANCE CAR # 2078 AT TAS

2175 MARKET ST SAM FRANCISCO, CA 94114

SEE IMPORTANT NOTICE ON REVERSE SIDE

EMPIONAL INTERSTALE INSURANCE COMPANY
EMPECALIVE DATE

EMPIECALIVE DATE VEBICLE IDENTIFICATION NUMBER 10/12/08

2. Wame of Insurance Company and policy number for each wehicle involved.

(1/83)

THIS CARD MUST BE EDET IN THE INSURAD

VERICLE AND PRESIDED UPON DEMAND

ACORD 50

INSURANCE IDENTIFICATION CARD

COMPANY WUNDER CALIFORNIA

10/12/07

COMPANY

KATIONAL UNDERSTATE INSURANCE COMPANY
KATIONAL DATE

TRUENS/MANAT 16/12/08

VEHICLE IDENTIFICATION NUMBER

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

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

2 Wasse of Insurance Company and policy number for each vehicle involved

ACORD 50 (1/83)

RECUIVO 4 2008

JUN 0 4 2008

SAN FRANCISCO
JANI COMMISSION.

IN CALIFORNIA IN

COMMERCIAL DRIVER LICENSE

CLASS: B ENDORS: P



MISTHS Y INTONO

SAN FRANCISCU CA 94121

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

RSTR: 48 64 74

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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

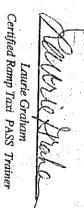


This certifies that

Anatou Sn.

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

Cheryl Damico
Certified Sensitivity PASS



Qualified

Certificate # 2265



JUN 0 4 2008 SAM TRANSCISCIO

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) VINCENT BERNARD MIERT	 ESKI		daljion Applying for: Regular □ Ramp
Residence Address (Street Address, City, State, Zip) Mailing Address (If different than residence address)		94134	
Residence Phone Number: (415) Hours Available at this Number: 9:00 A.M 2	Altern	ate Phone Number: (415) (2:00 PM - 11:00 PM.
California Driver's License Number / Expiration Year Color of the second of the secon	Date of Birth Height / Wei	ght / C/ Eye Color W	Place of Birth BROOKLYN, NEW YORK
CAVCAS JATV (MV F Color Scheme / Business Name DESOTO CAB CO.	6-00	gnt / 85 Eye Color	HZL Hair Color Business Number (415) 970 - 1300
Color Scheme / Business Address (Street Address, City, State, Zi 555 SELBY ST, SAN FRAN	• •	4124	
Are you a U.S. Citizen?	Driver Permit?	n active driver and hold Yes □ No it was issued: 12/1	a current Public Passenger Vehicle 8/07 Permit #:P44-019560
Facts which show why the public will not be action I HAVE BEEN A TAXI DRIVE HAVE OVER 20 YEARS EXPENDED.	equately served unles	ss this permit is gran	ted: (attach additional pages if needed)
EXPERIENCE I KNOW HOW	DIFFICULT I	T IS TO G	ET GOOD TAXI
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RADIO CALLS PER SHIFTAN NEIGHBORHOODS TO SERVICE I	ud OFTEN W	ILL DRIVE	OUT TO OUTLYING
IMPROVING TAXI SERVICE	IN SAN FR	ANCISCO .	THE GRANTING OF
THIS PERMIT TO ME W GOALS AND BETTER SE			RESPONSE TIME

Notice Date Revised 10/2/06

Received by: 101

and the second second	I have driven a Police Code Se			ancisco and I me∈ ⊒ No	et the current y	ear's driving re	equirement pursua	int to SFP	D Munici	pat
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Section Part		Γο Date	Company Name		Address (Street	Address, City, Stat				
Is your eyesight impaired?	Fallure to provide t		lative to prior co	nvictions, guilty ple	as or not contes		Attach a considered cause to	dditional pag	es if neede	
Is your eyesight impaired?	Offense		Date	Place	or Arrest		Disposition			
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 No No No No No No N	Is your eyesight i	mpaired? □ Y		rsightadnass com	ected by everi	asses		impaired?		
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As a taxi driver or chauffeur? MYes No Sexual Sexu	Are you now, or h Addicted to the us	ave you ever be se of intoxicatin	een,	Yes ☑No If yes, ha	Al	ny Narcotic Dre	ug? □Yes	M No		иÑо
ORDERS TO PROVIDE SERVICE TO CUSTOMERS URDERING TAXI	as a taxi driver or If you are granted If yes, explain hov	chauffeur? a taxicab pern v you will use a	nit, will you use	or provide 24-ho	our radio dispa	tch service?	☑Yes □No g radio cab compa	any, detail	informat	ion
No. 1. In Contract to the state of the state	T WILL ORDERS SERVICE	TO PR	OVIDE S	ERVICE	To cu					()

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? Read each section and sign initials to the left of each section if you agree and understand. 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. Understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is 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. 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. A	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
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 understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted. 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 provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted. have read all of the above statements and declare under penalty of perjury that they are correct. Executed on this I was a San Francisco, California.	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
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 understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted. 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. have read all of the above statements and declare under penalty of perjury that they are correct. Executed on this Agy of	Read each section and sign initials to the left of each section if you agree and understand.
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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. The permit if granted all of the above statements and declare under penalty of perjury that they are correct. Executed on this 1977 day of 144 y . 20 08 at San Francisco, California.	permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or necessary incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or
Executed on this 19 TH day of 114 y , 20 08 at San Francisco, California.	iny 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
Executed on this 19 TH day of 11AY , 20 08 at San Francisco, California. Wineed Bernard Greyelis Signature of Applicant	have read all of the above statements and declare under penalty of perjury that they are correct.
Vincent Bernard Herzelin Signature of Applicant	xecuted on this
Signature of Applicant	Vincent Bernard Meyerli
	Signature of Applicant

AIN 0 \$ 2008

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

NEW COLOR SCHE	ME CHAN	GE OF COLOR SCHEME - From	:
• •	TIFICATE OF WORKER'S COMPE		BURANCE CARD WITH THIS APPLICATION.
		EARLY - COMPLETE ENTIRE F	
Applicant's Name (First, Middle, L.) VINCENT BERN	ARD MIERTESKI		(415)
Residence Address (Street Addres	ST., SAN FRANC	ISCO, CA 94134	
Joint Applicant's Name (First, Midd	le, Last)		Phone ()
Residence Address (Street Addres	s, City, State, Zip)		
Is this a Corporate perm	t? No Yes If yes, !	Name of Corporation:	
Business Name DESCTO CAB C Medallion Number(s)	Business Address (SI) O . 555 SELBY	ssion, list what your business name, acreel Address, City, State, Zip) ST., SAN FRANCISCO, CA 94	Business Phone
Please list the reason(s)	why you are requesting this	medallin to company name	red selw.
			S. I ALSO WORK AS AN ORDER
			HAVE TO CONTINUE TO MAIN TA
		- SERVICE COMPANY WITH I	_
			RVICE AND BEST CUSTOMER
			TO AND CONTINUE TO IMPRO
		RESIDENTS OF SAN FR	
· ·		4.5 (·
I (We) certify (or declare) und	ler penalty of perjury under the	laws of the State of California that the	foregoing is true and correct.
Executed this 19 TH	day of MAY	, 20 <u>08</u> a	at San Francisco, California
VINCENT BERVAR	D MIERTESKI ne of Applicant	Lineal Berns	and theyelds
	HORECOMPLEXED!	BY ACCEPTING COLOR SCHEM	
Name of person authorized to sign for	Color Scheme Holder:		Title:
CINDY L. W	ARD		GENERAL MGR
I, the Color Scheme Holder / pers	on authorized to sign for the Color S	Scheme Holder for DESOTO	CAB Co. Taxicah Color Scheme
hereby give consent to the applic	ant named to use my color scheme.		
I certify (or declare) under penalty	of perjury under the laws of the Sta	ate of California that the foregoing is true an	nd correct.
Signature of Color Scheme Holde	r / person authorized to sign for Color Scheme F	folder	Date
<u> </u>	OFF	IGEIUSE: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



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

June 4, 2008

JUN 0 4 2008

经过期进程的的 DATE CONTRACTS

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

NG

р.3



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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2008

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

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

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

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

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

AUTHORIZED REPRESENTATIVE

PRESIDENT

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

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

JUN 0 4 2008

EMPLOYER

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

M0409

PRINTED : 03-18-2008

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Ez.	Fin	anc	cial Services		ALTED TH	COVERAGE AF	FORDED BY THE POLICE	IFS BELOW.
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			ı View CA 94043					
Ph	one	: 6.	50-856-2120 Fax:6	50-856-3971	INSURERS A	FFORDING COVE	RAGE	NAIC #
INSU	RED				INSURER A:	Northfield	Insurance	
					INSURER B:	Mercury Ins	surance Company	27553
			DeSoto Cab Coopera	ative Inc.	!			
			Cindy Ward		INSURER C:			
			555 Selby Street San Francisco CA 9	34124	INSURER D:			
			San Francisco CA 3	74124	INSURER E:			
~~	VER/	VCE	8			1		
				VE BEEN ISSUED TO THE INSURED NAME	D ABOVE FOR THE PC	LICY PERIOD INDICAT	ED NOTWITHSTANDING	
		1000	CUCKET TERM OR COMPITION OF ANY	Y CONTRACT OR OTHER DOCUMENT WIT	H RESPECT TO WHIC	RITHIS CERTIFICATE N	NAY BE 1220ED OK	
1.4	AY PER	TAIN	I: THE INSURANCE AFFORDED BY TH	IE POLICIES DESCRIBED HEREIN IS SUBJ	EGT TO ALL THE TERM	AS, EXCLUSIONS AND	CONDITIONS OF SUCH	
P	DLICIE	S. AG	GREGATE LIMITS SHOWN MAY HAVE	E BEEN REDUCED BY PAID CLAIMS.				
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\mathtt{PL}	EAS!	e r	EFER TO THE ATTACH	HED LIST OF SCHEDULED	MEDALLION:	> •		
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CO.	MMT.	SST	ON OF THE CITY AND	COUNTY OF SAN FRANC	ISCO AND A	LL THEIR OF	FICERS	
				ADDITIONAL INSURED.				
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CEF	TIFIC	CATI	E HOLDER		CANCELLATION			
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			25 VAN NESS AVENCE SAN FRANCISCO CA 9	4102	REPRESENTATI	res //		
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				· ·	Paul Batm	nale		

ACORD 25 (2001/08)

© ACORD CORPORATION 1988

JUN 0 3 2003



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



DAY CALIFORNIA DAY

DRIVER LICENSE

CLASS: C



VINCENT BERNARD MIERJESKI

ı134

SEX:M HT:6-00

HAIR:BRN WT:160 EYES:HZL

CHOR had Thisle

RB FD/13

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) IGOR VLCICIMIROV: CH IROUB	Type of Medallion Applying for: □ Ramp
Residence Address (Street Address, City, State, Zio)	
Mailing Address (If different than residence address)	Y CITY, CA, 94015
Mailing Address (if different than residence address) SamE address	
Residence Phone Number: (650) 992 - 912Z	Alternate Phone Number: (415)
Hours Available at this Number: GNY 7/MF Social Security Number Other name(s) used	Hours Available at this Number: affec 2 " any day
Social Security Number Cities Harrie(s) used	
California Driver's License Number / Expiration Year 0 5/0 5 / 1 0	of Birth , / - ? Place of Birth BRYANSK , RUSSIA
Race (Optional) WhitE Sex Height (M) F 5(3)	Weight Eye Color Hair Color BLACK
Color Scheme / Business Name	Business Number
LUXOR COB COMPANY Color Scheme / Business Address (Street Address, City, State, Zip)	(415) 282 - 4141
LUXOR CGBS 2230 JEV	old AV. San Francisco, (A, 94124
Are you a U.S. Citizen? ☐ Yes ☐ No, If No, write the Alien Reside	ent Card Number:
Are you currently an active driver and hold a current Public Passen. If Yes –Date permit was issued: 1993 Permit:	ger Vehicle Driver Permit (A-Card)? XYes ☐ No #: P44 -044900
Has this permit ever been revoked? ☐ Yes ☐ No If yes	, explain:
Please describe why the public will not be served properly if the served properly is the served properly if the served properly is the served properly if the served properly is the served properly in the se	his medallion is not granted (attach additional pages if necessary):
Since 1993 For this years I he	
chients around this becititu	
oust once service for all of	71
a Long client's List Full	27 -
Who calle ME When they	are IN MEED OF TOXI
SERVISE. IN addition 4.	have noticed that we are
IN NEED OF MORE CARS O	specially during busy days.
IN NEED OF MORE CARS OF GETTING THIS MEDDIALION THE 15 YEARS OF MY HAV	would BE an award For
the 15 years of my har	of work as a taxi driver.
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OFFICE USE ONLY	Property of the second	Service Constitution
Received by ST5930 Amount Date 1997		od jest en de nye. Vyrsy set etter
Notice Date: Hearing Date: 418760 CON O		
Updated: May 21, 2008, G:\Medaltion\Applications_Forms & templates Med Application\PCN Application-3pg.doc	777 F. Billy	Page 1 of 3

I have driven a taxicab in the City of S Police Code Section 1121(b).		et the current year's driving re	quirement pursuant to SFI	PD Municipal
List residence addresses for last five y From Date To Date Residence 2000 2008	e Address (Street Address, Ci		DALY CI	74.
How long have you lived within a 30 mile radius of Francisco? / 6 yearsmonths	Francisco? /	iving experience do you have in San	Are you physically qualified to disafely?	rive a standard vehicle
List employment for last five years (List From Date To Date Company 2502 2005 LC	Name	onal pages if needed) Address (Street Address, City, State 2230) 27 SAM FRANC15	e, Zip) OLC AV, U94124	Type of Work DriveR
Have you ever been convicted of, or ple		•	(Attach additional p	ages if needed)
Offense	Date Place	e of Arrest	Disposition	·
		-		
Do not include ordinary nearsightednes	 		Is your hearing impair ☐ Yes ☐ No	ed?
Do you have any physical impairmen				
Have you ever had: Epilepsy Are you now, or have you ever been, Addicted to the use of intoxicating lice		Vertigo ☐ Yes ☑ No o Any Narco	\\\\\\\\\	□Yes ☑No
Were you previously a medallion hole If yes, was the medallion permit ever			□No	

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Yes \square Yo
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 COB 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 you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar 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.
<u>i</u> . <u>i</u> . I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/o permit. There are copies of the San Francisco Municipal Code available at City Half, The Public Library, Legal bookstores and on-line at <u>www.sfgov.org</u> . 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 of 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 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, 20 08 at San Francisco, California.
Executed on this
Signature of Applicant

JUN 0 3 2008

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

	• • • • • • • • • • • • • • • • • • • •		
		ARLY – COMPLETE ENTIRE F	
Applicant's Name (First, Middle, Las	i a de Mannal	n TRaub	Phone (650)
Residence Address (Street Address.	City, State, Zip)	H INGGE	
, -	; ^	OC DAIN GITH	CA QUAIK
Mailing Address, if different from abo	ve (Street Address, City, State, Zip)	or DALY City	, 011 , 5-1015
-	THE SAME	us us	
If this color scheme request	t is granted by the Taxicab Comr	mission, list what the taxi company na	me, address and phone number will be:
Name of Taxi Company	Business Address of T	axi Company (Street Address, City, State, Zip)	POLATOR CA Chillia
Business Phone	Medallion	Ye for the State of the following the follow	Randsco CA Sy124
(415) 282 -414	1		Gas & Gate
•			☐ Long Term Lease
necessarv):	,		company (attach additional pages if
I have work	ved for Lu	(or cal For at	out 7 years Luxor is revusue Coustomers only For of service. Veat repotation
ind coin compe	are with oth	elf COMPONIESE.	- LUXOR IS FRUUBLE
MARANI WELL	Great Service	MAIN OF MU	CHITOMETS ONLY.
Coll Laxon	COAS WHEN	+400 010 W/ 8=	EL DE SOME
Turk Tanton	aps with	Sout no me	Fa or serve.
FUXUR WUS	THOUGH INAPPE	intent auce g	VXC11 7-6019710
Executed on		the State of California that the foreg	_
		ACCEPTING COLOR SCHEME	ONFAxxxxxxxxxxxxxxxxxxxxxxx
Name of person authorized to sign	n for Color Scheme Holder:		Title:
JOHN	WIM		President
		/	60 (60
I, the Color Scheme Holder / person	on authorized to sign for the Color s	Scheme Holder for	Color Scheme Name
hereby give consent to the applica	nt named to use my color scheme.		Odioj Odnama Wanie
I certify (or declare) under perhalty	of perjury under the laws of the Sta	ate of California that the foregoing is true	and correct.
1/1/2/		(-)	200
Signature of Color Scheme Holder / per	son authorized to sign for Color Scheme	e Holder Date	1
		- · · · · · · · · · · · · · · · · · · ·	
- //			and producting the second of the second
Agenda Notice Date	**************************************	ICE USE ONLY*************** Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted 2 6 2000
		Amount	
Received by:	Receipt No.	Annunt	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

JUN 6 8 2000

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

DARAM

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;

ADDITIONAL INSURED; INSURER LETTER:

SFPD Permit Sect #458 Hall of Justice 850 Bryant St Taxi Cab_|Detail Attn: Taxi Detail San Francisco, CA 94103 CANCELLATION Ten Day Notice for Non-Payment of Premium SHOULD ANYOF THE ASOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30. DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDERNAMED 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

DARAM® ACORD CORPORATION 1988

EACH OCCURRENCE

E.L. BACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

AGGREGATE

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JUN 6 & 2008

OTH

EXCESS LIABILITY

OCCUR

DEDUCTIBLE

RETENTION S
WORKERS COMPENSATION AND

EMPLOYERS' LIABILITY

(See Attached Descriptions)

CERTIFICATE HOLDER

OTHER

CLAIMS MADE





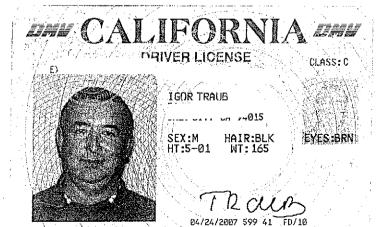
ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR PUBLIC PASSENGER VEHICLE DRIVER

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





PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

MICHAEL M. FARHUGGIA	Type of Medallion Applying for: ☑ Ramp
Residence Address (Street Address, City, State, Zin)	LAND, CA 94607
Mailing Address (If different than residence address)	
Residence Phone Number: (AIC) Alternate Phone	e Number: ()
	e at this Number:
O76-70-7294 Other name(s) used	
California Driver's License Number / Expiration Year 2008 Date of Birth 9-17-	Place of Birth
Race (Optional) WHITE Sex Height 5'10' 150	Eye Color BROWN
Color Scheme / Business Name	Business Number
SPECIC CAR COMPANY (APICOW CAR) color Scheme / Business Address (Street Address, City, State, Zip)	(415) 6483181
2501 MARIN ST SAN FRANCISC	CO, CA 94124
re you a U.S. Citizen? ☑Yes ☐ No, If No, write the Alien Resident Card Number	:
re you currently an active driver and hold a current Public Passenger Vehicle Driv	
Yes -Date permit was issued: 1993 Permit #: 452	spended for about I week - fewl
las this permit ever been revoked? ☐ Yes ☑ No If yes, explain: ♣ Change Company Company	"Safeguars Found fraperty" (HAP
lease describe why the public will not be served properly if this medaliion	is not granted (attach additional pages if necessary
See attached	
Sel attache è	
See attache è	
See attache è	
Sel attache è	
See attache à	
See attached	
Ser attached	
See a Hached OFFICE USE ONLY Receipt No Amount 275025 V200	

I have driven a taxicab in the Police Code Section 1121(b).	City of San Francisco and I meet the current year's driving requirement pursuant to SFP	D Municipal		
List residence addresses for Is From Date To Date JAN 08 - PLESENT	ast five years (List most recent first, attach additional pages if needed) Residence Address (Street Address, City, State, Zip) OAVLAND CA 94607			
JUNE OB JAN OB	244 CAPP ST SAN FLANCISCO CA 94110			
JUNEOS FEB OL	625 BUSH ST SAN FRANCISCO GAIDBILL	/12000		
JAN 04 MAY 05	1318 DOLONES ST SAN FRANCISCO ICA 94170			
1996 DEC 04	238 CAPP ST SAN FLANCISCO CA 94110			
How long have you lived within a 30 mi Francisco?	Francisco? Safely?	ve a standard vehicle		
List employment for last five ye	ears (List most recent first, attach additional pages if needed)			
From Date To Date	Company Trains	Type of Work		
WAY OF breven	AFFOW CAB 2501 MAKIN ST, CA 94124	TAXI		
2000 20045	Alma CAR	TANK		
1998 2000	TOWN TAXI VAMOUS	TAXI		
1993 1997	LUXOR CAB CO 2250 JERROLD SF, CA 94124	(47)		
1000				
1992 - PRESENT	SELF EMPLOYED WOODWORKING - VAROUS LOCATIONS			
1	of, or plead guilty or No Contest to any crime? Yes WNo If yes, provide the information (Attach additional page elative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the page 1	es if needed)		
Is your eyesight impaired? [Do not include ordinary nearsig	ls your hearing impaired leading impaired lea	d?		
Do you have any physical im	pairments? ☐ Yes ဩNo If yes, describe the impairment:	I I II WANG A PUNCH AND PUNCH AND PUNCH A STORY		
Have you ever had: Epile		□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 medal If yes, was the medallion perr	lion holder? ☐ Yes ☑ No nit 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? Pyes 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
WHILH USES A 24-HOUR MANNED 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.
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 understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
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 Wy, 20 08 at San Francisco, California.
mke.
Signature of Applicant



Please describe why the public will not be served properly if this medallion is not granted.

I'm not exactly sure what "served properly" fully means. However, after being a San Francisco taxicab driver for some 15 years, there are some things I know for sure:

- Most of the taxi drivers work hard and try to make as much money as they can in a shift.
 In other words, they try to pick up as many fares as possible.
- 2) Some of the public is not happy with the availability of taxis in San Francisco. Comments like, "It's not like in New York..." are often heard.
- 3) Therefore, any additional cabs on the streets of San Francisco will *properly serve* the public.

If I am being asked if the public will not be served properly if this medallion is not granted to me, then I would say, absolutely! Every day that I drive – without exception or exaggeration – I get compliments on my driving, knowledge of the city, clear and articulate communication, and/ or even-keeled demeanor. This is in part reaction to the previous drivers that my passengers have ridden with and partly because I am the best. I believe I raise the bar on the definition of what serving the public "properly" is and should be considered.

Mike Farruggia

JUN 0 4 2005

AMERICAN STATES

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) Phone FARMULLIA MICHAEL Residence Address (Street Address, City, State, Zip) 94607 DAK LAND CA 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 Business Address of Taxi Company (Street Address, City, State, Zip) SAN FRANCISCO, CA 94124 AMOUN MAPIN ST Business Phone Medallion Number Gas & Gate 970 Oall ☐ 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): PEOPLE. OVER THE PAST EIGHT YEARS I HAVE BELOME FRIENDS WITH MANY OF THE DRIVERS AND OTHER EMPLOYEES DISPATULE TOO. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 20 DB ___ at San Francisco, California. Print Name of Applicant Signature of Applicant MARILYN STECK-45-970-1104 I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for hereby give consent to the applicant named to use my color scheme. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date New Declaration Signed Agenda Notice Date Hearing Date Decision of Taxicab Commission

Paint Chips Submitted

Amount

Photos Submitted

Date

Worker's Comp Submitted

Received by

Insurance Submitted

Receipt No.



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
01-01-2008/01-01-2008

SAN FRANCISCO TAXI CAB COMMISSION 25 VAN NESS AVE STE 420 SAN FRANCISCO CA 84102-8055

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 after the coverage afforded by the policy (isted 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.

`)

SUTHORIZED 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 84124

NΑ

PRINTED : 12-16-2007

M0409

INSURANCE IDENTIFICATION CARD

STATE CA

COMPART HUMBER

COMPANY

27553

Mercury Insurance Company EXPIRATION DATE EFFECTIVE DATE

POLICI MUNICEE

09/01/07

09/01/08

YEAR

MAKE / BODIEL

VEHICLE INDSTITUTATION NUMBER

SCHEDULE

VEHICLES

ASSECT/COMPART ISSUES CARD

Y. A. Tittle Insurance

Paul Batmale 650-856-2120 THEURED

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

San Francisco

CA 94124

COVERAGE MINISTER LIABILLITY INCOPANCE PRESCRIPED BY LAW

CSR TG

THIS CAPD MUST BE KEPT IN THE INSCREED ABELCINE WITH AKERBALED ABON DERIVED

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

- 1. Hama and address of each driver, passenger and witness.
- I, Hame of Insurance Company and policy number for each vehicle involved.

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 6 4 2008 igana. Sa Kangahaliki

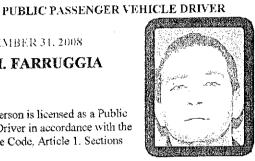


ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

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



EHE CALIFORNI

DRIVER LICENSE EXPIRES

CLASS: C M1



MICHAEL M FARRUGGIA

.....CO CA 94110

SEX:M HT:5-10 HAIR:BRN WT:150

RSTR: CORR LENS

02/13/2007 503 C7 FD/08

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

VAXI COMMISSION Page 1 of 3

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
Danil Levi	⊠ Regular □ Ramp
Residence Address (Street Address City State, Zip)	104 Gi 112
Mailing Address (If different than residence address)	and of Com
7.1.20	
	Number: (415)
Social Security Number Other name(s) used	at this Number: CUTY 45 MC-
1/A	
1 10 10 10 1 10 1 1 1 1 1 1 1 1 1 1 1 1	Place of Birth AzerBaijan, Baku
Race (Optional) White Sex Height 3-07 Weight 165	BRW BRW
Color Scheme / Business Name	Business Number
S.F. Taxi-Cab CO. Color Scheme / Business Address (Street Address, City, State, Zip)	(415) 920-0709
2121 Evans St. San Francisco la gu	÷124
,	,
Are you a U.S. Citizen? Yes No, If No, write the Alien Resident Card Number:	
Are you currently an active driver and hold a current Public Passenger Vehicle Drive	er Permit (A-Card)? ŽYes ☐ No
If Yes -Date permit was issued: 2008 Permit #: P44-C	47501
Has this permit ever been revoked? ☐ Yes 📜 No If yes, explain:	
Please describe why the public will not be served properly if this medallion i	s not granted (attach additional pages if necessary):
- I have been a taxi-cas deiver R	or 17 years and el
have a record of excellent servis	Α .
	٠. د و. و.
Sanfrancisco reeds more taxis for	
Issante of additional permits	is going to serve
the public properly	
OFFICE USE ONLY Receipt No. Amount A	Dale
	Control of the Contro

Notice Date:

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☐ Yes ☐ No
List 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) LIGHT SCHOOL CAGINETICS Residence Address (Street Address, City, State, Zip) LIGHT SCHOOL CAGINETICS
How long have you lived within a 30 mile radius of San How many years driving experience do you have in San Are you physically qualified to drive a standard vehicle Francisco? Francisco? Francisco? Francisco? Francisco?
17 yearsmonthsmonths
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 1994 PRESENT THISS SAN FRANCISCO CAGUAR
Casegies
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? XYes □ 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 Kide 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?
Read each section and sign initials to the left of each section if you agree and understand.
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.
permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
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 day of day of, 20 at San Francisco, California.
Devel Danil Levi
Stonature of Applicant

RECEIVED

JUN 0 5 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.

			' - COMPLETE ENTIRE	FORM
	e, Last) Sanil L	evi		Phone (415)
Residence Address (Street Ad	idress City, State, Zip	Sell Scale State State	n flancisco,	CA 94112
Mailing Adoress, it directers to	m above (Street Audress, 1	City, State, Zip)		
Name of Taxi Company	Bus	siness Address of Taxi Com	n, list what the taxi company n pany (Street Address, City, State, Zip ST: SF: 9 4/124	
S.F. TAXI- CA Business Phone (415) 920-0	709	Medallion Numbe	· ·	Owner / Operator Gas & Gate Long Term Lease
necessary):				i company (attach additional pages
and going	by environ	nment I'd	life to work	es a frogestional cuith people,
		<i>, </i>	4	RECEIVA
				JUN 0 5 2008
l certify (or declare) under	penalty of perjury un	der the laws of the St	ate of California that the fore	SAN FRANCISCO going is thug and wall SEON
Executed on Can'L Print Name of Applicant	Levi Levi	-	30 08 ·	at San Francisco, California.
*********	******TO BE COM	PLETED BY ACCE	200	EONLY**********
Name of person authorized to		∍ Holder:		Title: OWNER
the Color Scheme Holder /	person authorized to sig	gn for the Color Scheme	Holder for S.F. TA	-XI-CAB CO. Color Scheme Name
ereby give consent to the ap				
Jack &	nalty of perjury under the		alifornia that the foregoing is true OG O3 Date	and correct.
<u>/</u>	<u> </u>			
genda Notice Date	**************************************	**************************************	SE ONLY************************************	New Declaration Signed

Paint Chips Submitted

Amount

Photos Submitted

Date

Worker's Comp Submitted

Received by:

Insurance Submitted

Receipt No.

	al cerimi	JAIC UT LIAC	ILII T IIV	UNANU		02/29/20	าดร	
	GER (619)702-7022	FAX (619)593-2176	THIS CER	TIFICATE IS ISS	UED AS A MATTER OF	INFORMATIO		
	ublic Livery Insurance Serv	•	ONLY AN	D CONFERS NO	RIGHTS UPON THE CI	ERTIFICATE		
M	ichael E. James Ins. Agency	<i>t</i> .	ALTER TH	HE COVERAGE	ATE DOES NOT AMENI AFFORDED BY THE PO	J, EXTEND OF LICIES BELOY	ξ W	
	380 El Cajon Blvd Ste 212						• • •	
	1 Cajon, CA 92020-5760		INSURERS	AFFORDING CO	VERAGE	NAIC #		
INS	URED S.F. Taxi Cab Company		INSURER A:	INSURER A: Lincoln General Insurance Compan				
	Medallion# 206,313,661,		INSURER B:					
	3450 Geary Blvd Ste 100		INSURER C:					
	San Francisco, CA 94118		INSURER D:	INSURER D:				
			INSURER E:					
	VERAGES							
A N	HE POLICIES OF INSURANCE LISTED BEI INY REQUIREMENT, TERM OR CONDITION MAY PERTAIN, THE INSURANCE AFFORDE POLICIES. AGGREGATE LIMITS SHOWN M.	NOF ANY CONTRACT OR OTHER ID BY THE POLICIES DESCRIBED	R DOCUMENT WITH F D HEREIN IS SUBJEC	RESPECT TO WHIC	'H THIS CERTIFICATE MAY	PERSONAN		
INSF	ADO'L TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YY)	L[M]	rs		
	GENERAL LIABILITY				EACH OCCURRENCE	\$		
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Fa occurence)	s		
	CLAIMS MADE OCCUR				MED EXP (Any one person)	\$		
					PERSONAL & ADV INJURY	\$		
					GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC				PRODUCTS - COMP/OP AGG	\$		
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$		
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$		
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
					PROPERTY DAMAGE (Per accident)	\$		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	3		
	ANY AUTO				FAACO	\$		
					OTHER THAN AUTO ONLY: AGG	s		
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	S		
	OCCUR CLAIMS MADE			İ	AGGREGATE	\$		
						\$		
	DEDUCTIBLE					s		
	RETENTION \$			Ì	, , , , , , , , , , , , , , , , , , ,	\$		
	WORKERS COMPENSATION AND		10/12/2007	10/12/2008	X WC STATU- OTH- TORY LIMITS ER			
Α	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$ 1,000	,000	
	OFFICER/MEMBER EXCLUDED? If yes, describe under				E.L. DISEASE - EA EMPLOYEE			
	SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000	
	OTHER							
_{DESC} San	Francisco Taxicab Company,	s/exclusions added by endorse Insured Medallion(s)	MENT/SPECIAL PROVIS	ions 3. 661 780	1060 1227			
fhe	City and County of San Fra	ncisco, the Taxicah (ommission and	the Airmort	: Commission of :	tha City		
and	County of San Francisco an	d all of their office	ers. and emplo	vees are add	litional named in	une City		
	eunder.		,,	,	The state of the s	sur eu		
10	Day Notice for cancellatio	n of premium for non-	payment.		•			
CEF	RTIFICATE HOLDER		CANCELLATI	ON			******	
			SHOULD ANY C	OF THE ABOVE DESCR	IBED POLICIES BE CANCELLE	D BEFORE THE		
City and County of San Francisco				EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL				
				#30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,				
Taxicab Commission 25 Van Ness Suite 420			BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY					
				S AGENTS OR REPRESENTATI	VES.			
	San Francisco, CA 94102		AUTHORIZED REPR	Millelia	M			

PROMPT • COURTEOUS • HONEST



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

80 NUL 90

TO: S.F. TAXICAE COMMISSION 25 VAN NESS AVENUE SAN FRANCISCO, CA. 92102

TO WHOM IT MAY GONCERN:

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 INSUPANCE, INCLUDING WORKMAN'S COMP.

SINWCERELY,

JACK C. THAT

OWNER,

S.F. TAXI-CAB CO. (415) 571-1351 (第25)[2]

JUN 0 9 2008

COMPRISON PLAN

RECEIVED

JUN 052008

SAN FRANCISCO TAXI COMMISSION

DHU CALIFORNIA DHU

DRIVER LICENSE

CLASS: C



DANTI I FUT F SAN FRANCISCO CA 94112

EX:M HAIR:BRN T:5-07 WT:165 EYES BEN

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

