

## Agenda: Item 4

### Consent Calendar

All matters listed hereunder constitute a Consent Calendar, are considered to be routine by the Commission and will be acted upon by a single roll call vote of the Commission. There will be no separate discussion of these items unless a member of the Commission so requests, in which event the matter shall be removed from the Consent Calendar and considered as a separate item.

## Consent Calendar: Item A

Consideration of the Minutes from the August 26, 2008 Taxicab  
Commission Meeting



COMMISSIONERS TELEPHONE (415) 554-7737

PAUL GILLESPIE, PRESIDENT, ext. 3  
PATRICIA BRESLIN, VICE PRESIDENT  
RICHARD BENJAMIN, COMMISSIONER, ext. 1  
TOM ONETO, COMMISSIONER, ext. 6  
MIN PAEK, COMMISSIONER, ext. 7  
SUSAN SUVAL, COMMISSIONER, ext. 5

JORDANNA THIGPEN, EXECUTIVE DIRECTOR

## TAXICAB COMMISSION MINUTES

August 26, 2008 at 6:30 p.m.  
City Hall, 1 Dr. Carlton B. Goodlett Place  
Room 400

**STAFF IN ATTENDANCE:** Executive Secretary Tamara Odisho Benjamin – Taxi Commission, City Attorney Tom Owen, Sergeant Ron Reynolds- SFPD-Detail

**1. Call to Order/Roll Call**

- **Roll Call:** Com Benjamin, Vice President Breslin, President Gillespie, Com Oneto, Com Slaughter and Com Suval **Absent:** Com Paek

**2. Staff Report and Commissioner Announcements [INFORMATION]**

- **Executive Director Jordanna Thigpen:** Overview of staff report.
- **Com Oneto:** Why did Board of Appeals set an ADA policy for the drivers on the medallion waiting list?
- **Executive Director Thigpen:** The Commission's ADA policy only applies to medallion holders and stated on the record that the Board does not have the authority to make that accommodation.
- **No Public Comment**

**3. Consideration of Amendment to Rule 5.G.4, Vehicle Age [ACTION]**

- **Executive Director Thigpen:** Overview of the item.
- **No public comment**
- **Com Oneto:** Motion to approve resolution.
- **Com Benjamin:** Second motion.

**AYES:** Benjamin, Breslin, Gillespie, Oneto, Slaughter, Suval

**NO: 0**

**ABSENT:** Paek

**RECUSE: 0**

**4. Consideration of Proposed Rule 5.H.18, Requiring Designated Managers for Color Schemes [ACTION]**

- **Executive Director Thigpen:** Overview of the item.
- **Public Comment:**
- **Jim Gillespie:** Can we have more than one manager?
- **Executive Director Thigpen:** Yes and it specifically provides for that.
- **Jane Bolig:** Can we also have a temporary designee?
- **Executive Director Thigpen:** Yes

• **Pres Gillespie:** Would like to amend the reporting date from September 1, 2008 to September 15, 2008.

• **Com Oneto:** Motion to approve with amendment.

• **Com Breslin:** Second motion

**AYES:** Benjamin, Breslin, Gillespie, Oneto, Slaughter, Suval

**NO: 0**

**ABSENT:** Paek

**RECUSE: 0**

## 5. Consent Calendar [ACTION]

- **Executive Director Thigpen:** Remove items B1, B2, B3, B5, B6, B7, C1, all of D for further discussion.

### Public Comment:

- **Charles Rathbone:** Henry Marciano is a current ramp medallion holder and only short 24 hours because of misunderstanding of the ADA policy. He hasn't falsified any documents.
- **Ron Fishman:** No one understood the ADA accommodation under Tristan Bettencourt since it wasn't granted on a calendar year.
- **Tesfamariam Zemikael:** Has been driving for many years.
- **Jane Bolig:** Congratulations to Kathleen Hughes on receiving her medallion.
- **Tom Stanghellini:** Henry Marciano has been driving a ramp medallion for years and is a good driver. Commission should not be nit picking.
- **Barry Taranto:** Kathy Hughes great driver. Item E 4 is a ramp and is transferring to SF Taxi and does not have gas and gate.
- **Bob Vittha:** Marian Zaouk C-1 works in dispatch and is a good driver and provided a lot of service and should be considered.
- **Chris Sweis:** Tesfamariam Zemikael has been a driver for a long time and has been a full-time driver.
- **Gratch:** Bay Cab doesn't have legal right to use property and urges any color scheme changes be suspended until the situation is resolved.
- **Marty Smith:** Roger Cardenas does pay rent to David Van.
- **Pres Gillespie:** Willing to grant a continuance to B-2 Tesfamariam Zemikael.
- **Com Slaughter:** Reluctant to grant medallion on this basis. But has he been driving and has National lost these waybills?
- **Com Breslin:** Why doesn't National have waybills for either 990 or 496?
- **Com Oneto:** Ready to move on this item.
- **Tesfamariam Zemikael:** Has driven and submitted all waybills in the years driving.
- **Pres Gillespie:** Doesn't want to grant continuance unless you can clear this up with the color schemes involved. Must provide evidence at next meeting.
- **Com Oneto:** Motion to approve B 7- David Chan with the requirement that he retrains with PCC on wheelchair tie downs.
- **Com Slaughter:** Second motion.

**AYES:** Benjamin, Breslin, Gillespie, Oneto, Slaughter, Suval

**NO:** 0

**ABSENT:** Paek

**RECUSE:** 0

- **Pres Gillespie:** Item C1- Marian Zaouk long timer in the industry,
- **Marian Zaouk:** Has not driven enough hours over the years. Thought the key management exemption applied to her as well.
- **Com Suval:** Motion to remove C1- Marian Zaouk from the waiting list.
- **Com Oneto:** Second motion.

**AYES:** Benjamin, Breslin, Gillespie, Oneto, Slaughter, Suval

**NO:** 0

**ABSENT:** Paek

**RECUSE:** 0

- **Sergeant Reynolds:** Addresses item D1- B&W Checker. The location 2526 Marin Street has no fencing, retaining walls and is a carwash, not appropriate for parking taxis. Drainage for the area is in the carwash and both the fire and environmental departments would need to inspect and approve the site.
- **Keith Raskin:** 2560 Marin Street has been repaired within the last 6 months, fencing has been installed and drainage goes through the carwash system.
- **Gratch:** Need the space for the taxis. The lot at 999 Pennsylvania is marked and identified but space is limited and room is needed for spare vehicles.
- **Sergeant Reynolds:** Item D2- SF Taxi, hasn't been to the property in several months. But remembers no pavement, electricity, or drainage. Fire and environmental departments would need to inspect and approve as well.
- **Jack Trad:** 1600 Davidson is no longer dirt and has spent a lot of money restoring that site. Contract to use the property strictly prohibits washing of vehicles or oil changes.
- **Sergeant Reynolds:** Item D3, Mr. Brother's wants to park his vehicle at Fox Plaza due to health issues. But unfortunately this is a residential/ office space and is inappropriate.

- **Pres Gillespie:** Doesn't approve of taxis parking offsite or at home when belonging to a color scheme like Yellow.
- **Com Oneto:** Motion to not approve D3- Ronald Brothers to park offsite.
- **Com Slaughter:** Second motion.

**AYES:** Benjamin, Breslin, Gillespie, Oneto, Slaughter, Suval  
**ABSENT:** Paek

**NO:** 0  
**RECUSE:** 0

- **Pres Gillespie:** Continue items D1 and D2 for further investigation.

#### **SPECIAL ORDER 8:00 – 8:30 PM**

##### **6. Public Comment (Please limit public comment to items NOT on the agenda)**

- **Barry Taranto:** Staff should have workshop for drivers to fill out waybills. Dispatchers should be eligible but rules are rules. Staff doing a great job under Jordanna.
- **Emil Lawrence:** Waybill system is obsolete. Digital copies can be easily emailed to the Commission. Spare is running out at the companies.
- **Bob Vitcha:** Drove cab in NYC for 12 years and parked on the street. Cannot understand why people are complaining. Taxis are common conveyances.
- **David Pilpal:** Staff should enforce public to bring packets back to the table. Item 9 should mention the Board of Supervisors' resolution urging the Commission to make a ruling on the issue.
- **Masoud Chasouli:** Was removed from the waiting list because the Commission had the wrong mailing address. Should be reinstated.
- **Director Thigpen:** Will allow him to come to the office and reapply under Daly/ Ma.
- **Jane Bolig:** Congratulation to David Chan for receiving a medallion. Hopes there's a way to satisfy the alternate parking issue for Mr. Brothers.
- **David Schnider:** UTW represents the spirit of the American labor movement.
- **Mohammed Booya:** Hotels have limos and see them taking over even at the airport. When he calls the police at the airport, no one seems to respond
- **Zuhair:** UTW doesn't represent him. Need meter increase, many drivers have waybill problems.
- **Assad:** Gate was increased but nothing to help drivers. Damaging business. People are reluctant to take taxis if meter is increased.
- **Tariq Mehmood:** Waybills are being faked, gas prices are hurting drivers. UTW has been defeated multiple times and will not go away.
- **Carl Macmurdo:** Only alternative to waybill is a carbon paper copy.
- **John Han:** Should allow taxis to pick up and drop off at bus stops. No copies of the lease agreement have been distributed. A copy of the lease should be mandatory when the driver signs.
- **Ruah Graffis:** Every driver should get a copy of their contract. No free parking on street for taxis but are allowed legally up to 4 hours.

##### **7. Taxi Commission v. American Cab Co.: Disciplinary Hearing for Medallion # 82 for Violations of 4.A.1, 4.A.3, 4.A.4, 4.C.1, and MPC § 1124 [ACTION]**

- **Executive Director Thigpen:** Overview of item. The medallion has reverted to gas and gate addressing the multiple layers issue.
- **Simon Wong:** All the American Cab Company medallions are now gas and gate.

##### **Public Comment:**

- **Charles Rathbone:** Terrible that this occurred but all the corporate medallions are now gas and gate.
- **Thomas Stanghellini:** Medallion has been suspended for 70 days and is now gas and gate, the issues are now resolved and the medallion should be back on the street.
- **Com Slaughter:** Motion to lift suspension on medallion #82
- **Com Breslin:** Second motion

**AYES:** Breslin, Gillespie, Oneto, Slaughter, Suval  
**ABSENT:** Paek

**NO:** 0  
**RECUSE:** Benjamin

##### **8. Hearing for Clarification of Ownership and Management Status of Delta Cab Company [DISCUSSION AND POSSIBLE ACTION]**

- **Executive Director Thigpen:** Overview of the item.

- **City Attorney:** Permit has been held by one person and the commission can hold a hearing. But nothing can be done until a transfer of permit is applied for.
- **Com Slaughter:** Commission should treat David Van as owner. This case should be brought to civil court to be decided.
- **Sergeant Reynolds:** Doesn't want and can't get involved in the civil actions. Concern is for the drivers affected by this, similar to Worldwide and Union. Color scheme is not running properly and will be addressed by staff at a later time.

(No action taken)

#### 9. Consideration of Resolution Urging San Francisco Taxicab Companies Not to Require the Collection of Deposits and Prepayments from Drivers [POSSIBLE ACTION]

- **Com Breslin:** Has the commission setup a meeting with EDD? We should hear from them before voting on this resolution.
- **Executive Director Thigpen:** Anticipates someone from EDD coming to a taxi commission meeting.
- **Com Oneto:** The resolution only urges the company not to proceed, it's not a directive. At last Commission meeting, we agreed to support that.
- **Com Benjamin:** Comments made have not been from drivers who say they do not want this policy to move forward.
- **Com Slaughter:** Needs more clarity on the issues and can't pass the resolution as it stands. If it is illegal the taxi commission need not take a stand on the issue.

#### Public Comment:

- **Ruach Graffis:** At UTW meeting frantic drivers showed receipts they were being charged twice.
- **Emil Lawrence:** American charges \$20 prepayment per shift. Yellow uses cash string for administrative fees.
- **Bill Mounsey:** Thought Pres Gillespie would recuse from commenting on this issue. Knows people who've paid upfront and not got back any money. Why does Yellow want to do this?
- **Mauro:** Recently left Yellow after being there for 13 years. Drivers paying 4-5 days in advance. Brazilian drivers afraid to come to speak before the commission on fear of losing their jobs. Hard to find shifts at other companies, no where else to go.
- **Mark Gruberg:** What more could the Commission need to vote on this? Board of Supervisors already passed the resolution.
- **Jane Bolig:** There's a lot we do not know. Yellow SJ charged 7 million for back taxes and Yellow SF is trying to save gas and gate, not destroy it.
- **Richard Weiner:** Yellow has backed off and is using a section of the lease to be able to collect payment, nothing new. Doing what we need to stay in business. Of the 998 drivers, not many are complaining.
- **Barry Taranto:** Interesting banter between driver representative and union representative. DIR showed the commission what it needed to see.
- **Jim Gillespie:** No other city in the country has gas and gate.
- **Com Oneto:** Motion to adopt resolution:
- **Com Suval:** Second motion

AYES: Oneto, Slaughter, Suval

NO: Benjamin, Breslin, Gillespie

ABSENT: Paek

RECUSE:

- **Executive Director Thigpen:** Motion fails.

#### 10. Consideration of Resolution Urging the Governor to Sign SB 1519 [ACTION]

- **Executive Director Thigpen:** Overview of the item

#### Public Comment:

- **Richard Weiner:** Out of town Yellows are a problem and we hope this will remedy the issue.
- **Com Oneto:** Motion to approve this item
- **Com Slaughter:** Second motion.

AYES: Benjamin, Breslin, Gillespie, Oneto, Slaughter, Suval

NO: 0

ABSENT: Paek

RECUSE: 0

#### 11. Adjournment – 10:30 pm

## Consent Calendar: Item B

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

<b>Applicant:</b>	<b>List #:</b>	<b>Color Scheme:</b>	<b>Medallion Type:</b>	<b>Police Background Check:</b>
1. Tesfamariam Zemikael <sup>1</sup>	1337	Royal Cab	Alt. Fuel	Pending Clearance
2.. James Y. Leng	1342	Royal Taxi	Alt. Fuel	Pending Clearance
3. Philip Lo	xxx	Regents Cab	Alt. Fuel	Pending Clearance
4. Elvis S. Tran	1344	Yellow Cab Co-Op	Alt. Fuel	Pending Clearance
5. Louise I. Nmezie	1345	Best Cab	Alt. Fuel	Pending Clearance
6. David A. Wong	1346	SF Taxicab	Alt. Fuel	Pending Clearance
7. Kirkyin Lim	1347	Regents Cab	Alt. Fuel	Pending Clearance
8. Froilan Lumbang	1348	Yellow Cab Co-Op	Alt. Fuel	Pending Clearance
9. Antonio Yon	1349	Regents Cab	Alt. Fuel	Pending Clearance
10. Vladimir Talian	1350	Yellow Cab Co-Op	Alt. Fuel	Pending Clearance



## ***MEMORANDUM***

**To:** Honorable Commissioners

**From:** Jordanna Thigpen  
Executive Director

**Date:** September 3, 2008

**Re:** Medallion Applicants for Taxi Medallions

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**1. Tesfamariam Zemikael, List# 6-558 – APPLICANT DOES NOT MEET REQUIREMENTS**

- 2005: 3 hours, **Short 797 hours**
- 2006: 338 hours, **Short 462 hours**
- 2007: 1144 hours
- 2008: 693 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.

**2. James Y. Leng, List# 6-569, Alternative Fuel**

- 2006: 830 hours
- 2007: 820 hours
- 2008: 610 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.

**3. Philip Lo, List# 6-575, Alternative Fuel**

- XXX

\*\*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. Elvis S. Tran, List# 6-586, Alternative Fuel**

- 2005: 196 shifts
- 2006: 206 shifts
- 2007: 179 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.

**5. Louise I. Nmezic, List# 6-580, Alternative Fuel, Currently holds a RAMP medallion, 9046 and now he has been offered and applying for an Alt. Fuel medallion**

- 2005: 882 hours
- 2006: 725 hours, Short 75 hours
- 2007: 779.5 hours, Short 20.5 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.

**6. David A. Wong, List# 6-586, Alternative Fuel**

- 2006: 904 hours
- 2007: 1040 hours
- 2008: 940 hours

\*Per the Daly/Ma amendments (Ordinance 58-08), applicants may drive a prorated shifts (59 shifts) or hours (300 hours) for the year 2008.

**7. Kirkyin Lim, List# 6-587, Alternative Fuel, Currently holds a RAMP medallion, 9021 and now he has been offered and applying for an Alt. Fuel medallion**

- 2006: 210 shifts
- 2007: 223 shifts
- 2008: 159 shifts

\*Per the Daly/Ma amendments (Ordinance 58-08), applicants may drive a prorated shifts (59 shifts) or hours (300 hours) for the year 2008.

**8. Froilan Lumbang, List# 6-589, Alternative Fuel**

- 2005: 206 shifts
- 2006: 206 shifts
- 2007: 216 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.

**9. Antonio Yon, List# 6-590, Alternative Fuel**

- 2006: 212 shifts
- 2007: 187 shifts
- 2008: 134 shifts

\*Per the Daly/Ma amendments (Ordinance 58-08), applicants may drive a prorated shifts (59 shifts) or hours (300 hours) for the year 2008.

**10. Vladimir Talian, List# 6-591, Alternative Fuel**

- 2005: 980 hours
- 2006: 860 hours
- 2008: 790 hours, Short 10 hours

\*Per the Daly/Ma amendments (Ordinance 58-08), applicants may drive a prorated shifts (59 shifts) or hours (300 hours) for the year 2008.

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

Applicant's Name (First, Middle, Last) <b>TESTAMARIAN ZEMUKHEL</b>				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip)					
Mailing Address (If different than residence address) <b>SAN LEANRO CA 94578</b>					
Residence Phone Number: <b>2</b>			Alternate Phone Number: ( )		
Hours Available at this Number:			Hours Available at this Number:		
Social Security Number		Other name(s) used			
California Driver's License Number / Expiration Year			Date of Birth <b>1</b>		Place of Birth <b>ERITREA</b>
Race (Optional)	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height <b>5-09</b>	Weight	Eye Color <b>BRO</b>	Hair Color <b>BLACK</b>
Color Scheme / Business Name <b>ROYAL TAXI</b>				Business Number <b>(415) 643-9500</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>2121 EVANS ST G</b>					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number			Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: Permit #: <b>54330</b>		
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)					
<p><b>I HAVE DRIVEN TAXI IN SAN FRANCISCO FOR LONG TIME.</b></p> <p><b>MOST OF MY CUSTOMER COMPLAIN HE DON'T HAVE ENOUGH TAXIS IN SAN FRANCISCO</b></p> <p><b>THEY SAID IT IS HARD TO FIND TAXI WHEN YOU NEED ONE. THIS PERMIT WILL ALLOW ANOTHER TAXI TO BE AVAILABLE.</b></p>					

**RECEIVED**

**OFFICE USE ONLY**

Receiving	Receiving	Amount	Date
<b>3</b>	<b>16042</b>	<b>638</b>	
Notice Date	Hearing Date		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
9-08	PERMIT	
7-05	9-08	
7-03	7-05	

How long have you lived within a 30 mile radius of San Francisco? 23 years 28 months

How many years driving experience do you have in San Francisco? 9 years  months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
2-07	NOW	MAX CAB		TAXI DRIVER
8-06	2-07	METRO CAB		TAXI DRIVER
3-04	6-05	NATIONAL		
2-03	5-04	NATIONAL LUXOR		TAXI DRIVER

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

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No  
Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No  
If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

I will use a Radio Cabs Company

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

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

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

Tefay 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.

Tefay I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at [www.sfgov.org](http://www.sfgov.org). If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

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

I have read all of the above statements and declare under penalty of perjury that they are correct.

Executed on this 7 day of July, 20 2008 at San Francisco, California.

Tefay Zennaro  
Signature of Applicant

RECEIVED

JUL 07 2008

SAN FRANCISCO  
TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION  
San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last)		Phone
TESFAMARIAM ZEMUKAEL		151-111-1111
Residence Address (Street Address, City, State, Zip)		
1001 LEANING TOWER, SAN FRANCISCO, CA 94104		
Mailing Address, if different from above (Street Address, City, State, Zip)		
SAN LEANING TOWER, CA 94104		

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)	
ROYAL TAXI		2121 EVANS AVE SUITE G, SAN FRANCISCO, CA 94124	
Business Phone		Medallion Number	<input type="checkbox"/> Owner / Operator
(415) 643 9500			<input type="checkbox"/> Gas & Gate
			<input type="checkbox"/> Long Term Lease

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

I really like voice stitch.

RECEIVED

JUL 07 2008

SAN FRANCISCO  
TAXICAB COMMISSION

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

Executed on Tesfay Zemukul July 20, 2008 at San Francisco, California.

TESFAMARIAM ZEMUKAEL Tesfay Zemukul  
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder:		Title:	
CHRISTOPHER SWETS		MANAGER	
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>ROYAL TAXI</u>			
hereby give consent to the applicant named to use my color scheme.			
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder		Date <u>7/7/08</u>	

OFFICE USE ONLY

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

RECEIVED

JUL 07 2008

SAN FRANCISCO  
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2008

**TESFAMARIAM ZEMIKAEI**

P44:

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



**CALIFORNIA**  
DRIVER LICENSE CLASS: C

EXPIR

TESFAMARIAM ZEMIKAEI

UNCLAND LA 94007


SEX: M HAIR: BLK EYE: BRN  
HT: 5-09 WT: 140 DOB: 6

*Tefamariam Zemikael*

07/31/2008 584 25 FD/08

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

Applicant's Name (First, Middle, Last) <u>JAMES Y-C LENG</u>				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp			
Residence Address (Street Address, City, State, Zip) <u>SAN FRANCISCO CA 94121</u>							
Mailing Address (if different than residence address) <u>SOUTH SAN FRANCISCO CA 94080</u>							
Residence Phone Number: <u>(415)</u>				Alternate Phone Number: ( )			
Hours Available at this Number: <u>7pm To 6AM</u>				Hours Available at this Number: <u>6AM To 7pm</u>			
Social Security Number				Other name(s) used <u>NA</u>			
California Driver's License Number / Expiration Year				Date of Birth <u>OCT</u>		Place of Birth <u>SINGAPORE</u>	
Race (Optional) <u>1</u>	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height <u>5'-4"</u>	Weight <u>140</u>	Eye Color <u>BLK</u>	Hair Color <u>BLK</u>		
Color Scheme / Business Name <u>ROYAL TAXI</u>					Business Number <u>(415) 643-9500</u>		
Color Scheme / Business Address (Street Address, City, State, Zip) <u>2121 EVANS AVE, SUITE G, SAN FRANCISCO, CA 94124</u>							
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:							
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes -Date permit was issued: <u>MAY 1994</u> Permit #: <u>P44-046231</u>							
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:							
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary):  <u>San Francisco is a rapidly growing city in the world.</u> <u>Everyday, thousands of people from all walks of life visit</u> <u>the city for the pleasure of tourism as well as for business</u> <u>purposes. Yet we do not have enough taxicabs to provide</u> <u>the service to the people of San Francisco and the increasing</u> <u>number of tourists and business people from all over the world.</u> <u>The city has less than enough taxicabs on the streets and</u> <u>certainly cannot provide good service to the seniors,</u> <u>disabled persons and all residents of San Francisco.</u>							

OFFICE USE ONLY			
Received by: 	Receipt No: <u>404207</u>	Amount: <u>1204</u>	Date: <u>AUG 15 2008</u>
Notice Date: <u>AUG 26, 2008</u>	Hearing Date: <u>SEPT 9, 08</u>		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1993	PRESENT	FRANCISCO, CA 94121
1995	PRESENT	UTH SAN FRANCISCO 94080

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

27 years 10 months

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

27 years 10 months

Are you physically qualified to drive a standard vehicle safely?

☒ Yes ☐ No

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
2005	PRESENT	ROYAL TAXI	2121 EVANS AVE #G SAN FRANCISCO CA 94124	TAXI DRIVER
2000	PRESENT	PLUMBER-STEAMFITTER #467	1519 ROLLING ROAD BURLINGAME CA 94010	PLUMBER PIPE-FITTER

Have you ever been convicted of, or plead guilty to or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.

(Attach additional pages if needed)

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

Were you previously a medallion holder? ☐ Yes ☒ No

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



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

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

State existing radio Cab Company

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

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

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

JE 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.

JE I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at [www.sfgov.org](http://www.sfgov.org). If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

JE 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 8<sup>TH</sup> day of AUGUST, 20 08 at San Francisco, California:

[Signature]

Signature of Applicant

## TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME – From: \_\_\_\_\_ To: ROYAL TAXI

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>JAMES Y-C LENG</u>	Phone ...
Residence Address (Street Address, City, State, Zip) <u>SAN FRANCISCO, CA 94121</u>	
Joint Applicant's Name (First, Middle, Last)	Phone ( )
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:	

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.			
Business Name <u>ROYAL TAXI</u>	Business Address (Street Address, City, State, Zip) <u>2121 EVANS AVE, SUITE 9, SAN FRANCISCO, CA 94124</u>		
Business Phone <u>(415) 643 9500</u>	Medallion Number(s)	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I PREFER VOICE DISPATCH.

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

Executed this AUG day of 11, 2008 at San Francisco, CaliforniaJAMES LENG

Print Name of Applicant

James Leng

Signature of Applicant

***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <u>CHRIS SWEIS</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>ROYAL TAXI</u> hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>8/11/08</u> Date


***** OFFICE USE ONLY *****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date <u>AUG 15 2008</u>

**DMV CALIFORNIA DMV**  
**DRIVER LICENSE** CLASS: C

**JAMES YUEN CHEONG LENG** 12

SEX: M HAIR: BLK EYES: BLK  
 HT: 5-04 WT: 138 DOB: [REDACTED]

*James Y.C. Leng*  
 10/07/2004 235 RB FD/09




I.D. Card or  
 Driver License No. \_\_\_\_\_

Enter your new address below:  
SAN FRANCISCO, CA 94121

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

599 SEP 29 2005 **DMV**  
 DL 43 (REV. 9/94) A Public Service Agency

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

EXPIRES: DECEMBER 31, 2008  
**JAMES Y.C. LENG**  
**P44-046231**

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



RECEIVED

AUG 15 2008

SAN FRANCISCO  
 TAXI COMMISSION

# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>Philip Lo</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>San Francisco CA 94112</b>			
Mailing Address (If different than residence address)			
Residence Phone Number: (415)		Alternate Phone Number: (415)	
Hours Available at this Number: <b>Daytime</b>		Hours Available at this Number: <b>All day anytime</b>	
Social Security Number		Other name(s) used <b>LO, YU KWOK PHILIP YU KWOK</b>	
California Driver's License Number / Expiration Year <b>2011</b>		Date of Birth	
Race (Optional) <b>Chinese</b>		Place of Birth <b>China</b>	
Color Scheme / Business Name <b>Resents Cab Co</b>	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height <b>5'01"</b>	Weight <b>155</b>
		Eye Color <b>Brown</b>	Hair Color <b>BLK</b>
Business Number <b>(415) 487-1004</b>			
Color Scheme / Business Address (Street Address, City, State, Zip) <b>98 Pennsylvania St, San Francisco, CA 94107</b>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes -Date permit was issued: <b>04/1994</b>		Permit #: <b>P44-061513 063869</b>	
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <b>I have been driving for the taxi in San Francisco for a long time. With my experience &amp; my bilingual languages - English &amp; Chinese. I believed that I could serve service the community better, especially the language I know, Chinese.</b>			

## OFFICE USE ONLY

RECEIVED

Received by <b>Danette</b>	Receipt No. <b>370091</b>	Amount <b>\$138</b>	Date <b>AUG 07 2008</b>
Notice Date	Hearing Date		

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

List 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)
8/07	Present	San Francisco, CA 94112
06/87	07/07	San Francisco, CA 94134

How long have you lived within a 30 mile radius of San Francisco? 22 years 4 months

How many years driving experience do you have in San Francisco? 19 years 2 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
02/07	Present	MTA	City County of San Francisco	Transit Operator
04/08	Present	Regents Cab Co.	990 Pennsylvania St. S.F. CA 94107	Taxi Driver
05/06	04/08	Royal Cab Co.	2121 Evans St. S.F. CA 94114	Taxi Driver
6/95	11/2000	Regents Cab Co.	990 Pennsylvania St. S.F. CA 94107	Taxi Driver

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.

(Attach additional pages if needed)

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

Were you previously a medallion holder? ☐ Yes ☒ No

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

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

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

Regents Cab Company has 24-hour radio dispatch service, use the service & leave my cell-number, so they could contact me everywhere I go if needed.

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.

[Signature] 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.

[Signature] I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at [www.sfgov.org](http://www.sfgov.org). If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

[Signature] 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 24<sup>th</sup> day of July, 20 08 at San Francisco, California.

[Signature]  
\_\_\_\_\_  
Signature of Applicant

RECEIVED

AUG 07 2008

SAN FRANCISCO  
TAXI COMMISSION

# COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

## PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Philip Lo</u>		Phone <u>415-487-1004</u>
Residence Address (Street Address, City, State, Zip) <u>San Francisco, CA 94112</u>		
Mailing Address, if different from above (Street Address, City, State, Zip)		

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

Name of Taxi Company <u>Regents Cab Co.</u>	Business Address of Taxi Company (Street Address, City, State, Zip) <u>98 Pennsylvania, San Francisco 94107</u>	
Business Phone <u>(415) 487-1004</u>	Medallion Number	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

I like their radio service & security parking.

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

Executed on 24th of July, 2008 at San Francisco, California.

Philip Lo  
Print Name of Applicant

[Signature]  
Signature of Applicant

## TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>Steven Anton</u>	Title: <u>General Manager</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Regents Cab Co.</u> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>7-24-08</u> Date

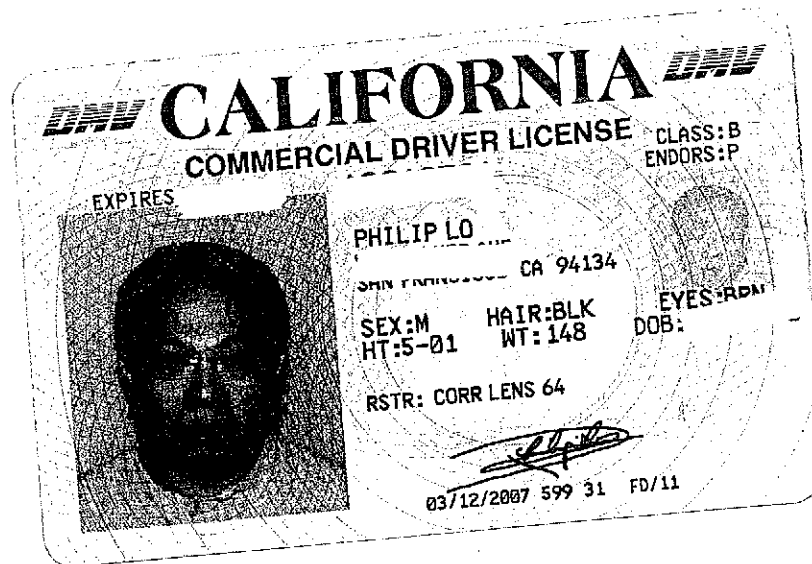
RECEIVED

***** OFFICE USE ONLY *****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <u>AUG 7 2008</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>SAN FRANCISCO</u>
Received by:	Receipt No.	Amount	Date <u>TRIP COMMISSION</u>

RECEIVED

AUG 07 2008

SAN FRANCISCO  
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2008

philip lo

P44-063869

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





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

Applicant's Name (First, Middle, Last) <b>ELVIS SO TRAN</b>				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street, Address, City, State, Zip) <b>SAN FRANCISCO, CA 94112</b>					
Mailing Address (if different than residence address)					
Residence Phone Number: <b>(415) 5 PM</b>			Alternate Phone Number		
Hours Available at this Number:			Hours Available at this Number: <b>7 AM - 6 PM</b>		
Social Security Number		Other name(s) used			
California Driver's License Number / Expiration Year			Date of Birth		Place of Birth <b>VIETNAM</b>
Race (Optional)	Sex <b>M / F</b>	Height <b>5-05</b>	Weight <b>140</b>	Eye Color <b>BRN</b>	Hair Color <b>BLK</b>
Color Scheme / Business Name <b>YELLOW CAB CO</b>				Business Number <b>(415) 282-3737</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>1200 MISSISSIPPI ST SAN FRANCISCO, CA 94107</b>					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:					
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes -Date permit was issued: <b>1-1993</b>		Permit #: <b>P44-043903</b>			
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:					
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary):					
<p><i>If this medallion is not granted, the public always complain about a shortage of taxicabs in San Francisco. In fact people have a hard time to find a cab at Safeway, Lucky Supermarket and restaurants. Also people are eager to get a cab from 8 AM to 10:30 AM and there are not enough cab from 4 PM to 6 PM. Whenever there is a convention event at Moscone Center, the doormen whisper for a cab at every Hotel.</i></p>					

OFFICE USE ONLY				RECEIVED	
Received by: <b>Danielle</b>	Receipt No: <b>401203</b>	Amount: <b>\$638</b>	Date: <b>AUG 12 2008</b>		
Notice Date: <b>08/26/08</b>	Hearing Date: <b>09/10/08</b>				

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
6-23-2000	present	SAN FRANCISCO, CA 94112

How long have you lived within a 30 mile radius of San Francisco? 27 years 6 months

How many years driving experience do you have in San Francisco? 20 years 6 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
01-1991	present	YELLOW CAB CO	1200 MISSISSIPPI ST SAN FRANCISCO, CA 94107	DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.

(Attach additional pages if needed)  
Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

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

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

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

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

If I am granted a taxicab permit, I will join  
with yellow cab company

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

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

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

ST 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.

ST I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at [www.sfgov.org](http://www.sfgov.org). If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

ST 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 12 day of August, 2008 at San Francisco, California.

\_\_\_\_\_  
Signature of Applicant

RECEIVED

AUG 12 2008

SAN FRANCISCO  
TAXI COMMISSION

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) <b>ELVIS SO TRAN</b>	Phone <b>415 282-1245</b>
Residence Address (Street Address, City, State, Zip) <b>1601 IVY ST, SAN FRANCISCO, CA 94112</b>	
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 <b>YELLOW CAB CO</b>	Business Address of Taxi Company (Street Address, City, State, Zip) <b>1200 MISSISSIPPI ST SAN FRANCISCO, CA 94112</b>		
Business Phone <b>415 282-3737</b>	Medallion Number	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

*I would like yellow cab co because it is a big company. It has a good system such as dispatching GPS and two-way radio. Also the company accepts Paratransit scripts and credit card.*

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

Executed on 8/6/08, 2008 at San Francisco, California.

ELVIS SO TRAN                      *Elvis Tran*  
Print Name of Applicant                      Signature of Applicant

*****TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY*****	
Name of person authorized to sign for Color Scheme Holder: <b>Hal Mellegara</b>	Title: <b>Gen Mgr</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow Cab Co-op</u> hereby give consent to the applicant named to use my color scheme. <span style="float:right">Color Scheme Name</span>	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u><i>Hal Mellegara</i></u>	Date <u>8/6/08</u>

**RECEIVED**

*****OFFICE USE ONLY*****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	<b>SAN FRANCISCO TAXICAB COMMISSION</b>

**AUG 12 2008**

RECEIVED

AUG 12 2008

SAN FRANCISCO  
TAXI COMMISSION

**CALIFORNIA**  
DRIVER LICENSE

EXPIR CLASS: C

ELVIS SO TRAN  
CA 94112

SEX: M HAIR: BLK  
HT: 5-05 WT: 140 DOB: 11/04/2003

*Christen*  
11/04/2003 503 L6 FD/08



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

EXPIRES: DECEMBER 31, 2008

ELVIS S. TRAN

P44-043903

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



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

Applicant's Name (First, Middle, Last) <b>LOUIS I. NMEZIE</b>				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>AVENUE</b>					
Mailing Address (If different than residence address) <b>SF CA. 94124</b>					
Residence Phone Number: (415) <b>24 HOURS</b>			Alternate Phone Number: (415) <b>24 HOURS</b>		
Hours Available at this Number: <b>24 HOURS</b>		Hours Available at this Number: <b>24 HOURS</b>			
Social Security Number		Other name(s) used <b>NONE</b>			
California Driver's License Number / Expiration Year			Date of Birth <b>DEC</b>		Place of Birth <b>NIGERIA</b>
Race (Optional) <b>BLACK</b>	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height <b>5'10"</b>	Weight <b>180</b>	Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>
Color Scheme / Business Name <b>BEST CAB COMPANY</b>					Business Number <b>(415) 642-6400</b>
Color Scheme / Business Address (Street Address, City, State, Zip) <b>85 INDUSTRIAL STREET, #B SF. CA. 94124</b>					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:					
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes -Date permit was issued: <b>JAN, '08</b>		Permit #: <b>P44-063722</b>			
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:					
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <b>ASA 20 YEAR FULL TIME DRIVER, DRIVING SAN FRANCISCANS AND TOURISTS, THIS MEDALLION WILL KEEP ON MOVING CITY CITIZENS AND ALSO HELP REDUCE PROBLEM OF CARBON MONOXIDE IN THE AIR IN SAN FRANCISCO.</b> <b>GREEN VEHICLE IS THE WAY FORWARD. JUST AS RAMP VANS IS BINGO FOR DISABLED PEOPLE.</b> <b>GO GREEN SAN FRANCISCO! GO!!</b> <b>"GRANT THIS HYBRID VEHICLE NOW."</b> <b>THANKS.</b>					

OFFICE USE ONLY				RECEIVED
Received by:	Receipt No:	Amount:	Date:	<b>JUL 30 2008</b>
Notice Date:	Hearing Date:			

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

List 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)

MAY '05 PRESENT '08

AVENUE SF 94124

MAY '02 TO MAY '05 :

STR. SF 94134

How long have you lived within a 30 mile radius of San Francisco? 24 years 6 months

How many years driving experience do you have in San Francisco? 24 years 6 months

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

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

From Date To Date Company Name

Address (Street Address, City, State, Zip)

Type of Work

1988 JAN '06 ROYAL CAB  
(18 YRS)

EVANS #9. TAXI DRIVER  
SF 94124

MAR '06 TO PRESENT '08  
(3 YRS)

BEST CAB 85 INDUSTRIAL STR. # B TAXI DRIVER  
SAN FRANCISCO 94124

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.

(Attach additional pages if needed)

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

Were you previously a medallion holder? ☒ Yes ☐ No

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

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

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

I WILL CONTINUE TOWN TAXI 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.

W 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.

W I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at [www.sfgov.org](http://www.sfgov.org). If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

W 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: JULY 21<sup>ST</sup> day of JULY, 20 08 at San Francisco, California.

[Signature]  
Signature of Applicant

RECEIVED

JUL 30 2008

SAN FRANCISCO  
TAXI COMMISSION



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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) <u>LOUIS IKECHUKWU NMEZIE</u>	Phone <u>415 750 1111</u>
Residence Address (Street Address, City, State, Zip) <u>San Francisco CA 94124</u>	
Mailing Address, if different from above (Street Address, City, State, Zip) <u>SAN FRANCISCO CA 94124</u>	

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company <u>BEST CAB</u>	Business Address of Taxi Company (Street Address, City, State, Zip) <u>85 INDUSTRIAL STREET #B SF 94124</u>		
Business Phone <u>415 642-6400</u>	Medallion Number <u>Ramp # 9046</u>	<input checked="" type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I, LOUIS NMEZIE IS OFFICE AND OPERATIONAL CO-ORDINATOR FOR BEST CAB COMPANY.  
THIS NEW MEDALLION WILL BE OPERATED WITH MY RAMP # 9046 TILL NEW HYBRID ARRIVES!

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

Executed on JULY 29TH, 2008 at San Francisco, California.

LOUIS NMEZIE  
Print Name of Applicant

[Signature]  
Signature of Applicant

*****TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY*****	
Name of person authorized to sign for Color Scheme Holder: <u>Linus Oha</u>	Title: <u>Owner</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Best cab co.</u> hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>Linus Oha</u>	Date <u>7/25/08</u>

*****OFFICE USE ONLY*****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>302008</u>
Received by:	Receipt No.	Amount	Date <u>SAN FRANCISCO TAXI COMMISSION</u>

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RECEIVED

JUL 30 2008

SAN FRANCISCO  
TAXI COMMISSION

**CALIFORNIA**  
DRIVER LICENSE

EXPIRES: CLASS: C

LOUIS IKECHUKWU NMEZIE  
SAN FRANCISCO 94124

SEX: M HAIR: BLK EYES: BRN  
HT: 5-11 WT: 180 DOB:

11/19/2007 599 65 FD/11



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

EXPIRES: DECEMBER 31, 2008

**LOUIS I. NMEZIE**

**P44-063722**

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&amp;N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>DAVID A WONG</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>20 AVE DALY CITY CA 94015</b>			
Mailing Address (If different than residence address)			
Residence Phone Number: <b>(678) 24-6885</b>		Alternate Phone Number:	
Hours Available at this Number:		Hours Available at this Number: <b>24-6885</b>	
Social Security Number		Other name(s) used <b>DAVID A H OWAN WONG</b>	
California Driver's License Number / Expiration Year		Date of Birth <b>1</b>	
Place of Birth <b>BURMA</b>			
Race (Optional) <b>ASIAN</b>	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height <b>5-14"</b>	Weight <b>130</b>
Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>		
Color Scheme / Business Name <b>SF TAXI CAB CO</b>		Business Number <b>(415) 920-0709</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>2121 EVANS ST SF CA 94124</b>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes -Date permit was issued: <b>1/1/1993</b>		Permit #: <b>P44-045657</b>	
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary):  <p>The people of San Francisco will benefit from my driving experience. I have been driving for fifteen years. I know how to play the radio, hotels, airport, and flags. I never had a complaint about my driving or about the way I drive. I am always cautious with my passengers. I have a good knowledge of San Francisco from North beach to South beach.</p> <p style="text-align: center;">David Wong</p>			

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OFFICE USE ONLY			
Received by: <b>Dancie</b>	Receipt No. <b>404201</b>	Amount <b>\$638</b>	Date <b>AUG 11 2008</b>
Notice Date		Hearing Date	
SAN FRANCISCO TAXI COMMISSION			

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

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

From Date To Date Residence Address (Street Address, City, State, Zip)

March 1996 Current 14 CITY CA 94015

How long have you lived within a 30 mile radius of San Francisco? 19 years 9 months

How many years driving experience do you have in San Francisco? 18 years 6 months

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

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

From Date To Date Company Name Address (Street Address, City, State, Zip) Type of Work

MAY/2001 Current USPS 1525 MIRAMONTE AVE Letter carrier  
2004 2006 RAY CAR CO. LOS ALTOS CA 94024  
2007 2008 FOR CITY CAR CO. 999 PENNSYLVANIA AVE CA 94107 DRIVER  
Current 979 BAYANT ST. CA 94103 DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.

(Attach additional pages if needed)

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

Were you previously a medallion holder? Yes ☒ No

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

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

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

*Become important for the customer, San Francisco Taxi Cab Co.*

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

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

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

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

*D.W.* I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at [www.sfgov.org](http://www.sfgov.org). If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

*D.W.* 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 11 day of AUGUST, 20 08 at San Francisco, California.

*Daniel A. Wong*  
Signature of Applicant

RECEIVED

AUG 11 2008

SAN FRANCISCO  
TAXI COMMISSION

# COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

## PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <b>DAVID A WONG</b>		Phone <b>(650) ---</b>
Residence Address (Street Address, City, State, Zip) <b>1111 E DALY CITY CA 94015</b>		
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 <b>S.F. TAXI-CAB CO</b>	Business Address of Taxi Company (Street Address, City, State, Zip) <b>2121 EVANS ST S.F. CA. 94124</b>	
Business Phone <b>(415) 920-0709</b>	Medallion Number	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

**GREAT DISPATCH SERVICE FROM CITYWIDE DISPATCH**

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

Executed on **8/4**, 20**08** at San Francisco, California.

**DAVID A WONG**  
Print Name of Applicant

**David A Wong**  
Signature of Applicant

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

Name of person authorized to sign for Color Scheme Holder: <b>JACK G. TRAD</b>	Title: <b>SOLEPROPRIETORSHIP</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <b>S.F. TAXI-CAB CO.</b> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <b>[Signature]</b>	Date <b>08-07-08</b>

**RECEIVED**

*****OFFICE USE ONLY*****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <b>AUG 11 2008</b>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <b>SAN FRANCISCO</b>
Received by:	Receipt No.	Amount	Date <b>TAXI COMMISSION</b>

RECEIVED

AUG 11 2008

SAN FRANCISCO  
TAXI COMMISSION



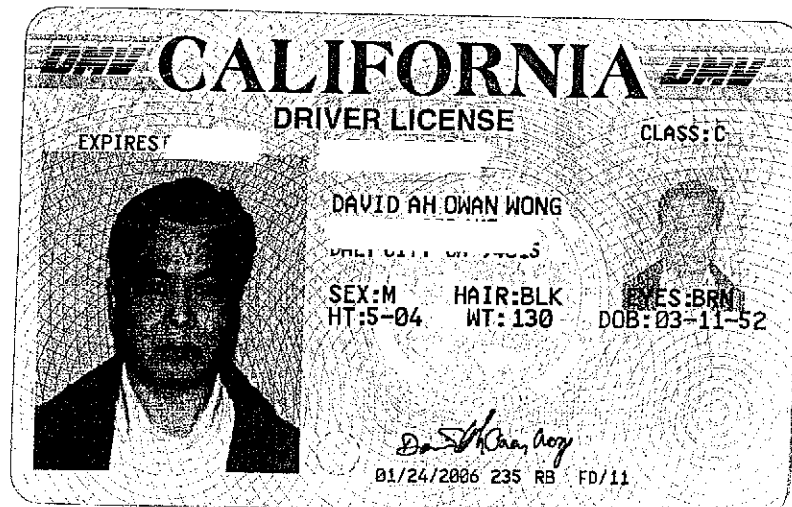
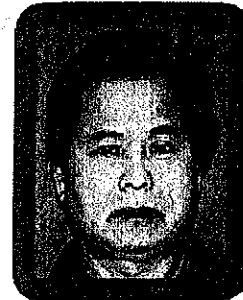
ISSUED BY  
OFFICE OF THE TREASURER & TAX COLLECTOR  
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

**DAVID A. WONG**

**P44-045657**

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&amp;N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>KIRK KIRKYIN T.M LIM</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>SAN BRUNO CA 94066</b>			
Mailing Address (If different than residence address) <b>SAN BRUNO CA 94066</b>			
Residence Phone Number: ( )		Alternate Phone Number: (415) ( )	
Hours Available at this Number:		Hours Available at this Number:	
Social Security Number		Other name(s) used <b>TIN MYINT U</b>	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth <b>BURMA MYANMAR</b>			
Race (Optional) <b>BURMESE</b>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height <b>5'5"</b>	Weight <b>150 lbs</b>
Color Scheme / Business Name <b>REGENTS CAB COMPANY</b>	Eye Color <b>BLACK</b>	Hair Color <b>BLACK</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>98 PENNSYLVANIA ST, SAN FRANCISCO CA 94107</b>		Business Number <b>(415) 487-1004</b>	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes - Date permit was issued: <b>Sept, 1993</b> Permit #:			
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary):			
<p>I'm a cab driver since 1993 or 1994 Sept to untill now. I'm drive ramp cab taxi from 2002 to untill now. I'm take care my customers all different color colour, ages, religiance and gender (sex). I'm plant to service all San Francisco and Airport area. Sometime my customers give me an anger, &amp; an happy, feel sad and curage. I take a only granted for my customer, with practice my English because they teach me how to say, how to translate and many difference way. That why, I'm enjoy to drive and communicate with my customers.</p>			

OFFICE USE ONLY				RECEIVED	
Received by: <b>Danale</b>	Receipt No. <b>376099</b>	Amount <b>\$638</b>	Date <b>AUG 08 2008</b>		
Notice Date	Hearing Date				



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

List 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)
12/12/99	now	SAN BRUN CA 94066

How long have you lived within a 30 mile radius of San Francisco? 18 years 7 months

How many years driving experience do you have in San Francisco? 18 years 7 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
2002	now	Regents Cab Co	98 Pennsylvania st San Francisco CA 94107	driver

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.

(Attach additional pages if needed)  
Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

Were you previously a medallion holder? ☒ Yes ☐ No

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

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

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

Regents Cab dispatch

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

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

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

K.T.M./lim 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.

K.T.M./lim I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at [www.sfgov.org](http://www.sfgov.org). If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

K.T.M./lim 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 July 24 day of July, 20 08 at San Francisco, California.

Signature of Applicant

K.T.M./lim

RECEIVED

AUG 08 2008

SAN FRANCISCO  
TAXI COMMISSION

# COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) <b>KIRKYIN T.M LIM</b>	Phone _____
Residence Address (Street Address, City, State, Zip) _____, <b>SAN BRUNO, CA 94066.</b>	
Mailing Address, if different from above (Street Address, City, State, Zip) _____, <b>SAN BRUNO, CA 94066.</b>	

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 <b>Regents Cabs Co</b>	Business Address of Taxi Company (Street Address, City, State, Zip) <b>98 PENNSYLVANIA ST, SAN FRANCISCO CA 94107</b>		
Business Phone <b>(415) 487-1004</b>	Medallion Number <b><del>9021</del></b>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I'm like to use the color scheme for that company  
because I get the medallion when 2002, every  
difference cab company, they have a little rule but mostly  
the same - basic - and it is easy to park my car.  
no rush, no difference contact.

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

Executed on 24 July, 2008 at San Francisco, California.

KIRKYIN T.M LIM  
Print Name of Applicant

Kirkyin T.M Lim  
Signature of Applicant

***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <b>Steven Auton</b>	Title: <b>CEO</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Regents Cab Co</u> Color Scheme Name	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>7-24-08</u> Date

**RECEIVED**

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

**AUG 08 2008**

**SAN FRANCISCO TAXI COMMISSION**

RECEIVED

AUG 08 2008

SAN FRANCISCO  
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2008

**KIRKYIN TM LIM**

**P44-054195**

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



**CALIFORNIA**  
**DRIVER LICENSE**

EXPIRES: [REDACTED] CLASS: C

**KIRKYIN TM LIM**

DMV BRND CA 94066

SEX: M HAIR: BLK EYES: BRN  
HT: 5-05 WT: 150 DOB: [REDACTED]

*Kirkyin TM Lim*

08/24/2007 599 46 FD/12

# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>(LUMBANG) FROILAN MEDINA LUMBANG</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>SAN FRANCISCO CA 94112</b>			
Mailing Address (If different than residence address) <b>N/A</b>			
Residence Phone Number: ( )		Alternate Phone Number: <b>(415)</b>	
Hours Available at this Number: <b>5 PM - 7 PM</b>		Hours Available at this Number: <b>ANY TIME</b>	
Social Security Number		Other name(s) used <b>NONE</b>	
California Driver's License Number / Expiration Year		Date of Birth	
		Place of Birth <b>MANILA, PHILIPPINES</b>	
Race (Optional)	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height <b>5' 7"</b>	Weight <b>160 LBS</b>
		Eye Color <b>BLACK</b>	Hair Color <b>BLACK / WHITE</b>
Color Scheme / Business Name <b>YELLOW CAB COOPERATIVE</b>			Business Number <b>(415) 282-3737</b>
Color Scheme / Business Address (Street Address, City, State, Zip) <b>1200 MISSISSIPPI, SAN FRANCISCO CA</b>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes - Date permit was issued: <b>JANUARY 2008</b> Permit #: <b>P44 - 051351</b>			
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <b>SAN FRANCISCO AS GATEWAY TO THE WEST IS ONE OF THE MOST BEAUTIFUL CITY IN THE WORLD. EVERY YEAR THE POPULATION OF THE CITY, AS WELL AS VISITORS FROM OTHER PLACES IS MULTIPLYING.</b> <b>BECAUSE OF THIS, THE CITY NEEDS TO PROVIDE THE PUBLIC WITH A CHEAP FORM OF TRANSPORTATION SUCH AS TAXI CABS. AS OF NOW THE NUMBER OF TAXI CABS IN THE CITY IS NOT ENOUGH TO SERVE THE PUBLIC. WE NEED MORE TAXI CABS TO SERVE BETTER THE BUSINESS COMMUNITY, HOTELS/RESTAURANT TOURIST SPOT, HOSPITALS AND OTHERS. AS A CAB DRIVER I HAVE WITNESSED A LOT OF PEOPLE IN LINE TO CATCH A CAB. SOME VISITORS ARE ALSO FORCED TO TAKE EXPENSIVE TRANSPORTATION SUCH AS LIMOUSINES.</b> <b>BY ADDING MORE CABS THE PUBLIC WILL BE SERVED BETTER IN THEIR TRANSPORTATION NEEDS. BECAUSE OF THIS, TOURISM INDUSTRY AS THE NO. 1 BUSINESS OF THE CITY WILL IMPROVE MORE VISITORS THAT COME TO THE CITY. MORE REVENUE</b>			

## OFFICE USE ONLY

Received by:	Receipt No	Amount	Date
Notice Date	Hearing Date		

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

List 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)
2001	PRESENT	SAN FRANCISCO CA 94112

How long have you lived within a 30 mile radius of San Francisco? 24 years 11 months

How many years driving experience do you have in San Francisco? 16 years months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
8/92	PRESENT	YELLOW CAB COOP	1200 MISSISSIPPI	CAB DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.

(Attach additional pages if needed)

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

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

Were you previously a medallion holder? ☐ Yes ☒ No

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

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

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

BY JOINING THE YELLOW CAB COOPERATIVE

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.

  *LP*   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.

  *LP*   I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at [www.sfgov.org](http://www.sfgov.org). If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

  *LP*   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 19<sup>TH</sup> day of AUGUST, 20 08 at San Francisco, California.

  *LP*    
Signature of Applicant

RECEIVED

AUG 19 2008

SAN FRANCISCO  
TAXI COMMISSION

# COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

## PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <b>FROILAN MEDINA LUMBANG</b>		Phone <b>(415)</b>
Residence Address (Street Address, City, State, Zip) <b>SAN FRANCISCO CA 94112</b>		
Mailing Address, if different from above (Street Address, City, State, Zip) <b>N/A</b>		

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 <b>YELLOW CAB COOP</b>		Business Address of Taxi Company (Street Address, City, State, Zip) <b>1200 MISSISSIPPI, SAN FRANCISCO CA 94107</b>	
Business Phone <b>(415) 282-3737</b>		Medallion Number <b>N/A</b>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

IT IS THE BIGGEST AND THE MOST RELIABLE  
COMPANY IN THE INDUSTRY. IT HAS THE BEST MANAGEMENT,  
DISPATCHERS, MODERN MEANS TO SERVE THE PUBLIC

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

Executed on AUGUST 13 2008 at San Francisco, California.

FROILAN LUMBANG  
 Print Name of Applicant

[Signature]  
 Signature of Applicant

*****TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY*****	
Name of person authorized to sign for Color Scheme Holder: <u>Hal Mellegre</u>	Title: <u>8/13/08</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow</u> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Hal Mellegre</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>8/13/08</u> Date

*****OFFICE USE ONLY*****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>AUG 19 2008</u>
Received by:	Receipt No.	Amount	Date <u>SAN FRANCISCO TAXI COMMISSION</u>



RECEIVED

AUG 19 2008

SAN FRANCISCO  
TAXI COMMISSION

**CALIFORNIA**  
**DRIVER LICENSE** CLASS: C

EX: [REDACTED]

**FROILAN MEDINA LUMBANG**  
SAN FRANCISCO CH 94112

SEX: M HAIR: BLK ES: BLK  
HT: 5-07 WT: 160 DOB: [REDACTED]

RSTR: CORR LENS

*[Signature]*  
04/05/2004 599 16 FD/09



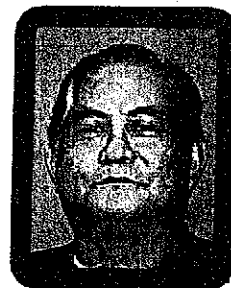
ISSUED BY  
OFFICE OF THE TREASURER & TAX COLLECTOR  
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

**FROILAN M. LUMBANG**

**P44-051351**

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&amp;N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>ANTONIO YON</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>PACIFICA, CALIFORNIA 94044</b>			
Mailing Address (If different than residence address)			
Residence Phone Number:		Alternate Phone Number: (415)	
Hours Available at this Number: <b>10:00 AM - 12:00 PM</b>		Hours Available at this Number: <b>1:00 AM - 11:00 PM</b>	
Social Security Number		Other name(s) used <b>NONE</b>	
California Driver's License Number / Expiration Year <b>/</b>		Date of Birth	
Place of Birth <b>LIMA - PERU</b>			
Race (Optional) <b>CHINESE</b>	Sex <b>(M) F</b>	Height <b>5'7"</b>	Weight <b>180 Lb</b>
Eye Color <b>BROWN</b>		Hair Color <b>BLACK</b>	
Color Scheme / Business Name <b>REGENT CABS</b>		Business Number <b>(415) 487-1004</b>	
Color Scheme / Business Address (Street Address, City, State, Zip)			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes - Date permit was issued: <b>YES 10/93</b> Permit #: <b>44999</b>			
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <b>THIS PUBLIC WILL NOT BE SERVED PROPERLY IF THIS MEDALLION IS NOT GRANTED BECAUSE IT CONCERNS ME VERY MUCH HELPFUL FOR THE CHINESE AND HISPANIC COMMUNITIES. I CAN SPEAK THE CHINESE LANGUAGE AND SPANISH LANGUAGE FLUENTLY.</b>			

RECEIVED

OFFICE USE ONLY			
Received by: <b>Daniel</b>	Receipt No: <b>401208</b>	Amount: <b>\$ 638 -</b>	Date: <b>AUG 18 2008</b>
Notice Date: <b>08/26/08</b>	Hearing Date: <b>09/09/08</b>	SAN FRANCISCO TAXI COMMISSION	

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

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

From Date To Date Residence Address (Street Address, City, State, Zip)

05/1986 CURRENT PACIFICA, CALIF. 94044

How long have you lived within a 30 mile radius of San Francisco? 22 years 3 months

How many years driving experience do you have in San Francisco? 14 years 11 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
06/07	CURRENT	LUXOR CAB	2230 JERROLD AVE. SF	DRIVER
08/96	CURRENT	REGENT CAB	98 PENNSYLVANIA ST SF 94107	DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ Yes ☐ No If yes, provide the information required below.

(Attach additional pages if needed)

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

Offense	Date	Place of Arrest	Disposition
DOMESTIC VIOLENCE	06/01	PACIFICA	Completed work program

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

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

Were you previously a medallion holder? ☐ Yes ☒ No

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

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

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

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.

AY 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.

AY I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at [www.sfgov.org](http://www.sfgov.org). If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

AY 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 12<sup>th</sup> day of August, 20 08 at San Francisco, California.

Signature of Applicant [Signature]

RECEIVED

AUG 18 2008

SAN FRANCISCO  
TAXI COMMISSION

# COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

## PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <b>ANTONIO YON</b>		Phone <b>(650)</b>
Residence Address (Street Address, City, State, Zip) <b>PACIFIC, CALIFORNIA 94044</b>		
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 <b>Regents Cab</b>	Business Address of Taxi Company (Street Address, City, State, Zip) <b>98 Pennsylvania, San Francisco 94107</b>	
Business Phone <b>(415) 427-1004</b>	Medallion Number	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

**I'd like to use the color scheme for the above named taxi company because I've been with this company for a long time.**

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

Executed on **August 12<sup>th</sup>**, 20 **08** at San Francisco, California.

Print Name of Applicant **ANTONIO YON**

Signature of Applicant **[Signature]**

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

Name of person authorized to sign for Color Scheme Holder: <b>Steven Anton</b>	Title: <b>General Manager</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <b>Regents Cab Co.</b> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <b>[Signature]</b>	Date <b>8.12.08</b>

**RECEIVED**

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

**AUG 18 2008**  
**SAN FRANCISCO**  
**TAXICAB COMMISSION**


RECEIVED

AUG 18 2008

SAN FRANCISCO  
TAXI COMMISSION

**DMV CALIFORNIA DMV**  
**DRIVER LICENSE** CLASS: C

EXPIRES



ANTONIO YON  
PACIFIC CA 94044  
SEX: M HAIR: BLK EYES: BRN  
HT: 5-07 WT: 180 DOB:   
03/16/2005 235 RB FD/10



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

EXPIRES: DECEMBER 31, 2008

ANTONIO YON

P44-044999


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



# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>Vladimir V Talian</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>San Francisco, CA 94115</b>			
Mailing Address (If different than residence address)			
Residence Phone Number: (415) <b>7</b>		Alternate Phone Number: (415)	
Hours Available at this Number: <b>any time</b>		Hours Available at this Number: <b>any time</b>	
Social Security Number		Other name(s) used <b>Vladimir Talybov</b>	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth <b>Baku, Azerbaijan</b>			
Race (Optional) <b>white</b>	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height <b>5-05</b>	Weight <b>170</b>
Color Scheme / Business Name <b>Yellow Cab</b>	Eye Color <b>Brown</b>	Hair Color <b>Brown</b>	Business Number <b>(415) 593-9262</b>
Color Scheme / Business Address (Street Address, City, State, Zip) <b>Yellow Cab / 1200 Mississippi St., San Francisco, CA 94107</b>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes -Date permit was issued: <b>12/31/07</b>		Permit #: <b>P44-046524</b>	
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <b>We'll serve the public better if we'll have more cab on the streets of San Francisco.</b>			

OFFICE USE ONLY			
Received by: 	Receipt No: <b>376100</b>	Amount: <b>638-</b>	Date: <b>AUG 08 2008</b>
Notice Date: <b>8/26/08</b>	Hearing Date: <b>9/9/08</b>		<b>SAN FRANCISCO TAXICAB COMMISSION</b>

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
03/15/98	present	San Francisco, CA 94115

How long have you lived within a 30 mile radius of San Francisco? 16 years 11 months

How many years driving experience do you have in San Francisco? 15 years 5 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
02/18/93	present	SFUSD	135 Van Ness, San Francisco, CA	Instruct. Aide
02/29/07	present	Yellow Cab	1200 Mississippi, SF, CA	Cab driver
07/2002	present	Belx Checker Cab	999 Pennsylvania Ave, SF 94107	Cab driver

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.

(Attach additional pages if needed)

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

Were you previously a medallion holder? ☐ Yes ☒ No

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



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

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

I'll use existing Yellow radio 24-hour 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.

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

V.I.T. I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at [www.sfgov.org](http://www.sfgov.org). If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

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

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

Executed on this 4th day of August, 2008 at San Francisco, California.

[Signature]  
Signature of Applicant

# 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
Vladimir V Talian		
Residence Address (Street Address, City, State, Zip)		
in Francisco, CA 94115		
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)	
YELLOW CAB COOP	1208 MISSISSIPPI ST, San Francisco CA 94107	
Business Phone	Medallion Number	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease
(415) 282-3737		

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

I'd like to use Yellow Cab Coop because it is well managed and computerized.

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

Executed on 4th day of August, 2008 at San Francisco, California.

Vladimir V Talian \_\_\_\_\_  
 Print Name of Applicant Signature of Applicant

## TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder:	Title:
JAMES R. GILLESPIE	ASSISTANT MANAGER
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>YELLOW CAB COOPERATIVE</u>	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Date
<u>James R. Gillespie</u>	<u>8/4/2008</u>

## OFFICE USE ONLY

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

AUG 08 2008

SAN FRANCISCO  
TAXI COMMISSION

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AUG 08 2008

SAN FRANCISCO  
TAXI COMMISSION



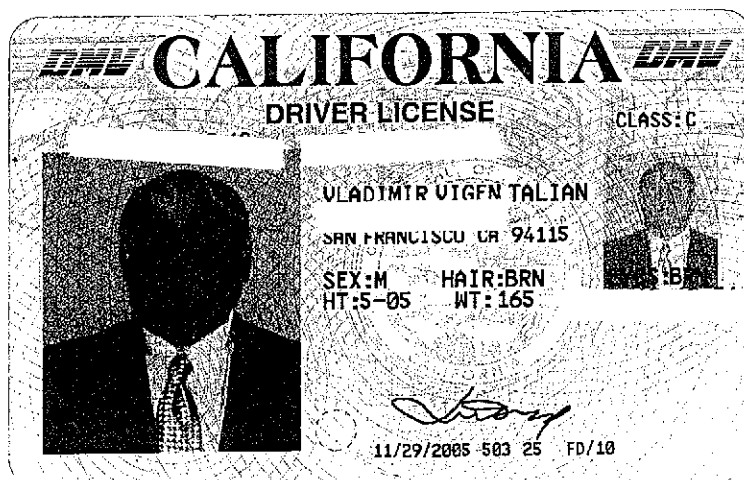
ISSUED BY  
OFFICE OF THE TREASURER & TAX COLLECTOR  
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

**VLADIMIR V. TALIAN**

**P44-046524**

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



## Consent Calendar: Item E

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

<b>Medallion Holder Name:</b>	<b>Medallion #:</b>	<b>Change:</b>
1. Stephen Tan	1153	Yellow Cab to SF Town Taxi

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

CHANGE OF COLOR SCHEME - From Yellow Cab Coop. To SF Town Taxi, Inc.

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

**PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM**

Applicant's Name (First, Middle, Last) <u>STEPHEN K. TAN</u>		Phone <u>(510) 111-1111</u>
Residence Address (Street Address, City, State, Zip) <u>1111 1st St, OAKLAND, CA 94607</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation		

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

Business Name <u>SF Town Taxi, Inc.</u>	Business Address (Street Address, City, State, Zip) <u>999 Pennsylvania Avenue, SF CA 94107</u>
Business Phone <u>(415) 401-8900</u>	Medallion Number(s) <u># 1153</u>
<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

No long waiting lines for driver for waybill, credit card, payment transactions etc (save time, money for driver).

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

Executed this 13<sup>th</sup> day of August, 2008 at San Francisco, California

Stephen Tan \_\_\_\_\_  
Print Name of Applicant Signature of Applicant

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

Name of person authorized to sign for Color Scheme Holder <u>Jacob Mayzel</u>	Title <u>Manager</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>SF Town Taxi, Inc.</u> Taxicab Color Scheme	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date <u>08/07/08</u>

**RECEIVED**

*****OFFICE USE ONLY*****			
Agenda Notice Date <u>08/26/08</u>	Hearing Date <u>09/09/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>AUG 13 2008</u>
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted
Received by <u>Danelle</u>	Receipt No. <u>404205</u>	Amount <u>\$416</u>	Date <u>SAN FRANCISCO TAXI COMMISSION</u>

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? Like to maintain low rates for drivers, Yellow recent fee increase to \$950 - Monthly is too much
2. How have you been operating your medallion at your current color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:  
a. Gas and Gates  
☒ b. Color Scheme Only  
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
☐ Yes ☒ No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?  
Monday through Friday 5am to 3pm

I, Stephen Tan, acknowledge that in making this color scheme transfer to SF Town Taxi, I will operate my medallion # 1153 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. ☒
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). ☒
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. ☒
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. ☒
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. ☒
6. If I received my permit after 1978, I will comply with the 800 hours or 456 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. ☒
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. ☒

I have read and understood all of the above. I declare that I will operate my taxicab permit number 1153 in full compliance with the above stipulations.

Signature: [Signature]

Date: 8-13-08

Department Witness: [Signature]

Date: 8/13/08



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

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
MERC	2003	2003	CC	2007	32X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	G	PN	2	C	03740		
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED
COMMERCIAL		02/21/08	01	02/21/08	9		
REGISTERED OWNER		PR/HIST: TAXI					PR EXP DATE: 01/31/2008
TAN STEPHEN							AMOUNT PAID
							\$ 170.00

AMOUNT DUE	AMOUNT RECVD
\$ 170.00	CASH :
	CHCK :
	CRDT :

OAKLAND  
CA

94607

LIENHOLDER

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AUG 13 2008

SAN FRANCISCO  
TAXI COMMISSION

H05 503 35 0017000 0052 CM H05 022108 31 8J29041 761

## INSURANCE IDENTIFICATION CARD

CSR TG

STATE **CA**  
COMPANY NUMBER  
COMPANY  
**Lincoln General Insurance Co.**  
POLICY NUMBER  
EFFECTIVE DATE  
EXPIRATION DATE  
**IN ISSUE**      **05/21/08**      **05/21/09**  
YEAR      MAKE/MODEL      VEHICLE IDENTIFICATION NUMBER  
**2003 Mercury Grand Ma**  
AGENCY/COMPANY ISSUING CARD  
**Y. A. Tittle Insurance**  
**Paul Batmale**  
**650-856-2120**  
INSURED

**Stephen Tan**  
**Yellow Cab #1153**

**Oakland****CA 94607**

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

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 WM(2/95)

**RECEIVED****AUG 13 2008****SAN FRANCISCO  
TAXI COMMISSION**



Client#: 57315

TOWNTAXI

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
10/19/07

## PRODUCER

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

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

## INSURED

Town Taxi Cab Company  
999 Pennsylvania Avenue  
San Francisco, CA 94107

## INSURERS AFFORDING COVERAGE

## NAIC #

INSURER A: Lincoln General Insurance Co.

33855

INSURER B: Lincoln General Insurance

33855

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

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

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

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

Certificate Holder is named as Additional Insured as their interest may appear. With respect to the Medallion list attached.

\* 10 DAY CANCELLATION FOR NON-PAYMENT

(See Attached Descriptions)

**RECEIVED**

AUG 13 2008

## CERTIFICATE HOLDER

San Francisco Paratransit Broker  
Attention: Richard Lessor  
68 12th Street  
San Francisco, CA 94103

## CANCELLATION

SAN FRANCISCO

AND COMMISSION

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

AUTHORIZED REPRESENTATIVE

*Masoud Shah*