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

# TO COUNTY OF THE COUNTY OF THE

# CITY AND COUNTY OF SAN FRANCISCO

### TAXI COMMISSION MAYOR GAVIN NEWSOM

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 ATTENDENCE**: 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

ABSENT: Paek

NO: 0

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 Vitcha:** 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
ABSENT: Paek
NO: 0
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
ABSENT: Paek
NO: 0
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 stricktly 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. Digitals 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 ones 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. <u>Taxi Commission v. American Cab Co.</u>: 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

NO: 0

ABSENT: Paek

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 frantic showed receipts they were being of 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

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:**

ABSENT: Pack

- 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

# Consent Calendar: Item B

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

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



# TAXI COMMISSION MAYOR GAVIN NEWSOM

# **MEMORANDUM**

To:

**Honorable Commissioners** 

From:

Jordanna Thigpen

**Executive Director** 

Date:

September 3, 2008

Re:

Medallion Applicants for Taxi Medallions

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

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

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

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

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

- O 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

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

<sup>\*</sup>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.

<sup>\*</sup>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.

<sup>\*</sup>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. Nmezie, List# 6-580, Alternative Fuel, Currently holds a RAMP medallion, 9046 and now he has been offered and applying for an Alt. Fuel medallion

- o 2005: 882 hours
- o 2006: 725 hours, Short 75 hours
- o 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

- o 2006: 904 hours
- o 2007: 1040 hours
- o 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

- o 2006: 210 shifts
- o 2007: 223 shifts
- o 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

- o 2005: 206 shifts
- o 2006: 206 shifts
- o 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

- o 2006: 212 shifts
- o 2007: 187 shifts
- o 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

- o 2005: 980 hours
- o 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)	Type of Medallion Applying for:
TESTAMBRIAN ZEMKANZ.	XRegular □Ramp
Residence Address (Street Address, City, State, Zlo)	
Mailing Address (if different than residence address)	
SAN LEAVING CAT 745/8	
Residence Phone Number:	Phone Number: ( )
	alfable at this Number:
Social Security Number Other name(s) used	
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
California Drivas a Licenso Romber 7 Expirations rogi	LICITICE A
Race (Optional)   Sex   Height   Weight	
/W) F 5-09	Eye Color Hair Color
Color Scheme / Business Name	Business Number
Color Scheme 7 Business Address (Street Address, City, State, Zip)	1(43)043-6100
2121 EVANS Suit 6	
Are you a U.S. Citizen? Yes □No Are you currently an ac	tive driver and hold a current Public Passenger Vehicle
f No, Allen Resident Card Number Driver Permit? Type	
If Yes -Date Permit w	ras Issued: Permit #: 54.536
facts which show why the public will not be adequately served unless t	his permit is granted: (attach additional pages if needed)
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Revised 10/2/08

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į	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? X Yes I No
	If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lam and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab?
	Read each section and sign initials to the left of each section if you agree and understand.
	I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
ŗ	I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or dermit. There are copies of the San Francisco Municipal Code available at City Hall. The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under the density 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 avoke the permit that is granted.
in in	I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during my twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the formation submitted on my application and financial statement is true and correct. I understand that any faise or incomplete formation provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the ermit if granted.
lf	nave read all of the above statements and declare under penalty of perjury that they are correct.
Ξx	recuted on this day of
<del>-/</del>	Signature of Applicant

JUL 07 2008

SAN PROPERTY OF TAXIOCOMMISSION

# COLOR SCHEME DESIGNATION APPLICATION San Francisco Taxicab Commission

		ASE PRINT CLE	ARLY - COMPLETE I	
Applicant's Name (First, Middle, La	ast)	<del>ر</del>	, ,	Phone / /
155FAMARI	AM	ZEMI A	CAEL	
Residence Address (Street Address	s, City, State, Zip)		······································	,
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<u> </u>				1
If this color scheme reques	st is granted by	the Taxicab Comm	ission, list what the taxi co	mpany name, address and phone number will y, State, Zip)
Name of Taxl Company		Business Address of Ta	d Company (Street Address, Cit	y, State, Zip)
ROYAL MAKI	1	· · · · · ·		, san Prancisco, ca 94124
Business Phone		Medailion I	Number	☐ Owner/Operator
415) 643 9500		ļ		Gas & Gate
il.		ĺ		Long Term Lease
		•		
lease describe why you	would like to	use the color sch	eme for the above nar	ned taxi company (attach additional pag
ecessary):	. 1	٠ .	·	
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		•		JUL V / ZUUX
				SAN FOMMINGO
	·			SAN FRANCISCO TAM COMPRESSOR
				SAN FRANCISCO TANCOS RANGES
erlify (or declare) under pena	ilty of perjury t	under the laws of the	e State of California that	SAN FRANCISCO TAN CONTRIBUTION the foregoing is true and correct.
		, , , , , , , , , , , , , , , , , , ,	<i></i>	
	y 21	mlec (		SAN FRANCISCO TAM COLEMINATION the foregoing is true and correct.  2008 at San Francisco, California.
	y 21	mlec (		
ecuted on <u>leafa</u> TESFAMAIL	y 21	, , , , , , , , , , , , , , , , , , ,	- July 20 2 -7 Tes	
ecuted on <u>leafa</u> TESFAMAIL	y 21	mlec (		
ecuted on	AM Z	emilei ( Eni KA	Signature of Applicant	2008 at San Francisco, California.
ecuted on <u>leafa</u> TESFAMALI t Name of Applicant	YAM Z	emilei ( Eni KAL	- July 20 2 -7 Tes	2008 at San Francisco, California.  The Land Color of the HEME ONLY The San Francisco, California.
ecuted on Pegfo TESFAMAI t Name of Applicant ne of person authorized to sign	TO BE CON for Color Schen	emilei ( Eni KAL	Signature of Applicant	2008 at San Francisco, California.  The San Francisco, California.  Title:
ecuted on <u>leafa</u> TESFAMAIL Name of Applicant	TO BE CON for Color Schen	emilei ( Eni KAL	Signature of Applicant	2008 at San Francisco, California.  The Land Color of the HEME ONLY The San Francisco, California.
ecuted on Pegfo TESFAMAI t Name of Applicant ne of person authorized to sign	TO BE CON for Color Schen	emilei ( Eni KAL	Signature of Applicant  SEPTING COLOR SO	And Title:
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ecuted on Pegfo  TESTAMINI  I Name of Applicant  The of person authorized to sign  CHLISTOPHER  Color Scheme Holder I person	TOTBE CON for Color Schen S WE(3)	EMLEC ( EMLEAD BY AC  MRIERED BY AC  ne Holder:	Signature of Applicant  CEPTING COLOR SO	And Title:
t Name of Applicant  The Color Scheme Holder / person	TOTBE CON for Color Schen S WE(3)	EMLEC ( EMLEAD BY AC  MRIERED BY AC  ne Holder:	Signature of Applicant  CEPTING COLOR SO	And Andrew Court MANN Title:  MANNGER  OUAL MAN
ecuted on Pegga  TESFAMAIL  I Name of Applicant  The of person authorized to sign  CHLISTOPHER  Color Scheme Holder I person  by give consent to the applicant	TO BE CON for Color Schem S WELS	EMILE ( EMILE	Signature of Applicant	HEMEONEY:  MANAGER  Color Scheme Name
tecuted on Performance of Applicant  TESFAMAIL  It Name of Applicant  The of person authorized to sign  CHUS TOPHER  a Color Scheme Holder I person  by give consent to the applicant	TO BE CON for Color Schem S WELS	EMILE ( EMILE	Signature of Applicant	HEMEONEY:  MANAGER  Color Scheme Name
ecuted on Peafor TESFAMAI  It Name of Applicant  The of person authorized to sign	TO BE CON for Color Schem S WELS	EMILE ( EMILE	Signature of Applicant	HEMEONIYES  MANAGER  COLAT MAXI  Color Scheme Name
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t Name of Applicant  The of person authorized to sign  CHLISTOPHER  Color Scheme Holder / person by give consent to the applicant  iffy (or declare) under penalty of	TOTRE COM for Color Schen S V=1.5 In authorized to set the named to use	EML/CC ( EML/AC  MRIERED BYAC  ne Holder:  sign for the Color Sche  my color scheme,  he laws of the State of	Signature of Applicant	HEMEONIYAND Color Scheme Name
t Name of Applicant  The of person authorized to sign  CHLISTOPHER  Color Scheme Holder / person by give consent to the applicant  iffy (or declare) under penalty of	TOTRE COM for Color Schen S V=1.5 In authorized to set the named to use	EML/CC ( EML/AC  MRIERED BYAC  ne Holder:  sign for the Color Sche  my color scheme,  he laws of the State of	Signature of Applicant	HEMEONIYAND Color Scheme Name
tecuted on Performance of Applicant  TESFAMAIL  It Name of Applicant  The of person authorized to sign  CHUS TOPHER  a Color Scheme Holder I person  by give consent to the applicant	TOTRE COM for Color Schen S V=1.5 In authorized to set the named to use	EMLEC ( EMLEAD BY AC THE HOLDER:  Sign for the Color Scheme, the laws of the State of	Signature of Applicant	HEMEONIYES  MANAGER  COLAT MAXI  Color Scheme Name
t Name of Applicant  The of person authorized to sign  CHLISTOPHER  Color Scheme Holder / person by give consent to the applicant tify (or declare) under penalty of ture of Color Scheme Holder / person	for Color Schen S WE(S)  In authorized to set named to use  In authorized to set named to use	EMLEC ( EMLEAD BY AC THE HOLDER:  Sign for the Color Scheme, the laws of the State of	Signature of Applicant	HEMEONEY  COLOR Scheme Name  g is true and correct.
t Name of Applicant  The of Applicant  The of Applicant of Color Scheme Holder / person by give consent to the applicant tify (or declare) under penalty of the of Color Scheme Holder / person the co	TOTRE COM for Color Schen S V=1.5 In authorized to set the named to use	EMLEC ( EMLEAD BY AC THE HOLDER:  Sign for the Color Scheme, the laws of the State of	Signature of Applicant's signature of Applican	At San Francisco, California.  HEMEONY Title: MAMPGER  COLOR Scheme Name  g is true and correct.  7/08  New Declaration Signed
t Name of Applicant  The of Applicant  The of Applicant of Applicant  The of Prison authorized to sign  The Color Scheme Holder / person by give consent to the applicant tify (or declare) under penalty of the Applicant of the Applicant tify (or declare) under penalty of the Applicant tify (or declare) under the Appli	for Color Schen S WE(S)  In authorized to set named to use  In authorized to set named to use	EMILE ( EMILE ( EMILE) BYAC  THE HOLDER:  Sign for the Color Scheme Holder:  The laws of the State of the Sta	Signature of Applicant	HEMEONEY  COLOR Scheme Name  g is true and correct.

JUL 07 2008

CONTONNET MADE IN THE CONTONNET MADE IN THE



ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

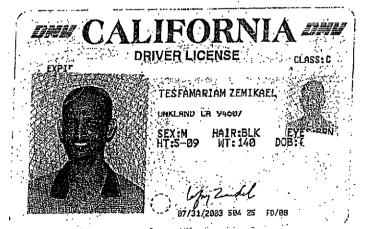
EXPIRES: DECEMBER 31, 2008

TESFAMARIAM ZEMIKAEL

P44-4

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)	Type of Medailion Applying for:
LAMES Y-C LENG	¤Regular □ Ramp
Residence Address (Street Address, City, State, Zip)	SAN FRANCISCO CA 94121
Mailing Address (If different than residence address)	
2047H -	SAN TRANCISCO CA 94080
Residence Phone Number: ( 415 <sup>T</sup> Alternate Phone	**
Hours Available at this Number: 7pm To 6AM Hours Available Social Security Number Other name(s) used	le at this Number: 6AM 70 7PM
Other name(s) used	l
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
0001	SINGAPORE
Race (Optional) / Sex Height / Weight / M/F S-4" /40	Eye Color Hair Color
Color Scheme / Business Name	Business Number
KOYAL TAXI	(415) 643-9500
Color Scheme / Business Address (Street Address, City, State, Zip)	1. 0.
2121 EVANS AVE, SUITEG, SAN FRANCIS	Sco CA 94124
Are you a U.S. Citizen? Yes $\square$ No, If No, write the Alien Resident Card Numbe	r:
Are you currently an active driver and hold a current Public Passenger Vehicle Dri	iver Permit (A-Card)?
If Yes -Date permit was issued: MAY 1994 Permit #: PAH-0	046231
	(023)
Has this permit ever been revoked?   Yes  No If yes, explain:	
Please describe why the public will not be served properly if this medallion	is not granted (attach additional pages if pages and)
The second secon	The first grashed (allaen additional pages in Necessary).
Su trancisco es a empilly gorowing	ides in the world.
- Everyday thousands of people from	all water of life west
the city for the pleasure of tourism	as well as for business
	· , / ,
purposer Let we do not have enough	In laxicals to provide
the Sewice to the people of Son France	vine and the encreasing
punches of trunist and forming non a	A Al Al
11 " h land wasines page	from all our the world
The city has less than enough twin	shy on the Streets and
certains. Espand Maril. and land	to the same
1. 11 2	i a comment
desabled person and all resedent	of San trancisco.
	/
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	PARTON MARTIN
eceived by Amount Receipt No. Amount :	
1204	Date of Alice 1 5 // Olivers

Updated: May 21, 2008, G:\Medatlion\Applications\_Forms & templates Med Application\PCN Application-3pg.doc

Notice Date:

Page 1 of 3

	a taxicab in the Section 1121(b)		ancisco and ⊒ No	I meet the	current year's dr	riving re	quirement pursuant to SF	FPD Munici	pal
List residenc	e addresses for	last five years (	List most recer	nt first, attach a	dditional pages if nee	eded)			
From Date	To Date	Residence Addre	•	• • •		<del>,_</del>	c 00.		
<u> 1993</u>	PRESENT					RAN	CISCO. CA 941. SAN FRANCISCO 9	2/	
1995	PRESENT	C			· · · · · · · · · · · · · · · · · · ·	uth	SAN FRANCISCO 9	74080	
						<del></del>			
·									
Francisco?	ou lived within a 30 n		How many y Francisco?		perience do you have years <u>/ O</u> mont	ì	Are you physically qualified to safely?  Yes		ırd vehicle
List employm	ent for last five y	years (List most re	l cent first, attac	h additional pag	ges if needed)	1	77.00		-
From Date	To Date	Company Name			ess (Street Address, 0	,	• •	Type of Wo	
2005	PREJENT	,					SAN FRANCISCO CA 94	•	
<u>2000</u>	Preserva	Pumber-S	TEAMFIT	120.#467 —	1519 Ro CA 94010		ROAD BURLINGAMO	<u>PLUN</u> Pipe Fiz	TER_
Have you eve	r been convicted	d of, or plead gu	ilty or No C	ontest to an	y crime? □Ye	es Ø	No If yes, provide the inform		
Failure to provid	le full information	relative to prior co	onvictions, gu	Place of Arres			onsidered cause to deny the		
Pro-									
NAME OF THE OWNER OWNER OF THE OWNER									
	jht impaired? [ ordinary nearsig		rsightednes	s corrected	by eyeglasses.		Is your hearing impair ☐ Yes        No	red?	
Do you have a	aný physical im	pairments?	□Yes	☑No If	yes, describe th	he impai	irment:		
Have you ever		epsy □ Yes	ĮΝο	Ver	tigo □Yes	Ø No	Heart Trouble	□Yes	⊠No
-	or have you ev ne use of intoxic	•	□Yes	Æ[No	Any l	Narcoti	c Drug? □Yes Ø	(No	
	viously a medal e medallion peri		,	☑No 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 you taxicab? Yes   No
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
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 <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this 8 <sup>TH</sup> day of AuGus 7, 20 <u>08</u> at San Francisco, California.
Jameshurg
Signature of Applicant

# TAXICAB COLOR SCHEME CHANGE APPLICATION San Francisco Taxicab Commission

CHANGE OF COLOR	SCHEME - From:	То:	POYAC TAXI
*Forms to submit with this and Color Scheme Change	Questionnaire.		nsurance Card, Vehicle Introduction Form (2
		LEARLY – COMPLETE ENTIRE	FORM
Applicant's Name (First, Middle,	Last)  US Y-C LENG  ess, City, State, Zip)		Phone
Residence Address (Street Addre		PRANCISCO, CA 941	71
Joint Applicant's Name (First, Mic	Idle, Last)	1 1200360 / 61. 111	Phone ( )
Residence Address (Street Addre	ess, City, State, Zip)		/ /
Is this a Corporate perm	nit? No 🗆 Yes If yes, I	Name of Corporation:	
If this color scheme req	uest is granted by the Taxicab Cor	mmission, list what your business nan	ne, address and phone number will be.
Business Name	Business Address (St	reet Address, City, State, Zip)	-
ROYAL MAPI	2121 61	IANS AVE, SUIREY,	SAN PRANCISCO, CA 94124  SOMMER / Operator
Business Phone (415) 643 950	Medallio	n Number(s)	Owner / Operator
113/673 736			Gas & Gate
			Long Term Lease
I (We) certify (or declare) u  Executed this Aug  LEA	day of//	laws of the State of California that the contract of the State of California and the contract of the contract	
Print Name of Applicant	<u> </u>	Signature of Applicant	<u>y</u>
**********	****TO BE COMPLETED BY	ACCEPTING COLOR SCHEME	ONLY************************************
Name of person authorized to sign	for Color Scheme Holder;		Title:
CHEIS SU	E15		MANAGER
I, the Color Scheme Holder / pe	erson authorized to sign for the Color	Scheme Holder for Loyac	Maci
hereby give consent to the app	licant named to use my color scheme	).	axicab Color Scheme
I certify (or declare) under pena	alty of perjury under the laws of the St	tate of California that the foregoing is true	and correct.
Signature of Color Scheme Ho	Ider / person authorized to sign for Color Scheme	Holder 8	11/08
and a community of the			- Data
Agenda Notice Date	**************************************	FICE USE ONLY************************************	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date 1500 115 (100)
Jpdated: July 23, 2008, G:\Forms &	Templates\Applications & Driver Info shee	ots\ColorSchemeApplication.doc	SAN FRANCISCO TACH COMMISSION

# DRIVER LICENSE CLASS: C. JAMES YUEN CHEONG LENG 12 SEX:M HAIR: BLK EYES: BLK HT: 5-04 WT: 138 DOL

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.

5 9 9 SEP 2 9 2005

DL 43 (REV. 9/94)

A Public Service Agents



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



PECEIVED

AUG 15 2008

SAN FRANCISCO TAXI COVIMISSION

# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
Residence Address (Street Address, City, State, Zip)	Regular □ Ramp
Sa transiero CA	94112
Mailing Address (If different trian residence address)	
Residence Phone Number: (445) Alternate Phone Nu	mber: (245)
Hours Available at this Number: Daytime Hours Available at the	•
Social Security Number Other name(s) used	Nice y Q loss
California Driver's License Number / Expiration Year Date of Birth /	Place of Birth
Race (Optional) / Sex Height / Weight	China
[Minese   MI/F   5'01" 155	Eye Color Hair Color Brown BLK
Color Scheme / Business Name 17-05-01-5 C-1-7 C-0	Business Number (415) 487-1004
Color Scheme / Business Address (Street Address, City, State, Zip)	
98 peunsylvania St, Sou Francisco, CA	44(0)
Are you a U.S. Citizen? Yes Do, If No, write the Alien Resident Card Number:	
Are you surrently on getting driver and held a surrent D. N. D.	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver If Yes –Date permit was issued: C+ 199+ Permit #: P++ 5	/ /
	063869
Has this permit ever been revoked? ☐ Yes 💢 No If yes, explain:	'
Please describe why the public will not be served properly if this medallion is r	not granted (attach additional pages if necessary):
I have been driving for +	the taxi in Son
	1 ( ) ( ) ( )
& my billingual languages - E	iglish 2 Chinese.
I believed that I could se	Etc Service the
community better, especially the	language I
Know Chinese	J
OFFICE USE ONLY	DECENTION
eceived by Receipt No. 91 1 Amount 41.02 &_	Date

SAN FRANCISCO TAXI COMMISSION age 1 of 3

Notice Date:

I have driven a taxicab in the Police Code Section 1121(b).	·	I meet the current year's driving re	equirement pursuant to SFPD Municipal
List residence addresses for la From Date  To Date  BOT Present  Ob/67 07/07	ast five years (List most recent Residence Address (Street Addre	first, attach additional pages if needed) ass, City, State, Zip) San Wan CSC, Trancisco	CA 94112 CA 94134
How long have you lived within a 30 mi Francisco?	months Francisco?	ars driving experience do you have in San	Are you physically qualified to drive a standard vehicle safely?  Yes  No
02/07 Present 04/08 Present 05/06 04/08 6/95 11/2000	Company Name MTA  Recents Cab Co  Royal Tab Co  Regents Cab Co	Address (Street Address, City, Sta City Country of So 98 Perry Uchica H21 Forms St.	Trancisco Transit Operations St. S.F. CA94111] Taxi Drive Suff. S.F. CA94107 Taxi Drive St. S.F. M94107 Taxi Drive
Have you ever been convicted  Failure to provide full information re  Offense	elative to prior convictions, gui	ontest to any crime?	No If yes, provide the information required below.  (Attach additional pages if needed) considered cause to deny the permit.  Disposition
Is your eyesight impaired? □ Do not include ordinary nearsig Do you have any physical imp	htedness or farsightedness	corrected by eyeglasses.	Is your hearing impaired?  ☐ Yes XNo airment:
Have you ever had: Epile Are you now, or have you eve Addicted to the use of intoxic Were you previously a medali	er been, ating liquor? □ Yes	Vertigo □ Yes ⊠No ☑No Any Narco ĭNo	
	/	explain for what cause? ☐ Yes	□No

THE THE THE TANK THE
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 disportch service, use
the course of leaves last polling for so the sould a trait
Regents Cab Company has 24-hour radio disportch service, use the service of 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 you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar
Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
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 <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this 22 08 at San Francisco, California.
Signature of Applicant
olgrature of Applicant*

AUG 072008

SAN FRANCISCO TAXI COMMISSION

### **COLOR SCHEME DESIGNATION APPLICATION**

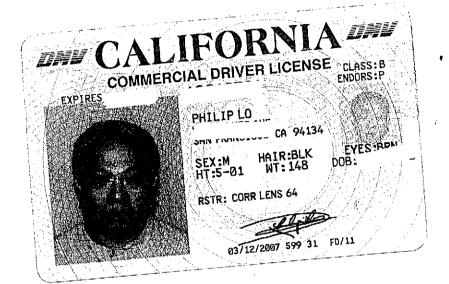
San Francisco Taxicab Commission

-YOU MUST SUBMIT A CE	PI FASE PRI			TE ENTIRE FO		THIS APPLICATIO
Applicant's Name (First, Middle,		MI OLLAND	I - OOMII EE	TE ENTINE TO	Phone	•
Philip	10				\ , · · ·	
Residence Address (Street Addr	ess, City, State, Zip)	^ -	,	·		
Mailing Address, if different from	. , -,	San Fr	ancisco	, CA	94112	
Mailing Address, if different from	above (Street Address, City, Sta	ate, Zip)				
If this color scheme requ	uest is granted by the Taxio	cah Commissio	n list what the t	axi company name	e, address and phone	a number will be
Name of Taxi Company	Business A	ddress of Taxi Con	pany (Street Addre	ess, City, State, Zip)	o, address and priore	3 A
Regents la	b Co. 98	Pensyl	venia	, San Tra	noisco 9	407
Business Phone		Medallion Number	er		Owner/O	perator
40,1-10	04	ļ			Gas & Gat	
		<u> </u>			Long Term	Lease
Please describe why yo	ou would like to use the	color scheme	e for the abov	e named taxi co	ompany (attach ad	lditional pages if
necessary):						
I 14	ce their	ratio :	Souther	s! <	ecurity	Rickson.
		104310	<i>5</i> 0( <b>V</b> (C C		9	
	· 					
I certify (or declare) under p	enalty of perjury under the	e laws of the S	tate of Californi	a that the foregoi	ng is true and correc	ot.
	<i>i</i>	3		_		
Executed on	of J	4		, 20 <u>0 7</u>	at San Francisco,	California.
Den D	10		Mary Company of the C	Stolato		
Print Name of Applicant			Signature of Ap	oplicant V	· · · · · · · · · · · · · · · · · · ·	
**********	*****TO BE COMPLET	ED BY ACCE	PTING COL	OR SCHEME O	NLY**********	******
Name of person authorized to	sign for Color Scheme Holde	ər:	3,220 (3), / 1, w = 0,000 + 1/1, , /=0000 A 1-1/1-1/2/10000 W	0.305(d) 6+(-00); *) \ \ @0000 0.0000+(-0.000=) \ \ \ \ \ (-0.03\(\nu\) \ \ \ (-0.03\(\nu\) \ \ \ \ (-0.03\(\nu\)	Tit/e:	-
Steven an.	tosa				General Cab Co.	Lanage
					0.1.0	
I, the Color Scheme Holder / p	erson authorized to sign for t	the Color Schem	e Holder for			1
hereby give consent to the app	olicant named to use my colo	r scheme.		C	color Scheme Name	
certify (or declare) under pen	·		California that the	foregoing is true an	d carrect	
Certify (of deciate) under perio	aity of perjury under the laws	Of the otate of c	Jamonna that inc	Torogonig is true an	a correct.	
——————————————————————————————————————	•			7-24-0	8	
Signature of Color Scheme Holder	person authorized to sign for Co	olor Scheme Holder	r D	ate		
					RECE	VED
	**********	*****OFEICE I	ISE ON! Y****	*********	BY TOO ECONOMY VICELEY POSSESSE IS	
Agenda Notice Date	Hearing Date		Decision of Taxic	2014 A 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	New Declaration 61	A2008

A*************************************				
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration of Tree 008	
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted SAN FRANCISCO	
Received by:	Receipt No.	Amount	TR910COMMISSION	

AUG 072008

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)  ELVLS SO TRAN	Type of Medallion Applying for:
Residence Address (Street Address, City, State, Zip)	10, CA 94112
Mailing Address (If different than residence address)	
Residence Phone Number: (415)	Alternate Phone Numbe
Hours Available at this Number:  Social Security Number  Other name(s) used	Hours Available at this Number: 7 AM - 6 PM
California Driver's License Number / Expiration Year Date of	Birth Place of Birth
Race (Optional) Sex Height	Weight, Eye Color Hair Color
Color Scheme / Business Name	Business Number
Color Scheme / Business Address (Street Address, City, State, Zip)	(415) 282-3737
1200 MIBSISSIPPI ST SAN ]	RANGSD, CA 94107
Are you a U.S. Citizen?	at Card Number:
Are you currently an active driver and hold a current Public Passeng	
If Yes –Date permit was issued: 1-1943 Permit#	177 7075705
Has this permit ever been revoked? ☐ Yes X No If yes,	
Please describe why the public will not be served properly if the	is medallion is not granted (attach additional pages if necessary):
Ti this madallina	not as and the author
a lung of the state of the stat	of the purity
in Cara Exercise D To	d shortage of tax) cats
times to link a cat at	Called Lucky Cusper invited
and trestaurants Also	supply hos pourse to not
a cat from 8 AM to to:	30 AM and there are not
enough cal from 4PM to	
	Moscone Center the
	et at every Hotel.
The state of the s	
	All France

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 phuse SAN FRANCISCO, CA 4412
How long have you lived within a 30 mile radius of San Francisco?  Tyears
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  DI-1991 PRESENT YFILOW CAB CO 1200 MISSISSIPPIST PRIVER  SAN FRANCION CA 94107
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
s your eyesight impaired?  Yes No  No not include ordinary nearsightedness or farsightedness corrected by eyeglasses.
Do you have any physical impairments? □ Yes 💢 No If yes, describe the impairment:
lave you ever had: Epilepsy □ Yes ☒ No Vertigo □ Yes ☒ No Heart Trouble □ Yes ☒ No vertigo □ Yes ☒ No Any Narcotic Drug? □ Yes ☒ No
Vere you previously a medallion holder? □ Yes 対 No 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 taxical permit, I will join with yellow cab company
with Valley Company
with read to company
$^{\prime}$
If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ⊠Yes □ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sal Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
A P
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/o permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false of incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit of revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this day of
Signature of Applicant

AUG 1 2 2008

SAN FRANCISCO TAXI COMMISSION

# COLOR SCHEME DESIGNATION APPLICATION San Francisco Taxicab Commission

TAKIPEOMMISSION

*YOU MUST SUBMIT A CERTIFI			RD, & INSURANCE CARD WITH THIS APPLICATION
Applicant's Name (Eirst, Middle, Last)	PLEASE PRINT CLI	EARLY – COMPLETE ENT	Phone Phone
ELVLS	SO TRAN		41521125
Residence Address (Street Address, C	J. SAN FR	ANOISCO, CA	94112
If this color scheme request in	s granted by the Taxicab Con	nmiceion liet what the taxi comp	any name, address and phone number will be:
Name of Taxl Company	Business Address of	Taxi Company (Street Address, City, S	tate, Zip)
VELLOW AB Business Phone (415) 282-373		SSISSIPPI ST GA	N PANULO: CA 94/1" □ Owner/Operator □ Gas & Gate
Please describe why you we necessary):	ould like to use the color s	scheme for the above name	☐ Long Term Lease  d taxi company (attach additional pages if
I would le company 1 OPS and t Paratransit	Ke Yellow t Aas a g wo-way na soripts an	Cab Co becau food system dio, Also t d Oredit car	use it is a big such as dispatching the company accepts
Executed on	y of perjury under the laws o	of the State of California that the, 20 <u>O</u> , 20 <u>O</u>	e foregoing is true and correct.  at San Francisco, California.
		ACCEPTING COLOR SCH	IEME ONLY****************
Name of person authorized to sign f			Gu Mgs
I, the Color Scheme Holder / person hereby give consent to the applicant I certify (or declare) under penalty of	authorized to sign for the Color	Scheme Holder for <u>(fell</u> a	wal Co-op
hereby give consent to the applicant	named to use my color scheme	э.	Colur Scheme Name
I certify (or declare) under penalty of	perjury under the laws of the St		
Signature of Color Scheme Holder / perso	authorized to sign for Color Schen	ne Holder Date	10-8
			RECEIVED
Agenda Notice Date	#*************************************	FICE USE ONLY************************************	
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted SAN FRANCISCO

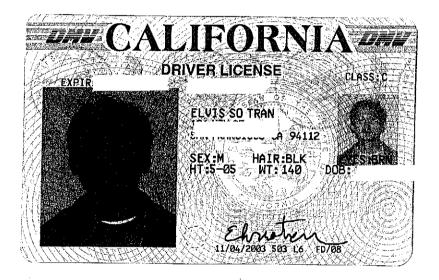
Amount

Receipt No.

Received by:

AUG 1 2 2008

SAN FRANCISCO TAXI COMMISSION





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)	Type of Medallian Analysis for
LOUIS I. NMEZI	Type of Medallion Applying for:  ——— Regular □ Ramp
Pasidance Address (Street Address City State 7in)	EMUE
Malling Address (If different than residence address)  S.F. C.A. G.H.1.2.H.	7 4 01 6
Residence Phone Number: (4/15)	Alternate Phone Number: (4/5)
Hours Available at this Number: 344 ou es  Social Security Number Other name(s) used	iours Available at this Number 24 Hours
N/	ONE
California Driver's License Number / Expiration Year  Date of Bi	NIGERIA
Race (Optional) LACK Sex Height /0	180 BROWN Hair Color BLACK
Color Scheme / Business Name	Business Number (415) 642-6400
Color Scheme   Business Address (Street Address, City, State, Zip)	#B = = = = = = = = = = = = = = = = = = =
85 INDUSTRIAL STRE	ET, SF. CA. 94124
Are you a U.S. Citizen? Yes \( \sum \text{No, If No, write the Alien Resident C} \)	ard Number:
Are you currently an active driver and hold a current Public Passenger If Yes –Date permit was issued: JAM, 608 Permit #:	Vehicle Driver Permit (A-Card)? WYes □ No
If Yes –Date permit was issued: JAV 8 Permit #:  Has this permit ever been revoked?  Yes No If yes, ex	
Please describe why the public will not be served properly if this	medallion is not granted (attach additional pages if necessary):
ASA 20 YEAR DRI	VING SANFRANCISCANS
AND TOURISTS, THIS MY	EDALLION WILL
KEEP ON MOVING CIT	Y CITIZENS AND
ALSO HELP REDUCE	PROBLEM 8F
CARBON MONOYIDE IN	THE AIR IN
SAN FRANCISCO.	1/4/
GREEN VEHICLE	11 THE TOPULARY
TUST AC RAMO WAN	CA TONICA TEO
DISABLED DEDOLE	5 15/NGO FOR
60 6088N CA	MERANCISCO! GO!!
GRANT THIS HY	BRID VEHICLE NOW?
THANKS.	
OFFIGE USE C	NLY RECEIVED
eceived by:  Receipt No. Amount	Date Date
	JUL 3 02008

: Hearing Date:

Notice Date:

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b).  Ves
List residence addresses for last five years (List most recent first, attach additional pages if needed)  From Date Residence Address (Street Address, City, State, Zip)  MAY DE DRESENT. DR
AVENUE ST 9H124
MAY 02 TO MAY 05: STR. SF 94134
How long have you lived within a 30 mile radius of San Francisco?  How many years driving experience do you have in San Are you physically qualified to drive a standard vehicle safely?  Wes  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  FVANS #6. TAXI DRIVE  SF 94124
MAR DG TO PRESENT OB  (348) BEST CAB 85 INDUSTRIAL STRIFB TAXI DRIVE  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 [7]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?
Were you previously a medallion holder? ☑Yes ☐ No f 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? Wes ☐ 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)
- TWILL 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 you taxicab? VYes   No
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
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 <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this TULY 2/5t day of TULY , 20 08 at San Francisco, California.
Loridovan
Signature of Applicant

JUL 3 0 2008

SAN FRANCISCO TAXI COMMISSION

### **COLOR SCHEME DESIGNATION APPLICATION**

San Francisco Taxicab Commission

SAN FRANCISCO
TAXI COMMISSION

TOU WOST SUBMIT A CERT	IFICATE OF WORKER'S COMPENSA	HON, REGISTRATION CARD, & INSU	RANCE CARD WITH THIS APPLICATION
		LY – COMPLETE ENTIRE FOR	
Applicant's Name (First, Middle, Las	16.	NU AMEZIE	Phone (410)
Residence Address (Street Address	, City, State, Zip)	111111111111111111111111111111111111111	7 /13
		11- Mus.	
Mailing Address, if different from abo	ove (Street Address, City, State, Zip)	0 0 1	*
SAN	FRANCISCO	CA. 7412	4
15 462	ti-	Part I at the first and	·
Name of Taxi Company	t is granted by the Taxicab Commissi Business Address of Taxi Co	on, list what the taxi company name ompany (Street Address, City, State, Zip)	, address and phone number will be:
BEST CA	48 185 INDU	STRUAL STREE	T,#B SF 94124
Business Phone	Medailion Num		Owner / Operator
418 647 -6	400   G		Gas & Gate
		Just of	→ Long Term Lease
Please describe why you	would like to use the color scher	ne for the above named taxi co	לאלאלא) mpany (attach additional pages if
necessary):	would like to use the color scher	me for the above hamed taxi cor	mparry (attach additional pages if
	The Mass	• • • • • • • • • • • • • • • • • • • •	4
	-ouis MMEZ		CE AND
Of ERAT	10NAL CO	-ORDINATOR	+82
BEST	AB COMP	ANT.	
THE	S NEW ME	DALLION W	NU BE
0	JUE WOOL	DIFFEE CO. A.	ocu bu
OVERATE	> 10/14/1KE	two # 1046	TILL NEW
HIBRID	ARRIVES!		
Lagrania (	- the	04-4	
r certify (or declare) under pena	alty of perjury under the laws of the	State of California that the foregoin	g is true and correct.
Executed on <u> </u>	1 2974	, 20 <u>0                                  </u>	at San Francisco, California.
	1		
Print Name of Applicant	IMEZIE	Lorwing	
Print Name of Applicant		Signature of Applicant	
**********			**************************************
Name of person authorized to sig	*TO BE COMPLETED BY ACC 1 for Color Scheme Holder:	EMING COLOR SCHEWE ON	Title:
10	-1		_
LINUS C	> h q		Dwner
			1
, the Color Scheme Holder / person	on authorized to sign for the Color Scher		olor Scheme Name
nereby give consent to the applica	nt named to use my color scheme.		To Ocheme Warne
certify (or declare) under penalty	of perjury under the laws of the State of	California that the foregoing is true and	correct.
To A		1 1	
himus (	The	1/28/08	
Signature of Color Scheme Holder / per	son authorized to sign for Color Scheme Hold	er Date I	
	*****************	TICE ON WASSESSESSESSESSESSESSESSESSESSESSESSESSE	PFCFWCD
genda Notice Date	Hearing Date	USE ONLY************************************	New Declaration Signed
Vorker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted 3 0 2008
•	r		,

Amount

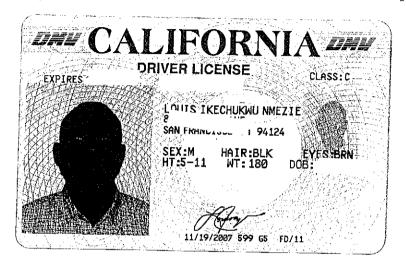
Worker's Comp Submitted

Received by:

Receipt No.

JUL 3 0 2008

SAN FRANCISCO TAXI COMMISSION





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&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
DAVW A WONG	⊠ Regular □ Ramp
Residence Address (Street Address, City, State, Zip)	· · · · · · · · · · · · · · · · · · ·
O AVE BALLY CITY CAC	74015
Mailing Addréss (If différent than residence address)	
Residence Phone Number: (6-17)	Alternate Phone Number:
Hours Available at this Number:	Hours Available at this Number: I V - 683
Social Security Number Other name(s) used	(
California Driver's License Number / Expiration Year Date of Bi	rth / Place of Birth
	BURMA
Race (Optional) Sex Height  M/ F  S-/4//	Weight Eye Color Hair Color 30 BROWN BLACK
Color Scheme / Business Name	Business Number
S.F. /AX/ CAB CO Color Scheme / Business Address (Street Address, City, State, Zip)	(415) 920 -0709
2121 EVANS St ST- CA 9413	24
Are you a U.S. Citizen? ⊠Yes □ No, If No, write the Alien Resident C	/
Are you a 0.5. Gilizer: at res Lino, if No, write the Allen Resident C	was seed and the seed of the s
Are you currently an active driver and hold a current Public Passenger	Vehicle Driver Permit (A-Card)? ☐ Yes ☐ No
	244-045657
Has this manual area has a marked O T Ves The Mark	44.04362
Has this permit ever been revoked? ☐ Yes 🙀 No If yes, ex	cplain:
Please describe why the public will not be served properly if this	medallion is not granted (attach additional pages if necessary):
The second of Pan Egencies will	benefit from my driving
experies of have been den	
	A will be a second of the seco
from how to play the ladio	holels, ausport, and flags.
I have had a complaint abo	of my devine ox about the
une of their of an always ca	which with my passespess of
have a good Knowkedop of Sal	Prancisco Askan North beach
to south beach.	
to south beach. Dans won	A
- ISANIY CON	<u>Y</u>
	1100
	17 A SECTION OF THE S
	DECENIED
	RECEIVED
Received by: Amount 7	ONLY Date AUG 1 1 2008
Dandle 401301 And	2X
	g Date: SAN FRANCISCO

I have driven a taxicab in the City of Police Code Section 1121(b).	i i	I meet the current year's driving	requirement pursuant to Si	FPD Municipal
List residence addresses for last five	years (List most recen	t first, attach additional pages if needed)		
From Date Resider	nce Address (Street Addr	ess, City, State, Zip)		
Magch 1996 Cursent	<del></del>		CITY CAGYO	(J
· · · · · · · · · · · · · · · · · · ·	Marie Carlos			
How long have you lived within a 30 mile radius Francisco?  / 9 years 9 mont	Francisco?	ears driving experience do you have in Sa	Are you physically qualified to safely?	drive a standard vehicle
List employment for last five years (List	st most recent first, attach	additional pages if needed)		
From Date To Date Compan	y Name	Address (Street Address, City, S	tate, Zip)	Type of Work
MAY/2001 Current C	15 P.S	1525 MIRAMO	VTG AVE	Letter could
/	1	LOS ALTOS	CAG4024	
DANU DOCK RO	BY CAR C	2. 999 PERWSY	LANIA AND CLOW	~ 20115A
2007 2007 7	OR CITY CA		+AF 94 - 0110	2 Days
100 1000	Um Cryce	16 6, 17 5 RY	1101 51. 59990	>
Classicity	/	L Streets of the street of the streets of the stree	1000	
Have you ever been convicted of, or presented for provide full information relative to Offense	o prior convictions, gui	'	No If yes, provide the inform (Attach additional particles of the considered cause to deny the Disposition	pages if needed)
	40004-0			**************************************
· · · · · · · · · · · · · · · · · · ·			. ,	W-4000-1
			•	
ls your eyesight impaired? □ Yes Do not include ordinary nearsightedne.	 ∑No ss or farsightedness	corrected by eyeglasses.	Is your hearing impair ☐ Yes ☑No	red?
Do you have any physical impairme		XNo If yes, describe the im	pairment:	
Have you ever had: Epilepsy	□Yes ÆNo	Vertigo □ Yes ⊠N	o Heart Trouble	□Yes ØNo
Are you now, or have you ever been Addicted to the use of intoxicating li		☑No Any Narc	otic Drug? ☐ Yes ☐	No
Were you previously a medallion hol	der?. Yes 🖸	INo	,	
f yes, was the medallion permit ever			s 🗆 No	
, , , , , , , , , , , , , , , , , , ,	TOTOROGI II yes, t	Septem for what dauges [1] 16:	3 L 140	

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? PYes Do 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)
Because impollent for the conting, can trace topical 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 lam and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab? 区义es 口No
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sa Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false of incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit devoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours durin 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 incomplet information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this day of _AUGUST, 20 ofat San Francisco, California.
Signature of Applicant

AUG 1 1 2008

SAN FRANCISCO TAXI COMMISSION

San Francisco Taxicab Commission

"YOU MUST SUBMIT A CERT		ARLY - COMPLETE ENTIRE FO	ORM
Applicant's Name (First, Middle, Las			Phone
DAVID	A WONS, City, State, Zip)		(650)
		City CA94015	
Name of Tayl Company	Business Address of T	mission, list what the taxi company name axi Company (Street Address, City, State, Zip)	
Business Phone (415) 920-07	0 9 Medallion	n Number	Owner / Operator Gas & Gate Long Term Lease
Please describe why you necessary):	would like to use the color so	cheme for the above named taxi c	ompany (attach additional pages if
GREAT	DISPATCH S	SERVICE FROM	CityWIDE DISPATO
	·		
Executed on $\underline{\mathcal{S}}$	alty of perjury under the laws of	C 11	at San Francisco, California.
**************************************		ACCEPTING COLOR SCHEME (	DNLY************************************
JACK G.			SOLEPRO RIETOKSHIP
I, the Color Scheme Holder / pers	on authorized to sign for the Color S	Scheme Holder for S.F. TA	ZX/-CAB CO. Color Scheme Name
hereby give consent to the applica	ant named to use my color scheme.		
I certify (or declare) under penalty	of perjury under the laws of the Sta	ate of California that the foregoing is true a	_
Signature of Color Scheme Holder / pe	rson authorized to sign for Color Scheme	e Holder Date	
			RECEIVED
Agenda Notice Date	**************************************	ICE USE ONLY************************************	New Declaration Signed 2008
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted SAN FRANCISCO
Received by:	Receipt No.	Amount	DatAXI COMMISSION

Receipt No.

Received by:

AUG 1 1 2008

SAN FRANCISCO TAXI COMMISSION



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

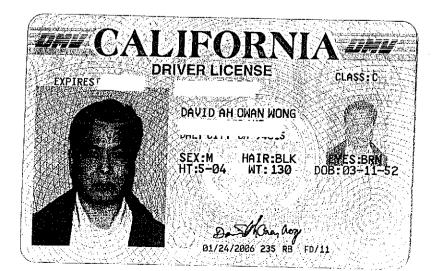
**EXPIRES: DECEMBER 31, 2008** 

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&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

A - P U - M	-,
Applicant's Name (First, Middle, Last)  T.M. LIM	Type of Medallion Applying for:  ☑ Regular □ Ramp
Residence Address (Street Address, City, State, Zip)	☑Regular □Ramp
Malling Address (If different than residence address)	94066
	94066
	Number: (4/5)
Hours Available at this Number: Hours Available a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Social Security Number Other name(s) used	,
California Driver's License Number / Expiration Year Date of Birth	U
A Date of District of Expiration Teal	Place of Birth BURMACMIANMAR
Race (Optional) BURMESS Sex Height 5 5" Weight 150 it	Eye Color A . Hair Color _
Color Scheme / Business Name	Business Number
REGENTS CAB COMPANY	(415) 487-1004
Color Scheme / Business Address (Street Address, City, State, Zip)	CAO 5 10 77
98 PENNSYLVANIA ST, SAN FRANCISCO	CA94107
Are you a U.S. Citizen?	
Are you currently an active driver and hold a current Public Passenger Vehicle Drive If Yes –Date permit was issued: \$ept , 1993 Permit #:	er Permit (A-Card)?
•	
Has this permit ever been revoked? ☐ Yes X No If yes, explain:	
Places describe why the public will not be seved are reductfully and allies to	
Please describe why the public will not be served properly if this medallion is	S NOT Granted (attach additional pages if necessary):
I'm a cob driver since	1993 or 1994 Sept
* 1	
	my cab tax I from
2002 to untail now. I'm to	de core my cust-
moors all different coursed	over, ages, religionso
and gentler (sex). I'm plant it	
The state of the s	5 service all Son
Froncisco and Airport area. So	metime my cost omess
give me en anger, kan happy,	, levisaid and currens.
I take a only granted for me	
	y castonore, or the
practice my English because	se they teach my
hand to say, how to translate	and many dillorence
may that who gin enjoyed to	100
coay. Then civily, the took to	arive and commani-
cal with my customores.	
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	Procincin .
OFFICE USE ONLY  Receipt No. 2/4 Amount & CL	
TANGE $\frac{1}{2}$ Receipt No $\frac{1}{4}$	Date AUG 0 8 2008

Updated: May 21, 2008, G:\Medallion\Applications\_Forms & templates Med Application\PCN Application-3pg.doc

SAN FRANCISCO TAXI COMMISSION Page 1 of 3

e you now, o										
ve you ever i			Yes 5	No	Vertigo	□ Yes I	No	Heart Trouble	□Yes	(No
you have ar	ny physical in	npairment	s? 🗆 `	Yes ⊠N	o If yes,	describe the	impairment			
your eyesigh o not include o	rdinary nearsi	ghtedness		tedness co	rrected by e	eglasses.	ls yo □ Ye	our hearing impai es ⊠No	red?	
								- Arthur		
		***************************************							1	
				<u> </u>					***************************************	
fense			Date	Plac	ce of Arrest		Dispositi	ion		
ave you ever ailure to provide					-		• •	f yes, provide the inform (Attach additional) red cause to deny the	pages if needed)	ow.
									No. 400 -	
								7/110-1		
1802	NOW	Reger	ts Cod	b (0		Pennsyli Prancis		94107	drive	<u> </u>
ist employme From Date	nt for last five To Date	years (List Company			Address (St	reet Address, Cit			Type of Work	
low long have you rancisco?	years	1months	Fra	ncisco?	years	7	safely	ou physically qualified to? ? ※ Yes	drive a standard v	vehic
1211499	NOG1				<u> </u>	BRUN	CA	94066		
From Date	To Date				City, State, Zio)					
List residence	addresses fo	r last five v	/ears (List n	nast recent firs	t attach additio	nal nanes if need	(hal			

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 you taxicab?   ▼Yes □ No
Read each section and sign initials to the left of each section if you agree and understand.
KTNCIII understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . 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 N im 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 Turky 24 day of July , 20 08 at San Francisco, California.
Signature of Applicant Worky IW 1-W Cim

AUG 082008

SAN FRANCISCO TAXI COMMISSION

San Francisco Taxicab Commission

CARD WITH THIS APPLICATION.

*YOU MUST SUBMIT A CERTIFI			INSURANCE CARD WITH THIS APPLICATIO
Applicant's Name (First, Middle, Last)	PLEASE PRINT	CLEARLY – COMPLETE ENTIRE	Phone
KIRKYIN T.	M LIM		( - ,
Residence Address (Street Address, Ci	ty, State, Zip)		
Mailing Address, if different from above	SAN BRUNC	CA 94066.	
Mailing Address, if different from above	(Street Address, City, State, Z	10, CA 94066.	
1.00	Sill Die	io, CR 14 occ	
If this color scheme request is	granted by the Taxicab	Commission, list what the taxl company	name, address and phone number will be:
Name of Taxi Company Recents Cabs		ss of Taxl Company (Street Address, City, State, 2	S FRANCISCO CA 94107
Business Phone	- Me	dallion Number	Owner / Operator
(4/5) 487-1004	r'	<del>703</del>	☐ Gas & Gate
			Long Term Lease
Please describe why you wo necessary):	ould like to use the col	or scheme for the above named ta	xi company (attach additional pages if
o'm like	to use th	e color scheme	for that company
because 1	not the w	edallion when	2002 wery
dillerence eat	o company	Home have a dlit	tle rule but mostly
Il a comment		it is 200 to 20	24
the same - o	TAN	it is easy to pa	ode my saccarr
no rush, no	- difference	e confect.	
Executed on 24  KIRKYIN  Print Name of Applicant	July	ws of the State of California that the for , 20 0 8	at San Francisco, California.
***************	IOBEECOMRUEISED	BY ACCEPTING COLOR SCHEM	E ONLY*********
Name of person authorized to sign f			Title:
Steven A	nton		Gevalong.
	alliand and the advantage of	Dece	culs Can Co
I, the Color Scheme Holder / person	-		Color Scheme Name
hereby give consent to the applicant			
I certify (ex declare) under penalty of	perjury under the laws of the	ne State of California that the foregoing is tru	ge and correct.
	$\neg$	7-24-0	o &
Signature of Color Scheme Holder / perso	n authorized to sign for Color S	Scheme Holder Date	DECEN/FR
			RECEIVED
	<b>****</b> ********************************	*OFFICE USE ONLY**************	**** AUG <b>0</b> 8 2008
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Phoises ERMNICISCO
Received by:	Receipt No.	Amount	TAXI COMMISSION Date

Received by:

RECEIVED

AUG 0 82008

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

eranic.

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



# EXPIRES PRIVER LICENSE CLASS: C KIRKYIN TM LIM SHIN BRUND CA 94066 SEX: M HAIR: BLK HT:5-05 WT: 150 DOB: 08/24/2007 599 46 FD/12

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

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)		Type of Medallion Applying	for:
	LUMBANG	Regular	□Ramp
Residence Address (Street Address, City, State, Zio)  SANI FRA		4 94112	
Mailing Address (If different than residence address)	NOT CLO G	17112	
Residence Phone Number: (,	Alternate Phone Numi	per: (415°)	
Hours Available at this Number: 5 PH - 1 PM Social Security Number Other name(s) used	Hours Available at this	Number: AHV 7/1	4E
NO	ME		
California Driver's License Number / Expiration Year , Date of	of Birth , ;	Place of Bi	THA PHILIPPINES
Race (Optional)  Sex Height  M/ F 5 7	Weight 160 1-85	Eye Color BLACK	Hair Color
Color Scheme / Business Name YELLOW CAB COOPERATIVE		Business	Hair Color  BLACK   WHITE  Number
Color Scheme / Business Address (Street Address, City, State, Zip)		(413)	282-3737
1200 MISSISSIPPI, SAN FRA.	NCISCO CA	1	
Are you a U.S. Citizen?	nt Card Number:		
Are you currently an active driver and hold a current Public Passeng If Yes —Date permit was issued:   ANUARY ZEES Permit #  Has this permit ever been revoked?   Yes  No If yes,	P44-0	ermit (A-Card)?	Yes □ No
Please describe why the public will not be served properly if the	his medallion is no	ot granted (attach addit	ional nades if necessary):
SAN FRANCISCO AS CHATEWAY TO			
CITY IN THE WORLD, EVERY YEAR			HE CHI, ASWED
AS VISITORS FROM OTHER PLACES IS I			
BECAUSE OF THIS, THE CITY W			-
A CHEAD FORM OF TRANSPORTATION			
NUMBER OF TAXI CAS IN THE CITY IS NOT	ENOUGH TO	SERVE THE	PUBLIC. WE HEED
MORE TAXI CARS TO SERVE BETTER THE !	BUSINESS Com	WINTY , HOTELS	RESTAURANT
TOURIST SPOT, HOSPITALS AND OTHERS.	AS A CAN D	RIVER I HAVE	WITHESSED
A LOT OF PEOPLE IN LINE TO CATCH A CA			f
EXPENSIVE TRANSPORTATION SUCH AS LIMOUS!	NES.	T	
BY ADDING MORE CARS THE PUBLIC W	ILL BE SERVE	S BETTER IN THE	EIN TRANSPORTATION NEWS
BECAUSE OF THIS , TOURISM INDUSTRY ACT	HE NO I BU	SINGS OF THE C	ITY WILL IMPROJE
MORE VISITERS THAT COME TO THE			-1
	· · · · · · · · · · · · · · · · · · ·	1	7.0.

OFFICE USE ONLY	
Receipt No. Amount Control of the Co	Date
Notice Date:  Hearing Date:    Hearing Date:	The common state of the co

I have driven a taxic Police Code Section			nd I meet the	current year's drivi	ng requirement p	ursuant to Si	FPD Municipal
List residence addre From Date To Da 2001 PRA	ate Resider	years (List most red nce Address (Street A	ldress, City, State	e, Zip) .S'A W	FRANGSCV	CA	94112
How long have you lived w Francisco?	ithin a 30 mile radius	Erancieco'	·	perience do you have in yearsmonths	San Are you physic safely?		drive a standard vehicle
List employment for I	ast five years (Li	st most recent first, att	ach additional pa		r State Zip)	X Yes	☐ No
From Date To Date  \$ / 92 PRE				-00 MISSIS.			CAB DRIVER
			***************************************			,	
	<u> </u>						
Have you ever been of Failure to provide full into Offense	·			not contest pleas may	(A	ttach additional	nation required below. pages if needed) a permit.
						. ,	
Carrier and American							
ls your eyesight imp Do not include ordinal		⊠No ss or farsightedne	ess corrected	by eyeglasses.	1 7	earing impai XINo	red?
Do you have any phy	/sical impairme	ents? □ Yes	<b>⊠</b> No l	f yes, describe the	impairment:		
Have you ever had:	Epilepsy	□Yes <b>⊠</b> No	Vei	tigo □Yes 🌶	<b></b> No He	eart Trouble	□Yes <b>Æ</b> No
Are you now, or have Addicted to the use	-		ØNo	Any Na	rcotic Drug?	□Yes ً	₫ No
Were you previously If yes, was the meda			风No s, explain fo	r what cause? □	Yes □ No		

	taxicab permit, will yo you wilt use and provid other)						letail information
BY	JOINING	THE	YELLOW	CAB	COU	DERATIVE	
If you are granted a seal? <b>⊠</b> Yes □ No	taxicab permit, will yοι	use an accul	rate taximeter at all	times and po	ossess a val	id current Weighi	ts and Measures
and smog inspection	taxicab permit, will you n certificate and subr □ No	u obtain a San nit to an anni	Francisco Airport d ual inspection of th	ecal, submit e general a	annually a s	State of California of the interior ar	a brake, road lamμ nd exterior of yoυ
Francisco Controller that are applicable to lunder permit. There are co at www.sfgov.org. If penalty of perjury th	rstand that in addition there are sections of in my business as a taxinate stand that there may uples of the San Francia Letter of Intent is reat the foregoing is tron provided by me, ret is granted.	to the regula the San Francicab permit ho be sections of sisco Municipa equired, I acknue and corre	tions adopted by the sisco Municipal Coduler.  If the San Francisco I Code available at owledge that the Lect. Executed at S	e Taxicab C e, San Frand municipal C City Hall, Th etter of Inten an Francisco	ommission cisco Traffic code that are e Public Lib t is part of ti o, California	Code and Califormatical code and Califormatical code applicable to morary, Legal booking application, and in understand	ornia Vehicle Code  ny business and/o  kstores and on-line  nd I declare unde  that any false o
any twenty-four (24) information submitted	tively and personally e hour period at least d on my application a by me relative to this	seventy-five   and financial	percent (75%) of the statement is true a	ne business and correct.	days durin	g the calendar y and that any fal	year and that the
I have read and comp my knowledge.	leted all of the above s	statements an	d declare under per	alty of perju	y that they a	are true and com	ect to the best of
Executed on this	19 174 de	y of <u>4</u> <i>L</i>	16UST	, 20	08	at San Franc	isco, California.

AUG 19 2008

SAN FRANCISCO TAJI COMMISSION

San Francisco Taxicab Commission

TAXI COMMISSION

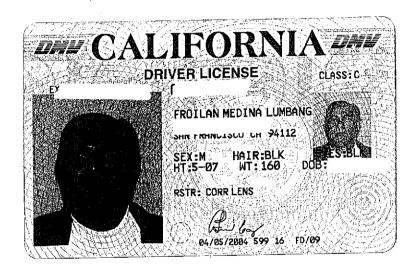
\*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION.

TOO MOOT CODMIT A CENTR						THE THIS APPLICATI
Applicant's Name (First, Middle, Last)		PRINT CLEARLY	- COMPLETE EI	NTIRE FORM	/I Phone	
FROILAN		LUMBANG	-		(415)	
Residence Address (Street Address,						
		., SAN	FRANCISC	O CA	94112	
Mailing Address, if different from abov	e (Street Address, Cit	ly, State, Ζίρ)				
1	<i>ι / Α</i>	····				
******						
If this color scheme request Name of Taxi Company	Is granted by the Busin	Taxicab Commission ess Address of Taxi Com	, list what the taxi co pany (Street Address, City	mpany name, a /, State, Zip)	ddress and ph	one number will be:
Name of Taxi Company YELLOW CAB	Coop 12	200 Missi	SSIPPL, S	AN FR	an G's Co	CA 94107
Business Phone (Als) 282-33		Medallion Numbe	· · · · · · · · · · · · · · · · · · ·		Ď <b>(</b> Owner	/ Operator
(410) 280 8	/ - 1		NIX		☐ Gas & 0	Gate
	-		NI		☐ Long Te	rm Lease
Please describe why you w	ould like to use	the color scheme	for the above nan	ned taxi comi	nanv (attach	additional pages i
necessary):			is and appropriate	nou taxi oom	party (attaon	additional pages i
17 15 3	THE RICE	CRET A	MA TO HE	EA mar	Dr. Land	u i B
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COMPANY 1	<u> </u>	INDUSTRU	C. IT HA	S THE	BEST	MAINAGEME!
PISPATCHERS	, MODE	ERN ME	ANS FO	SERVE	THE	PUBLIC
	,					1
	******					
I certify (or declare) under penalt	y of perjury unde	r the laws of the Sta	ite of California that	the foregoing	is true and cor	rect.
Executed onAu	west.	13	20	O & at	San Erancies	o, California.
		,	-7	<u> </u>	San Francisc	o, Camonia.
FROILAN LU	MBANG		/ Alan	Short		
Print Name of Applicant		· · · · · · · · · · · · · · · · · · ·	Signature of Applicant	<del>-0 - ()</del>		
****************			PTING COLOR SO	CHEME ONL	Y********	*******
Name of person authorized to sign i	or Color Scheme H	lolder:		Ti	itle:	
Hay Well.	20-1				8/13/	- P
7/112 1000	- CLA				0/1//	70
, the Color Scheme Holder / person	authorized to sign	for the Color Scheme	Holder for	1060 n	$\sim$	
	_	-4	1701001 101	Colo	r Scheme Name	
ereby give consent to the applicant	named to use my	color scheme.	$\setminus$			
certify (or declare) under penalty of	perjury under the I	aws of the State of Ca	lifornia that the foregoi	ng is true and co	orrect.	
HAD 11,00.	1 0			1, 18		
ignature of Color Scheme Holder / perse	Dutharizad to sign 6	or Color Cohomo Holdor	0/	(3/00		
Share of Gold Gollette Holder / perse	A aprilonzed to sign to		Date /			
	·*************************************					
	**********	********OFFIGE US	E ONI V*******	*****	57V	THE COUNTY OF THE PARTY OF THE
genda Notice Date	Hearing Date		Decision of Taxicab Comr	5-2-2-1 Specimen (Car A) 2-1-1-1-1	New Declaration S	<u>にいばりだり</u> Signed
/orker's Comp Submitted	Insurance Submitte		Paint Chips Submitted		Photos Submitted	1
			,			CONO
eceived by:	Receipt N	υ.	Amount		Date S	NN FRANCISCO



AUG 1 9 2000

SAN FRANCISCO TAXI COMMISSION





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&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
ANTONIO YON	⊠′Regular □ Ramp
Residence Address (Street Address, City, State, Zip)	C. C. C. L. A. Q. H. A. L. C.
Mailing Address (If different than residence address)  PACIFICA , CA	CIFORNIA 94044
Residence Phone Number:	Alternate Phone Number: (イバケ)
	Hours Available at this Number: 1100 AM - 11:00 pm
Social Security Number Other name(s) used	
California Driver's License Number / Expiration Year Date of Bi	irth Place of Birth
/ /	LIMA - PERU
Race (Optional)  C/timese (M)/ F 5'7"	Weight Eye Color Hair Color
Cltinese (M)/ F 5'7' Color Scheme / Business Name	180 Lb Brown BLACK Business Number
REGENT CABS	(415-) 487-1004
Color Scheme / Business Address (Street Address, City, State, Zip)	
Are you a U.S. Citizen? TYes \sum No, If No, write the Alien Resident (	Card Number:
Are you currently an active driver and hold a current Public Passenger	
If Yes –Date permit was issued: 765 10/93 Permit #:	44999
Has this permit ever been revoked? ☐ Yes ☑ No If yes, ex	xnlain:
	Service .
Please describe why the public will not be served properly if this	medallion is not granted (attach additional pages if necessary):
-1/12 n. 01 - 11 162 Too Sea	DAMESTO Teles was all
THE PUBLIC DIE DE DERO	THE PACKET OF THE PACKET
W NOT GRANTED BOCHUSE IT	CONCERN) ME VERY MUCH
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_ I CAN STEAK THE CHINESE (	ANGUAGE AND SPANSOF
LANGUAGE IL TOTLY	<b>/</b>
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	The Party State Work Love 3.7 5 State 5.07
	RECEIVED
Pecelved by Apply Amount Receipt No. (1) Amount	ONLY   Date   Date
Daville Gol208 Amount	A control of the cont
olice Date: A 24 DX	ig Date: (G) //(C) X SAN FRANCISCO TAXI COMMISSION

I have driven a taxicab in the City of Police Code Section 1121(b).		I meet the current year's driving	requirement pursuant to SFPD Mui	nicipal
List residence addresses for last five From Date To Date Residen	nce Address (Street Addre	ess, City, State, Zip)		
05/1986 CURENT		pacif	ICA , CACIF. 9404	4
How long have you lived within a 30 mile radius		ars driving experience do you have in Sa		andard vehicle
Francisco? 22 years 3 mont		## years	safely?	
List employment for last five years (List From Date To Date Compan		additional pages if needed)  Address (Street Address, City, S	tate, Zip) Type of	Work
. '	XORCAB			WER
م مر م	GENT CAB	<u> </u>		GINEB _
North Control of the	-	<del></del>		
MARKAGAN PARAMAN PARAM	6 William Bar Walnum			
			· · · · · · · · · · · · · · · · · · ·	
Have you ever been convicted of, or p	- •	•	No If yes, provide the information required (Attach additional pages if ne	
Offense		Place of Arrest	Disposition	
DOMESTIC VIOLENCE	06/01	PACGICA	Completes workspre	CAM
		we we will be a second of the		
	-		Building of the second of the	
ls your eyesight impaired? ☐ Yes Do not include ordinary nearsightedne.	☑ No ss or farsightedness	corrected by eyeglasses.	Is your hearing impaired? ☐ Yes ☑ No	
Do you have any physical impairme	nts? □ Yes □	No If yes, describe the im	pairment:	
Have you ever had: Epilepsy	□Yes ■No	Vertigo □ Yes ☑N	lo Heart Trouble □ Yes	s 12 No
Are you now, or have you ever been Addicted to the use of intoxicating li	, quor? □Yes [	No Any Narc	otic Drug? □Yes ☑No	
Were you previously a medallion hole fyes, was the medallion permit ever		No explain for what cause? □Ye	s ⊡′No	

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service?  Yes Woolf 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? MYes   No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lam and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
AY I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sa Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Cod that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false of incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this day of AuGust, 20 08 at San Francisco, California.
Signature of Applicant

AUG 1 8 2008

SAN FRANCISCO TAXI COMMISSION

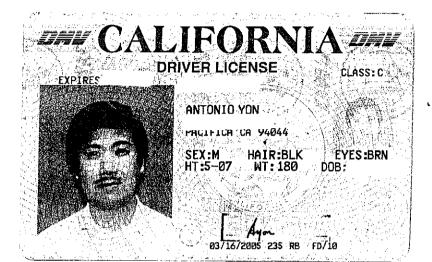
San Francisco Taxicab Commission

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

	PLEASE PRI	NT CLEARLY	- COMPLETE ENT	IRE FORM	
Applicant's Name (First, Middle, Last				Phone	
Residence Address (Street Address,	YON			(650)	
Residence Address (Street Address,	City, State, Zip)				
Mailing Address, if different from about		PACIFICAL	CALIFORNI	120 94044	
Mailing Address, if different from about	ve (Street Address, City, Sta	ite, Zip)	<del>/</del>		
	Hitting to the control of the contro			Algorithms and the second seco	
If this color scheme request	is granted by the Taxio	cab Commission,	list what the taxi comp	any name, address and phone numb	er will be:
Name of Taxi Company RESEMS Calo	9 % C	CUMRUIVA	any (Street Address, City, St	aucisco 94107	
Business Phone		Medailion Number	1017 -4-11		
(4(5) 427, (004				Owner / Operator	
, , , , , , ,				Gas & Gate	
		İ		Long Term Lease	
Please describe why you w	vould like to use the	color scheme	for the above name	d taxi company (attach additiona	al pages i
necessary):				, , ,	7 - 3
ela liva	<i>y</i>		· A /A		
1 10 like	10 1130 The	- Color Sc	rome for the	many for a long	170
comvana ber	ausa The	hoon wil	th Place	main a for a long	69
£	***************************************			// / /	
I certify (or declare) under penal	lty of parium, under the	a lawa aftha Ctal	a of California that the	forgaging in two and source	
/ certify (or deciale) drider perial	ty of perjury under the	a laws of the Stat	e or Camornia triat the	foregoing is true and correct.	
Executed onAugus	xt 1274		, 20 అ	💲 at San Francisco, Califo	rnia.
<i>, , , , , , , , , , , , , , , , , , , </i>					
ANTO	NON YOU		Apm		
Print Name of Applicant			Signature of Applicant		
			/		
*************	TO BE COMPLET!	ED BY ACCEP	TING COLOR SCH	EME ONLY***************	
Name of person authorized to sign	for Color Scheme Holde	r:	(A)	Title:	
Steven Antor	1			General Man	ioser
			Rese	ins Cab Co.	
, the Color Scheme Holder / person	n authorized to sign for th	he Color Scheme H	lolder for 120 30		1
nereby give consent to the applican	it named to use my color	scheme.		Color Scheme Name	
south (as declare) under south, a	of marious condends the Issue	afiba Ctata at Call			
certify (or declare) under penalty of	a perjury under the laws	or the State of Cali	formia that the foregoing	s true and correct.	
			8.	2,08	
ignature of Color Scheme Holder / pers	on authorized to sign for Col	lor Scheme Holder	Date	un torna	
	~				
				RECEIVED	
	***********	WWAELCE NO.	<b>EONLY*********</b> *****		<del></del>
genda Notice Date	Hearing Date	25 T. 12 T. 12 C. 123 C. 124 C	= ONLY ecision of Taxicab Commiss	20.00.00.000.000	
Vorker's Comp Submitted					
·	Insurance Submitted	Pi	aint Chips Submitted	Photos Submitted ISOS SAN PRINTERSIONS TAXOSIO MARAISSIONS	
eceived by:	Receipt No.		Amount	TA XDEATH THE THE	

AUG 1 8 2008

SAN FRANCISCO TAXI COMMISSION





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 Tayloah Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
Residence Address (Street Address, City, State, Zip)	Ø Regular □ Ramp
Mailing Address (If different than residence address)	ancisco, CA 94115
Residence Phone Number: (4/5)	Alternate Phone Number: ( 4/5)
Hours Available at this Number: Any time  Social Security Number Other name(s) used	Hours Available at this Number: any time
V/adim	ir Talybov
California Driver's License Number / Expiration Year Date of	Place of Birth  Baku Azerbaija
Race (Optional)  Sex Height  M/F 5-05	_   Weight   Eye Color   Hair Color
color Scheme / Business Name	170 Brown Brown  Business Number  (4/5) 593-926
olor Scheme/Business Address (Street Address, City, State, Zip)	sippi St., San Francisco, CA 94
re you a U.S. Citizen? Yes $\square$ No, If No, write the Alien Reside	. 4 4
	M. Gard Namber.
re you currently an active driver and hold a current Public Passeng Yes –Date permit was issued: $12/3(107)$ Permit #	ger Vehicle Driver Permit (A-Card)?
las this permit ever been revoked? ☐ Yes ☐ No If yes,	explain:
lease describe why the public will not be served properly if the Net of Serve the public beautiful to the street and on the street.	otter if we'll have
	1. 22.12 Corporal
OFFICE US	EONLY
eived by: Receipt No. Amount	GPS - Date MUG 0 8 2008

I have driven a taxicab in the (Police Code Section 1121(b).		nd I meet the current year's driving r	requirement pursuant to SFPD Municipal
	Residence Address (Street Ad		Francisco CA 94115
How long have you lived within a 30 mile Francisco?	months Francisco?		Are you physically qualified to drive a standard vehicle safely?  Yes  No
List employment for last five ye  From Date To Date  02/18/93 present  07/2002 present	ars (List most recent first, atta Company Name SFUSD Yellow Co Belw Check	Address (Street Address, City, Sta 13.5 Van Ness, Sa 1200 Missississississississississississississ	n Francisco CA Instruct Aide
Have you ever been convicted of Failure to provide full information re	· · ·	Contest to any crime?	No If yes, provide the information required below. (Attach additional pages if needed) considered cause to deny the permit.  Disposition
ls your eyesight impaired? ☐ Do not include ordinary nearsigh	-	ess corrected by eyeglasses.	ls your hearing impaired? □ Yes Û No
Do you have any physical imp	airments? ☐ Yes	No If yes, describe the imp	airment:
Have you ever had: Epile Are you now, or have you ever Addicted to the use of intoxica	been,	Vertigo □ Yes ☑ No  Any Narco	
Were you previously a medalli If yes, was the medallion perm		☑No s, explain for what cause? ☐ Yes	□No

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? WYes DNo 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 le llow radio 24-hour dispatch service
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 you taxicab? If Yes $\Box$ No
Read each section and sign initials to the left of each section if you agree and understand.
VII I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
VITY I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/o permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare unde penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false of incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
$V_1 \overline{V_1}$ I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
have read 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 of Applicant
· · ·

San Francisco Taxicab Commission

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

	PLEASE PRINT CLEARL	Y - COMPLETE ENTIRE FOR	M
Applicant's Name (First, Middle, Last)			Phone
Vladimiy	Talian ity, State, Zip)		1101
Residence Address (Street Address, C	Ty, State, Zip)	cisco, CA 94115	
Mailing Address, if different from above	(Street Address, City, State, Zip)	100 101110	
If this color scheme request i	s granted by the Taxicab Commission  Business Address of Taxi Co	n, list what the taxi company name mpany (Street Address, City, State, Zip)	address and phone number will be:
YELLOW CMB CO		SISSIPPL ST,	In tean citia (4 94)
Business Phone	Medallion Numb		Owner / Operator
(45) 282-3737			Gas & Gate
			Long Term Lease
Please describe why you we necessary):	ould like to use the color schem	e for the above named taxi cor	npany (attach additional pages if
	Vallory	Cab Canh F	100-100
Jajike R	use Yellow	ab Coop t	recause
1215 (xe	11 managed o	Ind Computeri	zed.
I certify (or declare) under penalt	y of perjury under the laws of the S	tate of California that the foregoin	g is true and correct.
Executed on 4/	hodowot Aus	x1156 2008 8	et San Francisco, California.
1/1 1			
Vladimik V 1	alian	Cignoture of Applicant	30/
Print Name of Applicant		Signature of Applicant	
****************	TO BE COMPLETED BY ACC	eding calap scueme an	[]= <b>V</b> 222222333333333
Name of person authorized to sign t			T'41
James & (	PILLESPIE		ASSIT MINAGER
<u> </u>	J. 0201.C		ASSIT MINAGER_
I the Color Scheme Holder / person	authorized to sign for the Color Schem	e Holder for VELLOW	AB COOPERATURE
hereby give consent to the applicant	•	Co	lor 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.
Same R. Giller	عــــــــــــــــــــــــــــــــــــ	8/4/200f	
Signature of Color Scheme Holder / perso	n authorized to sign for Color Scheme Holde	r Date /	. s. e. g. s. g. y . A. 1 . s.
	)		W. A. Jan.
	**************************************	JSE ONLY************************************	AUG 08 2008
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted NANCISCO

Amount

Date

Receipt No.

Received by:

AUG 0 8 2008 SAN FRANCISCO

TAXI COMMISSION



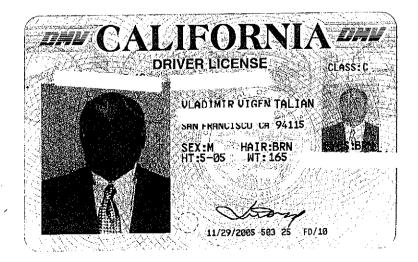
# ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR PUBLIC PASSENGER VEHICLE DRIVER

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:

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

TAXICAB	COLOR SCHEME CHANGE APPLICATION
CHANGE OF COLOR SCHEME - From 1000 Coop.	To San Francisco Taxican Commission
CHANGE OF COLOR SCHEME - From POW ( CO CO)	
'Forms to submit with this application: Certificate Of Worker's Compensation, Registration and Color Scheme Change Questionnaire.  PLEASE PRINT CLEARLY – COMPLETE E	
Applicant's Name 'First, Middle, Last)	Phone (510)/ -
STEPHEN K. TAON	370 %
Res demos 4327955 3,7991 A 207959 27, 37919 20  OAPLAND, CA94607	
Joint Applicant's Name (First Middle, Last)	Phone ( )
Residence Address (Street Address City State Zig)	
Is this a Corporate permit? No 🗆 Yas If yes, Name of Corporation.	
If this color scheme request is granted by the Taxicab Commission, list what your busing	ness name, address and phone number will be.
Business Address (Street Address City State Zip)	1 562101107
SF John Taxi, In 999 Pennsylvania	Nenue, SF CA 94107
3usiness Phone (415) 401-8900 #-1153	Owner / Operator  Gas & Gate
713, 201 010	Long Term Lease
(We) certify (or declare) under penalty of perjury under the laws of the State of Californ  Executed this 13th day of 444th 22th 22th 24th 25th 25th 25th 25th 25th 25th 25th 25	nia that the foregoing is true and correct.  0 8 at San Francisco, California
Print Name of Applicant Signature of Applic	ant
TO BE COMPLETED BY ACCEPTING COLOR S	CHEME ONLY
Succession of the Color Sakama Haldar for	F Town Town, Inc.
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for	Taxicab Color Scheme
I certify (or declare) under regality of perjury under the laws of the State of California that the foreg	joing is true and correct.
Tidentify (of decider, undergray,	08/01/08
3 gnature of Color Scheme Holder to person authorized to signification Scheme Holder	Date
*************OFFICE USE ONLY*********	RECEIVED
Agenda Notica Date 08 24 08 Hearing Date 04 09 Decision of Taxicab Co	AUG 1 3 2008
Received by Amount C	SAN FRANCISCO
	TAXI COMMISSION

### COLOR SCHEME CHANGE QUESTIONNAIRE

1	Why are you requesting this color scheme change? Like to Maintain Low gates for Drivers
<b>-</b> ·	Yellow recent for encrease to \$950 - Marthy 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?  Tes No If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change cape 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 Harough Friday 5 Am to 3 pm
	Stephen   Men   acknowledge that in making this color scheme transfer to   SF Town Toxi'   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).
	The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Helder 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.
	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 ex 456 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.
	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.
l have r full con	ead and understood all of the above. I declare that I will operate my taxicab permit number $\frac{1}{1000}$ in pliance with the above stipulations.
Signatui	e: 8-13-08
Departn	ent Witness: Date: 813108



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

YR MODEL MAKE

YR 1ST SOLD 2003

VLF CLASS CC

\*YR TYPE VEH TYPE LIC

LICENSE NUMBER

2003 MERC

ΜР MO AX G 2

2007 UNLADEN/G/CGW

32X

31

VEHICLE ID NUMBER

BODY TYPE MODEL TX

PΝ DATE ISSUED

C 03740 CC/ALCO 01

WC

PIC DT FEE RECVD

STICKER ISSUED

TYPE VEHICLE USE COMMERCIAL

02/21/08

9 02/21/08

PR EXP DATE: 01/31/2008

REGISTERED OWNER TAN STEPHEN PR/HIST: TAXI

AMOUNT DUE 170.00 Ś

AMOUNT RECVD CASH:

CHCK:

CRDT :

RECEIVED

AMOUNT PAID

170.00

OAKLAND CA

LIENHOLDER

94607

AUG 1 3 2008

SAN FRANCISCO TAXI COMMISSION

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

INSURANCE IDENTIFICATION CARD

STATE CA

COMPANY NUMBER

COMPANY

Lincoln General Insurance Co.

POLICY NUMBER

EFFECTIVE DATE 05/21/08

EXPIRATION DATE

IN ISSUE

05/21/09

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2003 Mercury Grand Ma

AGENCY/COMPANY ISSUING CARD

Y. A. Tittle Insurrance

Paul Batmale 650-856-2120 INSURED

> Stephen Tan Yellow Cab #1153

Oakland

CA 94607

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

CSR TG

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

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

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

ACORD 50 WM (2/95)

RECEIVED

AUG 1 3 2008

SAN FRANCISCO TAXI COMMISSION

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

SAN FRANCISCO

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES AND ACCOMMENDED THE EXPIRATION

ONTO THE ABOVE THE ISSUING INSURED WILL SEND AND THE ADVENTURE THE EXPIRATION

ONTO THE PROPERTY OF THE ISSUING INSURED WILL SEND AND THE THE EXPIRATION

ONTO THE PROPERTY OF THE ISSUING INSURED WILL SEND AND THE THE EXPIRATION

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ONTO THE ABOVE THE ISSUING INSURED WILL SEND AND THE ISSUE WILL SEND AND THE ISSUING INSURED WILL SEND AND THE ISSUE WILL SEND AN

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

AUTHORIZED REPRESENTATIVE

GFCHA

@ ACORD CORPORATION 1988