Agenda: Item 5

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: Item A

Consideration of the Minutes from the August 12, 2008 Taxicab Commission Meeting.



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
R. JAMES SLAUGHTER, COMMISSIONER ext. 4
SUSAN SUVAL, COMMISSIONER, ext. 5

JORDANNA THIGPEN, EXECUTIVE DIRECTOR

TAXICAB COMMISSION MINUTES

August 12, 2008 at 6:30 p.m. City Hall, 1 Dr. Carlton B. Goodlett Place Room 400

STAFF IN ATTENDENCE: Executive Director Jordanna Thigpen, Executive Secretary Tamara Odisho, City Attorney Tom Owen

Executive Director Jordanna Thigpen-Reads cell phone admonishment

- 1. Call to Order/Roll Call
- Roll Call: Benjamin, Breslin, Gillespie, Oneto, Suval
 Absent: Paek, Slaughter
- 2. Staff Report and Commissioner Announcements [INFORMATION]
- *There were no Commissioner or staff comments on this item.

Public Comment

Peter Witt: Staff does not regulate but is overseer of the industry.

Jim Kennedy: Role of executive director is not regulator but rather an enforcer. Why are there surprise

inspections? Staff and other agencies raided American Cab Company on July 3, 2008.

Keith Raskin: Working on a illegal flyer to put onto taxis.

Ron Fishman: July 3, 2008 American cab had only 3 days to fix issues and was very inappropriate.

3. Consideration of Amendments to Rules 4.C.1, 5.K.1 and 6.A.11: Eliminating Prepayments/Deposits and Converting the Industry to Daily Shifts (Gas and Gates) Only [INFORMATION AND POSSIBLE ACTION]

Com Oneto: Concerned with prepayments at Yellow cab.

Executive Director Thigpen: Overview of item and power point presentation.

Com Breslin: Are all taxi companies paying UI now? Commission should find out if drivers are

considered contractors or employers.

Executive Director Thigpen: EDD regulates who is an employee or contractor.

Anne Hipshman, Industry of Labor Relations: Overview of power point presentation

Com Oneto: Are prepayments illegal?

Ms. Hipshman: Gas and gate system has carried approval through the court. But it may be illegal.

Employee can't be required to pay to go to work and it is illegal under California law.

President Gillespie: Difficult to pass a law that the Commissioners have just learned about.

Com Oneto: For those who didn't understand what I explained before, long term lease was included because I was not sure which way Yellow cab was going with this. Leases were in this because I needed to notice in 10 days and the Board of Supervisors.

Public Comment

Jim Gillespie: Yellow has been in council with legal counsel, state and other agencies will discuss this issue and reserve comments to a later time.

Com Oneto: Will Yellow implement the prepayments? The Commission is responding to A card holders who are part of the regulatory process.

Jim Gillespie: This is a business decision and not a rules and regulations decision that the Commission regulates. We are changing the way we are collecting our funding and not being secret about it and didn't see it as a necessity to come to the Commission.

Com Oneto: Are the drivers going to be given interest on their prepayments?

Richard Weiner: Yellow's motivation is to be able to maintain customer service and has been in the lease for years to be able to collect in either the beginning or the end of their shift. Yellow has set the standards for the industry over the years.

Jim Kennedy: Compliments to the Commission for placing this item on the agenda. A lot of these drivers are not paying taxes. This is the most overregulated business and Commission should let the market delegate the industry.

Tariq Mehmood: Considers himself as an independent contractor and not an employee.

John Han: Spoke with EDD auditor and was told that 28 day prepayment is illegal. But Yellow cabs policy is questionable and nothing is in writing. The contract also states that 25% of the deposit will be held which is considered as a deposit.

Mark Gruberg: Fire burning at Yellow cab that needs to be put out. Yellow cab is requesting the Commission to table this item, but they are not tabling this item. They are being dishonest.

Ron Fishman: If the lease agreement was illegal the companies would be sued. If drivers would be considered as employees then the cost of running a company would be higher and would request higher gas and gates. Cab drivers prefer independent contractor status.

Kadrundra: UTW is objecting because they want us to be employees, we are independent contractors. As employees we would have to cut 50% of our salary, which is why we don't want to be employees.

Sam Aryan: Companies must make money and drivers should have the freedom to choose between employees or independent contractors. Commission should not over regulate.

Charles Rathbone: The focus is 100% on drivers and companies. Gates and gases has its (+) and (-), service interruptions have not happened since. City should take a long hard look before changing the system.

Carl Macmurdo: Found the speaker to be overbearing. Industry cannot regulate employees **Keith Raskin**: Prepayment could have possible benefits since the drivers would be able to have some interest.

Steven Reemers: Know what we are doing and have been doing it for years. Yellow spent a long time figuring this out and know drivers live paycheck to paycheck.

Emil Lawrence: If Yellow goes bankrupt and take the money from drivers it will be an issue that has not been addressed. Prepayment also pays for days that drivers do not work. Shareholders at Yellow want more income which is why Yellow is requiring the prepayments.

Bud Hazelkorn: Only drivers who make money have second and third incomes. Many drivers make less than \$100/day. Absurd one must have to pay to work.

Dave Schnider: What Yellow is doing is exploiting drivers. At one point, all employees had benefits. Blake Derby: Requests a full commission. Vast majority want to be independent contractors. Elaborate ruse of the City to over regulate the business. City owns the medallions, why doesn't it take the liability? Thomas George Williams: State sees drivers as employees and the federal government as independent contractors. Canada has created another category called dependent contractors.

President Gillespie: Are you being treated as an employee or as an independent contractor at Green Cab? **Thomas George Williams:** I pay gas and gates.

Mary McGuire: Mark Gruberg tells everyone what to do, why doesn't he treat his drivers like employees?

Mike Spain: Yellow often acts based on a force that they need to protect their interests. Anyone can shuttle people around and work by the hour. Why would cab drivers not opt for those jobs? Because they like the freedom they have to make as much as they can in 10 hours and they most prefer that status.

Jane Bolig: Understands the urgency of the August 15 deadline, but heard Jim Gillespie say they pushed the deadline to December and will have several months to decide. These issues are not entirely clear and hope there is an accommodation with the full facts.

Name Unknown: Drivers would like to be considered independent contractors, other jobs do not allow them this flexibility.

John Reigns: Always has been considered independent contractor but has heard the issue being tossed around about the legality of Yellow charging this deposit. Commission disallowed that completely and Yellow is thumbing their noses at the law and now nothing is being done. Why is there a need for discussion if it is illegal for Yellow Cab being allowed to do it?

David Miller: Single shifter at Yellow, cannot believe they don't understand that prepayment will have the opposite effect they think it will have. Suggests the Commission act strongly tonight.

Peter Witt: Yellow should reflect on driver morale and asks how they expect a new driver to want to come into the company.

Liz Bradley: Has some money saved for a surgery to have a broken arm fixed and is resentful towards Yellow for that. She is losing \$500-700 a month for gas. Commission has not taken a stance towards anything.

Com Breslin: Jim you mentioned that long-term leases was being left off until December. Would Yellow be willing to postpone the August 15 deadline? Is a business person and knows there are things she is not privy to but would like to know.

Jim Gillespie: The only action being taken on August 15 is the payments of gas and gate before the shift which is in the contract.

Susan Suval: If you prepay and you don't drive do you have to pay? What percentage of the industry is long term leases?

President Gillespie: No action until better understands what's going on. What he heard from the state is contrary to what others in the state are practicing. Does not appreciate what the Board of Supervisors did without holding a hearing and without understanding the issue.

Com Breslin: There's a lot of information that is being brought to the table. Charging for a vehicle is charging for a tool and not for work. Is asking Yellow to strongly consider a delay of implementing this practice. There is a certain stability to be gained. Not prepared to make a change in the industry.

President Gillespie: Strongly urges the Federal government, state and local companies to work out this issue sooner rather than later.

Com Oneto: Board of Supervisors are trying to protect low income working people. Yellow should have come to the table to discuss this and this doesn't change the employment status of the cab drivers since this won't even fix their problem. Should only implement the prepayment system after the research is done. Yellow brought the August 15 deadline, we didn't set it.

Com Breslin: The Supervisors' resolution only urges why didn't they prohibit it? It puts us in a position of a legal binding issue, which should be addressed in court.

Com Benjamin: Even if this is implemented on August 15, why can't we do something after? I haven't seen many Yellow cab people complaining.

Com Oneto: Only medallion holders came to speak and not A-card holders. If they don't pay they can't drive. Would like to have a round table with all the parties before this item is tabled.

Susan Suval: Should stop this policy until we have a hearing.

Pres Gillespie: What the state is asserting is the law and what the state is practicing are on a collision

course.

Com Oneto: Ten day notice allows a rule change. Can we make a resolution that would allow the commission to make a rule change suspending prepayments?

City Attorney: Yes, you can make a regulation. You can adopt a resolution urging them to hold off on taking a prepayment until the Commission makes a decision.

Com Benjamin: We shouldn't be regulating the business until we see a problem. Trying to anticipate what will happen is difficult, we should come back to this after they have already implemented it.

4. Consent Calendar [ACTION]

Pres Gillespie: Continue to call of the chair items C2- Henry Marsicano, C3- Tesfamariam Zemikael, D1-David Reyes, D4- Parminder Singh, and F4- Long Ngo and F5- Grigory Andarasnik for recusals.

Public Comment:

Charles Rathbone: Item C2-Henry Marsicano thought his ADA accommodation was a full waiver of his driving requirement. Urge Commission to grant his medallion.

Jim Kennedy: Noticed a lot of DeSoto drivers leaving the company because it increased the cost of doing business.

David Reyes: Working two jobs and is on disability because was hurt on the job as a MUNI operator. Would like an extension.

Emil Lawrence: How does the Commission audit waybills,

Mary McGuire: Green cab solicits medallion holders and wonders why George Lancia is going to Green cab.

Thomas George Williams: Offers very competitive deals to medallion holders and new vehicles and plenty reasons to come to the company.

Com Oneto: Motion to approve items: A- July 8, 2008 minutes, B- July 22, 2008 minutes, remove from the waiting list D2- Thomas Mehrten, D3- Ghanshyam Patel, D5- Larry Sager, and D6- Kevin Nguyen, ineligible for ramp medallion E- Marcelos Fonseca, grant color scheme change F1- George Lancia, F2- Olivio Dallagiacoma, F3-Marika Yuhas and F6- Abdulbaki Gudu

Com Breslin: Second motion.

AYES: Benjamin, Breslin, Gillespie, Oneto, Suval

ABSENT: Paek, Slaughter

NO: 0

RECUSE: 0

Com Oneto: Motion to grant medallion to C1- Ashwani Aeri and color scheme change to F4- Long Ngo

Com Benjamin: Second motion

AYES: Benjamin, Breslin, Oneto, Suval

NO: 0

ABSENT: Pack, Slaughter

RECUSE: Gillespie

Com Oneto: Motion to grant medallion to F5- Grigory Andarasnik

Com Breslin: Second motion

AYES: Breslin, Gillespie, Oneto, Suval

NO: 0

ABSENT: Pack, Slaughter

RECUSE: Benjamin

President Gillespie: Will continue agenda items 5-7 but will take public comments.

5. Consideration of Addition of Rule 8.A.17, Requiring Minimum Size for Dispatch Services [DISCUSSION AND POSSIBLE ACTION

Jim Kennedy: Waited all night for this agenda item and is now being continued. If you close down the dispatch companies' drivers will not have options for transferring their medallions.

Peter Witt: Has submitted 2008 taxi survey.

Carl Macmurdo: Board of Appeals hearing of Young Yi and because the Commission has not adopted an ADA policy for applicants on the list and so the Board has.

Liz Bradley: Where's the surcharge for the drivers, need relief.

Mark Gruberg: Commissioners typically represent their seats and Paul doesn't represent drivers.

Jim Kennedy: Dispatch survey unethical and incorrect. American has ads in the yellow pages which are better than the other company.

Ron Fishman: To keep up with inflation the meter should be \$3.20/mile. Amazing that no one in the city has taken an action to alleviate the burden of gas.

Mary McGuire: You had no right to send people home.

Jane Bolig: Doesn't think the job of an advocate must always take a proper position has never taken a destructive position and thanks him for being fair.

Naigm Malik: Do something for the drivers, bill of rights, decrease the gas and gate.

Marty Smith: It took a lot of power to be up here tonight and do what you did.

Robert Dunkinson: Doing a good job

Thomas George Williams: Companies should pay for gas. Pilots do not pay their own gas, city hall is not doing anything right now, tip your driver better.

9. Adjournment - 9:55 PM

Consent: Item B

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

Applicant:	List #:	Color Scheme:	Medallion Type:	Police Background Check:
1. Henry Marsicano ¹	1336	Luxor Cab	Alt. Fuel	Pending Clearance
2. Tesfamariam Zemikael ²	1337	Royal Cab	Alt. Fuel	Pending Clearance
3. Dev R. Narewatt ¹	xxxx	National Cab	Alt. Fuel	Pending Clearance
4. Kathleen Hughes	1338	DeSoto Cab	Alt. Fuel	Pending Clearance
5. Wei Chen Lee	xxxx	Regents Cab	Alt. Fuel	Pending Clearance
5. Seyran Amzayan	XXXX	Yellow Cab Co-Op	Alt. Fuel	Pending Clearance
6. David K. Chan	9019	DeSoto Cab	Ramp	Pending Clearance

¹ See attached memo
² Applicant does not meet the full-time driving requirement – See memorandum.



MEMORANDUM

To:

Honorable Commissioners

From:

Jordanna Thigpen Executive Director

Date:

August 21, 2008

Re:

Medallion Applicants for Taxi Medallions

1. Henry Marsicano, (currently holds Ramp Medallion # 9061) List# 6-563, Alternative Fuel

- Applicant lived in Healdsburg, California until June 2008
- o 2006: 509 hours*
- o 2007: 911 hours
- o 2008: 550 hours**
- o This applicant received admonishments in the past for violations including:
 - August 23, 2007, Violation of MPC § 1138: waybills incorrectly filled out for Calendar Year 2005
 - 2. August 23, 2007, Violation of MPC § 1081: failure to fulfill Prop K full-time driving requirement-unable to ascertain if hours were fulfilled

Applicant is currently a ramp medallion holder who received an ADA accommodation for the year 2006 which reduced his driving to 533 hours. He is short 24 hours for 2006. 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.

Staff met with the applicant on August 20, 2008 and reviewed Mr. Marsicano's waybills in more depth and spoke to him about his problems. He has shown great improvement in his waybills since he was cited on August 23, 2007 and meets the driving requirement since that time, demonstrating good faith on his part. Staff believes he should be subject to quarterly audits of his new sedan waybills for one year, but that he will do a good job.

2. 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*

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

3. Dev R. Narewatt, List# 6-568, Alternative Fuel

- o 2005: 245 shifts
- o 2006: 789 hours
- o 2007: 1039 hours

*Staff is sending Mr. Narewatt's case to a hearing officer for factual determinations relevant to his case, pursuant to a new procedure. The disciplinary hearing will be held sometime in October 2008.

4. Kathleen Hughes, List# 6-572, Alternative Fuel

- o 2006: 168 shifts
- o 2007: 233 shifts
- o 2008: 103 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.

5. Wei Chen Lee, List# 6-585, Alternative Fuel

- o 2006: 900 hours
- o 2007: 870 hours
- o 2008: 830 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. Staff is sending Mr. Lee's case to a hearing officer for factual determinations relevant to his case, pursuant to a new procedure. The disciplinary hearing will be held either September 19, 2008 or October 3, 2008.

6. Seyran Amzayan, List# 6-592, Alternative Fuel

- o 2005: 194 shifts
- o 2006: 190 shifts
- o 2007: 239 shifts
- * Staff is sending Mr. Lee's case to a hearing officer for factual determinations relevant to his case, pursuant to a new procedure. The disciplinary hearing will be held either September 19, 2008 or October 3, 2008.

7. David K. Chan, List# 6-990, Ramp

- o 2005: 216 shifts
- o 2006: 810 hours
- o 2008: 1103 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. Per MPC Section 1148.1(f) and (g), six months preceding this hearing in which the application is heard, drivers are to complete either 400 hours or 78 four hour shifts in a ramped taxicab. In addition, drivers are to complete at least 100 wheelchair pick ups as a ramped taxi driver.
- O Hours/Shifts Driven: 1103 hours
- o Wheelchair Pick Ups: 107
 - *The Paratransit Coordinating Council (PCC) recommends Mr. Chan for a Ramp Taxi Permit with the condition that he takes the Ramp Training course again to learn how to tie-down a wheelchair using the 4-point method.



MEMORANDUM

To:

Honorable Commissioners

From:

Jordanna Thigpen

Acting Executive Director

Date:

August 19, 2008

Re:

Medallion Applicant, Dev Narewatt, List# 6-568, Discrepancies with 2006

and 2007 Waybills

Dev Narewatt is applying for a medallion permit. During review of his waybills, staff found numerous discrepancies between Mr. Narewatt's waybills and the Ground Transportation Unit transaction logs for 2006 and 2007. In addition to this, staff received an anonymous letter stating that Mr. Narewatt's waybills are fraudulent and has two drivers working for him and filling out his waybills. The letter also states that Mr. Narewatt is the owner of an auto body shop which he has owned for the past three years. Per MPC § 1081(d) "The Commission retains discretion at any time, following a hearing, to deny an application for a motor vehicle for hire permit on the basis that the applicant has engaged in fraud, deceit, misrepresentation, or other misconduct in connection with the application process".

Mr. Narewatt falls short of meeting the driving requirement in 2006 by 11 hours, driving a total of 789 hours. He meets the driving requirement for the years 2005 and 2007.

According to Mr. Narewatt's waybills, he frequently goes to the airport. After comparing his waybills with GTU's transaction log, staff found that Mr. Narewatt's waybills do not match any of the airport entries on the transaction log for the cab that he drove, #243 in the years 2006 and 2007. The following table shows randomly selected waybills and the trips he recorded and the trips for the same cab, #243, from the GTU transaction log. These are only a few dates; there are many more waybills that show the same discrepancies. You will notice that the trips recorded on Mr. Narewatt's waybills do not correspond with the trips found on the GTU transaction log:

Unfortunately GTU was only able to provide the transaction logs for the months of February and October through December 2006. They do not have any records between the months of March through September 2006, however, the information gathered still show the discrepancies between Mr. Narewatt's waybills and the GTU transaction log as shown in the table on the next page.

2006: Date	SFO Trips Recorded on Mr. Narewatt's Waybills:	Trips Recorded on GTU Transaction Log	
February 4, 2006	4 trips: 18:45, 21:15, 21:45 and 24:15	2 trips: 18:26 and 21:07	Per GTU log, #243 was at SFO during same shift but his trips don't correspond to GTU log

2006 Continued:	1		
2006:	SFO Trips Recorded	Trips Recorded on	
	on Mr. Narewatt's	GTU Transaction	
Date	Waybills:	Log	
February 10, 2006	5 trips: 20:15, 21:15,	No trips	Per GTU log, #243 was not at
	22:00, 23:40 and		SFO on this day
	24:25 (for this trip, he		
	wrote: SFO to SFO)		
February 25, 2006	3 trips: 21:00, 22:00,	No trips	Per GTU log, #243 was not at
	24:05		SFO on this day
October 3, 2006	3 trips: 19:30, 21:00	1 trip: 21:36	Per GTU log, #243 was at SFO
	and 21:30		during same shift but his trips
·			don't correspond to GTU log
October 13, 2006	1 trips: 19:20	3 trips: 09:52, 13:33	Per GTU log, #243 was at SFO
		and 14:55	but not during Narewatt's shift
November 5, 2006	7 trips: 14:00, 15:30,	4 trips: 06:49, 14:24,	Per GTU log, #243 was at SFO
,	16:50, 17:15, 18:45,	17:48 and 19:34	during same shift but his trips
	19:50 and 20:25		don't correspond to GTU log
November 12, 2006	4 trips: 15:15, 16:30,	4 trips: 04:51, 07:05,	Per GTU log, #243 was at SFO
	18:35 and 20:50	08:37 and 17:32	only once during same shift but
			his trips; his trips do not
			correspond to GTU log
December 1, 2006	5 trips: 19:30, 20:50,	1 trip: 19:51	Per GTU log, #243 was at SFO
	21:50, 22:35 and	_	only once during same shift but
	24:10		his trips; his trips do not
			correspond to GTU log
December 11, 2006	3 trips: 14:30, 17:30	1 trip: 17:33	Per GTU log, #243 was at SFO
,	and 19:30	-	only once during same shift but
	-		his trips; his trips do not
	1		correspond to GTU log
December 17, 2006	1 trip: 16:00	No trips	Per GTU log, #243 was not at
		•	SFO on this day
December 30, 2006	5 trips: 19:00, 20:30,	No trips	Per GTU log, #243 was not at
	22:20, 22:45 and	.	SFO on this day
	23:30		<u> </u>

2007: Date	SFO Trips Recorded on Mr. Narewatt's Waybills:	Trips Recorded on GTU Transaction Log	
January 6, 2007	4 trips: 19:00, 22:00, 23:30, 24:00	No airport trips	Per GTU log, #243 was not at SFO on this day
January 12, 2007	2 trips: 20:00 and 24:00	2 trips: 09:38 and 13:42	Per GTU log, #243 was at SFO but not during Narewatt's shift
March 18, 2007	4 trips: 14:50, 15:30, 17:30, 21:30	1 trip: 20:15	Per GTU log, #243 was only at SFO once on this day
April 1, 2007	3 trips: 16:30, 20:25, 22:40	1 trip: 16:57	Per GTU log, #243 was only at SFO once on this day
April 27, 2007	4 trips: 18:25, 21:40, 23:45, and 24:30	1 trip: 08:33	Per GTU log, #243 was only at SFO once on this day
June 30, 2007	2 trips: 22:30 and 01:00	2 trips: 09:02 and 09:05	Per GTU log, #243 was at SFO but not during Narewatt's shift
August 19, 2007	5 trips: 16:10, 17:30, 18:45, 19:20 and 20:15	2 trips: 16:30 and 20:16	Per GTU log, #243 was at SFO during same shift but his trips don't correspond to GTU log

2007 Continued:

2007:	SFO Trips Recorded on Mr. Narewatt's	Trips Recorded on GTU Transaction Log	-
Date	Waybills:		
October 7, 2007	3 trips: 17:35, 19:30 and 20:50	1 trip: 05:02	Per GTU log, #243 was at SFO but not during Narewatt's shift
October 27, 2007	3 trips: 18:25, 20:55 and 22:15	No trips	Per GTU log, #243 was not at SFO on this day
December 1, 2007	1 trip: 20:30	3 trips: 05:43, 05:47 and 10:15	Per GTU log, #243 was at SFO but not during Narewatt's shift

CITY AND COUNTY OF SAN FRANCISCO



TAXI COMMISSION MAYOR GAVIN C. NEWSOM

FORMAL ADMONISHMENT

Today's Date: August 23, 2007 Medallion Number: 9061

Name of Driver/Medallion Holder: <u>HENRY MARSICANO</u>
Please sign and return this form in person to the San Francisco Taxicab Commission, 25 Van Ness Ave. Room 420, San Francisco, CA, within 10 days of receiving it. Make a copy for your records.

Call (415) 503-2180 in order to set an appointment to return the document. Drop ins will not be accepted. Bring your A Card and California Driver's License to your scheduled appointment. At that time, you may pick up your 2005 waybills as well.

Date Violation Occurred:	Rule Violated:	Explanation/Description of Violation:
Calendar Year 2005	MPC § 1138	Waybills missing key information – hours not totaled, not logging in or out, no vehicle license number; incomplete and illegible waybills
Calendar Year 2005	MPC § 1081(f)	Failure to fulfill Proposition K driving requirement – unable to ascertain if hours were fulfilled

By signing below, you acknowledge this **FORMAL ADMONISHMENT** and henceforth agree to comply with all Taxi Commission rules and regulations, including the Proposition K driving requirement.

Violations of any of the codes and or rules regulating the taxicab industry are punishable by an admonishment, non-traffic infraction, misdemeanor, fine administrative reprimand, suspension or revocation.

Heidi Machen

San Francisco Taxicab Commission

Permit Holder_/1. J. //ARSICAN

RINT NAME S

SIGNATURE

Date 407

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

LAPAGOOLAALA "3" YEAAY

·	
Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
Residence Address (Street Address City, State, Zio)	′∂ ⊠Regular □Ramp
Residence Address (Street Address City, State, Zip)	PACIFICA, CA 94044
Mailing Address (If different than residence address)	, , , , , , , , , , , , , , , , , , , ,
Residence Phone Number: (Alternate Phone Number: ()
Hours Available at this Number: 24	Hours Available at this Number:
Social Security Number Other name(s) used	
California Driver's License Number / Expiration Year Date of	Birth / / Place of Birth NEW YORK, MY
Race (Optional) WHITE (M)/F (0 //	Weight Eye Color WWW Hair Color BROWN
Color Scheme / Business Name	Business Number (4/5) 282-/224
Color Scheme / Business Address (Street Address, City, State, Zlp)	
If No, Allen Resident Card Number Driver Permi	ently an active driver and hold a current Public Passenger Vehicle Yes No Permit was Issued: Permit was Issued:
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Revised 10/2/06

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	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? Types 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 li r	I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted. I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any wenty-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
•	ermit if granted, have read all of the above statements, ayig declare under penalty of perjury that they are correct.
	executed on this
_	Signature of Applicant

RECEIVED
JUL 0.7 ZUUB
SANFRANCISCO
TANCOMMISSION

COLOR SCHEME DESIGNATION APPLICATION San Francisco Taxicab Commission

*YOU MUST SUBMIT A CERTIF	ICATE OF WORKER'S COMPEN	SATION, REGISTRATION CARD, & INSL	IRANCE CARD WITH THIS APPLICATION
	PLEASE PRINT CLE	ARLY - COMPLETE ENTIRE FOR	RM
Applicant's Name (First, Middle, Last)			Phone
MARSICA	aND HEMI	? 1/	1 - 71 -122
Residence Address (Street Address,	City, State, Zip)	2/1	DECEMBE)
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[N/20.1) 18	D SMY 1017		A6N 5005V162C)
			TANGERSON
			address and phone number will be:
If this color scheme request Name of Taxl Company	Is granted by the Taxicab Comm Rusiness Address of Ta	ission, list what the taxi company name xi Company (Street Address, City, State, Zip)	, addition with production
Name of raxi Company			
24157	Medaillon	Number	Owner / Operator
Business Phone		Liver of the Control	☑ Gas & Gate
1 2230 /10	Marchall To	7	☐ Long Term Lease
X V	THE VOLOV	1704	
Please describe why you w	ould like to use the color sci	neme for the above named taxi con	mpany (attach additional pages if
necessary):	Date into the about the	s 1	1
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Print Name of Applicant		signature of Applicant	•)
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Name of person authorized to sign	for Color Scheme Holder:		Title:
i	•-	į	_ \
THOMAS D. S	TANGHELLINI	·	Operations MANAGER
1110/4113 0: 0	TOMO HEREIN	ì ·	0
I, the Color Scheme Holder / person	authorized to sign for the Color Sc	heme Holder for LUXOR	CAR
1		Co	or Scheme Name
hereby give consent to the applicant	named to use my color scheme.		
Landin (arabolare) under penalty of	periury under the laws of the State	of California that the foregoing is true and	correct.
Teettily (by declare) direct your	_// ///	1 01	20
- Momuno Conta	nestellene)	6-26-0)0
Signature of Color Scheme Holder / person	on authorized to sign for Color Scheme H	lolder Date	
17			
	************************	EUSEONEY TOPAS TOPETHEM	
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
		Paint Chips Submitted	Photos Submitted
Worker's Comp Submitted	Insurance Submitted		
Received by:	Receipt No.	Amount	Date

Luxor Cabs, Inc.

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

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

JUL 07 2008

SAN FRANCISCO TAXI COMMISSION

June 3, 2008

To Whom It May Concern:

This is verify that Luxor Cab is happy to accept Mr. Henry Marsicano as a sedan medallion holder with our color scheme.

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

Luxor will provide a new Ford Escape Hybrid to operate with the medallion.

Sincerely

Thomas J. Stanghellini Operations Manager

CALIFORNIA CASS: B CLASS: B ENDORS: P HENRY JOHN MARSI CAND SAN FRANCISCO CA 94131 SEX:M HAIR:BRN FVFC:RRN HT:6-01 WT: 170 DOF RSTR: 48

RECEWED

JUL 07 2008

SAN FRANCISCO TAXI COMMISSION

I.D. Card or
Driver License No.
Enter your new ardress halow:

PACIFICA CA 94044

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 55 JUN 3 0 2008 1 4

DHY



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

EXPIRES: DECEMBER 31, 2008

HENRY J. MARSICANO

P44-:

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



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Appilcant's Name (First, Middle, Last)	Тура с	of Medallion Applying fo	
TESTAMARIAM ZERNKAL	2	Regular	□Ramp
Residence Address (Street Address, City, State, Zlo)			
Mailing Address (if different than residence address)			
SAN LEAURD CA 9457	المركبرة		
Residence Phone Number:	Alternate Phone Number: ()	
Hours Available at this Number:	Hours Available at this Numbe)E	
Social Security Number Other name(s) used	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		1000	
California Driver's License Number / Expiration Year Date	of Birth	Place of Birth	TKEA
Race (Optional) Sex Height N F 5-09	Weight Eye Cold	or H	air Color BLACK
Color Scheme / Business Name		Business Nuri	11/2 9500
Color Scheme / Business Address (Street Address, City, State, Zip)		(43)	045-12500
2121 EVANS Suit G			1
The your content price with	rrently an active driver and he	old a current Public	: Passenger Vehicle
7 '	nit?	Darr	nit#: 54330
			,
Facts which show why the public will not be adequately serve	ed unless this permit is g	ranted; (attach ad	ditional pages if needed)
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Revised 10/2/06

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	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? XYes 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? 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 Sai Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
	I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under one perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or necessary interests of the permit of the permit that is granted.
ii ir	I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during iny twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the nformation submitted on my application and financial statement is true and correct. I understand that any false or incomplete nformation provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the ermit if granted.
Ī	have read all of the above statements and declare under penalty of perjury that they are correct.
=	have read all of the above statements and declare under penalty of perjury that they are correct. xecuted on this day of day of, 20, 20 at San Francisco, California. Signature of Applicant
_	Signature of Applicant

RECEIVED

JUL 07 2008

SANFANICISCO TAXICOMMISSION

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

	PLEAS	E PRINT CLEA	RLY COMPLETE ENTIRE	FORM
Applicant's Name (First, Midd	le, Last)	· · · · · · · · · · · · · · · · · · ·	,	Phone / / / / /
ISFAMA	RIAM	ZEMIK.	AEL	
Residence Address (Street Ad	Idress, City, State, Zip)			,
Mailing Address, if different fro	m above (Street Address,	City, State, Zip)		
SAN LEA	WISICO /	# 945	78	
		7		•
If this color scheme re	quest is granted by th	e Taxicab Commis	sion. list what the taxi company r	name, address and phone number will be:
Name of Taxi Company	Bus	siness Address of Taxi	Company (Street Address, City, State, Z	name, address and phone number will be: ip)
ROYAL MA	8 1	2/2/ EVAN	IS AIR SUIFE, SA	N PRANCISCO, CA 94124
Business Phone		Medallion Nu	ımber	Owner / Operator
(415) 643 9500	•			☐ Gas & Gate
17, 012 .5				Long Term Lease
				i company (attach additional pages
necessary):	dy lik	e Vai	a Sitch.	
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				SAN FRANCISCO TAMBOR BURGAR
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Name of person authorized to	sian for Color Scheme	Holder:		Title:
CHEISTOPHE				MAMAGEIR
I, the Color Scheme Holder / p	person authorized to sig	n for the Color Sche	me Holder for ROYAL	nake)
				Color Scheme Name
hereby give consent to the app	olicant named to use my	y color scheme.	•	
certify (or declare) under pen	alty of perjury under the	laws of the State of	California that the foregoing is true	and correct.
	11			
6			7/7/0	8
Signature of Color Scheme Holder	person authorized to sign	for Color Scheme Hold	er Date	
				,
. <u> </u>				
	SAN STAN MENT OF STANSON	********** © FFIGE	USE ONLYAMON SECTION	
genda Notice Date	Hearing Date		Decision of Taxicab Commission	New Declaration Signed
Vorker's Comp Submitted	Insurance Submitt	ed	Paint Chips Submitted	Photos Submitted
leceived by:	Receipt I	Vo.	Amount	Date

RECENTED

JUL 07 2008

SAM FRANCISCO IMPOCABAISCEM



ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

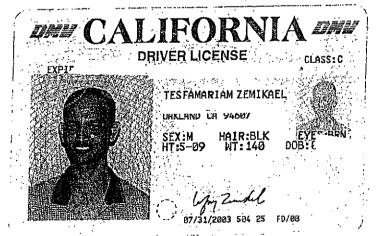
EXPIRES: DECEMBER 31, 2008

TESFAMARIAM ZEMIKAEL

P44-

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





TESFAMARIAM ZEMIKAEL, LIST#6-558

August 3, 2008

TO: CITY and County of SAN FRANCISCO TAXI COMMISSION

RE: Taxi Medallion Permit

Dear COMMISSIONERS,

I applied for a Medallion approximately 15 years ago and have been driving taxi in the city of San Francisco for a long time. During this time I worked for several different companies.

In 2006 I worked for Metro taxi. I submitted 47 Waybills for that year although I believe I worked More in 2006 I was not able to find more waybills. I checked four or five large boxes at my former employers place of business for two or three days and was only able to find the 47 waybills. I know I should have more waybills.

In 2005 I worked for National taxi. They stated they only had one waybill for me. I worked for them through a long-term listing with Bereket Beyene for Approximately four or five months at the rate 5 days a week and sometimes 6 days a week. I submitted my waybills to Beyene and he was to submit them to National. I don't know why they only have one waybill for me. I drove two different taxis for them, Cab #990 and Cab #496. The taxis I drove used CNG (Clean Natural Gas).

I sincerely hope that you will allow me to receive a Medallion because I have been driving Taxis in San Francisco for a long time. I should not get penalized because I know I worked those years. My family Is dependent on my income. My wife does not work, she cares for the kids I am the only one bringing in income.

Sincerely__

resfamariam Zemikael

Zunker (

AUG 0.4 2008

SAN FRANCISCO TAXI COMMISSION

Testamariam Zemikael

San Leandro, CA 94578

TO: COMMISSION

The following is a listing of Taxi companies I have worked for in San Francisco:

Company Name	<u>Year</u>
MAX	2008
MAX	2007
METRO	2006
NATIONAL	2005
LUXOR	2004

Tespog Zenhul - 1/10/08



Max Cab

JUL 072008

SAN FRANCISCO TAXI COMMISSION

2121 A Evans St. SF Ca 94124

This to acknowledge that on June 30, 2008 Steven Gee manager of Max Cab gave TesfayZemikael 243 waybills (dated 3/3/07 to 6/30/08) for the purpose of delivery to the Taxi Detail for review for his medallion.

Steven Gee

Tesfa Zemikael

They Zembel 8/30/

after review agrees to Return waybills to man end.





RECEIVED

JUL) 9 2008

SAN FRANCISCO TAXI COMMISSION

Slace 1928

2230 Jerrold Avenue - San Francisco, Ca 94124-1012 - Phone: 415-282-1224 - Fax: 415-282-1706

FACSIMILE COVER SHEET

	and the second of the second o
	DATE: 7-10-08
•	TO: Soft Leury
	COMPANY: 87 Pari Commission
	FAX#: 503-2186
	7 and the second
	RE: TESFAMARIAN ZEMIKARU
-	FROM: Im
	PHONE: 415-282-1224 x /4/20
	FAX #: 415-282-1706
	NUMBER OF PAGES (INCLUDING COVER SHEET):
	If you do not receive all of the pages, please call
N.	MESSAGE: Computer search shows
	No records for TESFAMARIAN ZEMIKAGE
Control property and below the second	A CONTRACTOR OF THE STATE OF TH







METRO CAB
2121-G EVANS AVE.
SAN FRANCISCO, CA. 94124
415-648-8500
FAX 415-642-3799
Email metrocab@pacbell.net

August 5, 2008

Ms. Vicky Siu SF Taxi Commission

Dear Ms. Siu, I have researched the records of the driving history of Tesfamariam Zemikael in 2006. The records reveal he drove 51 shifts to the best of my knowledge.

Sincerely,

Richard Hybels

Prop.

RECEIVED)

AUG 05 ZUUB

SAN FRANCISCO TAXI COMMISSION July 3, 2008 ·

To Whom It May Concern:

Per the request of Scott Leung, investigator for the taxi commission, I have attempted to locate waybills for Tesfaye Zemikaeal, who reportedly drove under our color scheme in 2005. Although my effort is not conclusive, I was able to identify Mr. Zeikael as a lease driver with a long term lease. Although he was listed on the schedule for three shifts a week, I was able to locate only one waybill for 2005. This particular medallion was returned to the 'gas and gate' fleet at some point in April and I have been unable to locate any record of Mr. Zemikael driving this or any other cab after this point in time.

Dan Hinds

RECEIVED

JUL 03 2008

SAN FRANCISCO TAXI COMMISSION

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) DRV R NAREWATT	Type of Medallion Applying for: ★Regular □ Ramp
Residence Address (StreetAndress City State 7th) 'T SOUTH SAN FR	PANCISCO CA 94080
Mailing Address (If different than residence address)	
Residence Phone Number: Alternate Phone Num	A
Hours Available at this Number: 9 AM TIII 4 PM Hours Available at the Social Security Number Other name(s) used	is Number: 4PM Till 1200AM
DEV RAM	Place of Birth -
Outloined Birtor of Ellowing Parkers	INDIA
Race (Optional) Sex Height Weight M/F 5-05 60	Eye Color Hair Color V
NATIONAL CAB	Business Number (245) 648 - 4444
Color Scheme / Business Address (Street Address, City, State, Zip) 2270 MCN NNEN AVE S.F. (A. 9)	+124
	er and hold a current Public Passenger Vehicle
If No, Alien Resident Card Number Driver Permit? XYes \(\triangle \) No Alien Resident Card Number If Yes \(-\triangle \) Driver Permit?	lo
Facts which show why the public will not be adequately served unless this per	
SAN FRANCISCO NEEDS	lots of more
TAXICABS AT THIS TIME	BECAUSE LOTS OF
NEW HOTELS JUST OPEND	AND LOTS OF
NEW CONDOS ARE COMEIN	10 . LOTS OF
NEW AIRLINES ARE COME	FIND TO SFO WE
NEED MANY MORE CABS	IN THE CITY TO
BETTER SERVE THE PUBLIC	I WILL PROVIDE
VERY GOOD SERVIC TO THE	PEOPLE OF
SAN FRANCISCO AND TO ALL	- VISITERS TO THE
CITY.	
	·
OFFICEUSE ONLY	
Celved by Beceipt No. 2 Amount 638	Date 15 A 2008
ICEDALE AUGUST 12 DOO HEARING DATE AUGUST	
Ward 10/2/08	LAN COMMISSION

List residences for last five y	rears (List most red	cent first, attach	additional page	s if needed)		
From Date To Date	Residence Addre				<u>.</u> -	
JAN2000 CURKE	<u>NT</u>					0
			·			
How long have you lived within a 30 r	nile radius of San		ars driving exp	erience do you have in San	Are you physically qualified safely?	to drive a standard vehic
Francisco? 24 years	months	Francisco?	24 y	earsmonths	Yes	□No
List employment for last five y	years (List most re	cent first, attach	additional pag	es if needed)	SE 0994124	
From Date To Date	Company Name		Addres	s (Street Address, City, Stat	e, Zip)	Type of Work
2000 CURREN	T NATI	ONAL	AB_	2270 MCKi	NNON 21	_ LITTLDK
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allure to provide full information i	relative to prior co			t contest pleas may be c	onsidered cause to deny th	i pages if needed)
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offense s your eyesight impaired? ☐ \ So not include ordinary nearsig	Date ✓es 🌣 No whitedness or far	onvictions, guil	ty pleas or no	t contest pleas may be c	(Attach additional considered cause to deny the Disposition Is your hearing impaired Yes XNo	Il pages if needed) ne permit.
Syour eyesight impaired? [] \\ \text{Po not include ordinary nearsig} \\ \text{o you have any physical impa} \\ \text{ave you ever had: Epile}	Pate Yes No shtedness or far lirments? □ Page 1989 □ Yes	onvictions, guil	ty pleas or no	v eyeglasses.	(Attach additional considered cause to deny the Disposition Is your hearing impaired Yes XNo	Il pages if needed) ne permit.
Syour eyesight impaired? So not include ordinary nearsigno you have any physical imparave you ever had: Epilere you now, or have you ever	Pate /es No shtedness or far sirments? □ epsy □ Yes been,	sightedness Yes X No Yes X No	corrected by Vertige	y eyeglasses. describe the impairm O □ Yes 🎢 No Any Narcotic Dru	(Attach additional considered cause to deny the Disposition Is your hearing impaired a Market Market Market Trouble and Market	ed?
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your eyesight impaired? [] Your one include ordinary nearsign by you have any physical impaired ave you ever had: Epile eyou now, or have you ever idicted to the use of intoxication of the province of the included a taxis driver or chauffeur?	Pate Pate Pate	sightedness Yes No Yes No If yes No or provide 2 hour radio di	corrected by Vertiges, has the lice	y eyeglasses. describe the impairm o □Yes শৈo Any Narcotic Dru ense been revoked? ix No dispatch service? ce: (i.e. state existing	Attach additional considered cause to deny the Disposition Is your hearing impaired and the Property of the P	ed? Yes ÆN No

If you are granted a taxicab perm seal? ⊠Yes □ No	it, will you use an	accurate taximeter at all ti	mes and possess a v	alid current Weights and Measu	res
If you are granted a taxicab perm and smog inspection certificate taxicab? ☑ Yes ☐ No					
Read each section and sign initial	s to the left of eac	h section if you agree and	understand.		
Francisco Controller there are secthat are applicable to my business	ctions of the San I	Francisco Municipal Code,	Taxicab Commission San Francisco Traffi	and of the City and County of c Code and California Vehicle (f San Code
permit. There are copies of the Sat www.sfgov.org . If a Letter of Inpenalty of perjury that the foregoincomplete information provided be revoke the permit that is granted.	an Francisco Muntent is required, I ing is true and of y me, relative to sonally engage as at least seventy-lication and finan	icipal Code available at C acknowledge that the Lett correct. Executed at Sar this application, may be c a permittee-driver under five percent (75%) of the cial statement is true an	ity Hall, The Public Li er of Intent Is part of Francisco, Californi considered cause to e any permit issued to a business days durir d correct. I undersi	the application, and I declare use. I understand that any fals if their deny the requested permine for at least four (4) hours during the calendar year and that any false or incomp	n-line inder ie or nit or uring the
have read all of the above stateme	ents and declare u	nder penalty of perjury tha	t they are correct.	·	
executed on this	day of	JULY	, 20	at San Francisco, California	1.
Signature of Applicant	<u> </u>				.
-					

RECEIVED

JUL 16 2008

SAN FRANCISCO TAXI COMMUNISION

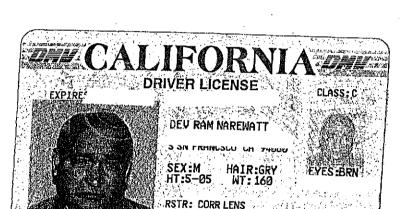
COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS A	APPLICATIO
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (rirst, Middle, Last)	1140
DEV R. NAREWATT	
Residence Address (Street Address, City, State, Zip)	UNO
Mailing Address, if different from above (Street Address, City, State, Zip)	-[000
Mailing Address, if different from above (Street Address, Oily, State, Elp)	
If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone numb	er will be:
Name of Taxi Company Business Address of Taxi Company (Street Address, City, State, Zip)	~ <i>1</i> ~
NOTIONAL (AS 3770 McKnywood AVB., S.F., (A.) 941 Business Phone Medallion Number Owner / Operator	24
(415) 648-4444 [Gas & Gate	
Long Term Lease	
Please describe why you would like to use the color scheme for the above named taxi company (attach additional	al pages if
necessary):	
To Collegent of WORK WITH NOTIONAL PAR	ac A
LEDSE DONDE AND I AM HADDY WITH INT	<u>v j ·· v</u>
LEASE DONOR AND I AM HAPPY WITH THE	
Comports.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Executed on, 20_08 at San Francisco, Califo	rnia.
DEV R. NAREWATT D	
Print Name of Applicant Signature of Applicant	

Name of person authorized to sign for Color Scheme Holder.	.
Dod KINOS PRESIDENTO	-
the Unior Scheme Holder / Derson additionated to sign for the deriving and the state of the stat	
Color Scheme Name nereby give consent to the applicant named to use my color scheme.	
]
certify for declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
1 / 1/XLM 7/8/CX	
ignature of Color Scheme Holder person authorized to sign for Color Scheme Holder Date	
MEA	
	SINRT

Hearing Date Decision of Taxicab Commission New Declaration Signed 1 5 2008 Agenda Notice Date Photos Submitted SAN FIZNCISCO TAXIFORMINISSIÓN Paint Chips Submitted Insurance Submitted Worker's Comp Submitted Date Amount Receipt No. Received by:



RECEIVED

JUL 16:2008

SAN FRANCISCO TAXI COMMISSION

RECEIVED

JUL 16 2008

SAN FRANCISCO TAXI COMMISSION



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

02/28/2006 599 47 FD/10

EXPIRES: DECEMBER 31, 2008

DEV R. NAREWATT

P44-050501

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

<u>.</u>	
Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
KATHLEEN KAREN HUGHES	, ⊠Regular □ Ramp
Residence Address (Street Address, City, State, Zip)	
Mailing Address (If different than residence address)	ice, OA. 94110
	94 /19
Residence Phone Number: (1/15) Alternate Phone Number: (1/15) Alternate Phone Number: (1/15)	71.
1	•
Hours Available at this Number: 7 DAYS A WEEK I — YPM Hours Available at Social Security Number Other name(s) used	this Number: 10742 A WEEK ANY TIM
	LEARZANEH SMITH
California Driver's License Number / Expiration Year, Date of Birth .	Place of Birth
U,-,.	PASADENA, CA-
Race (Optional) Sex Height, "Weight ME S'7" /So	Eye Color Hair Color GREEN GROWN
DUE/WHITE/BLUE DESUTO CAB COOP	Business Number (15) 970 -(300
Color Scheme / Business Address (Street Address, City, State, Zip)	
BLUE WHITE DUE SSS SELBY STI SAN FRAL	KUSCO, CA. 94/24
Are you a U.S. Citizen? Yes ☐ No, If No, write the Alien Resident Card Number:	
A	Permit (A-Card)?
Are you currently an active driver and hold a current Public Passenger Vehicle Driver	
If Yes -Date permit was issued: 44408013 Permit #: 062958	r i
Has this permit ever been revoked? ☐ Yes 💢 No If yes, explain:	
Please describe why the public will not be served properly if this medallion is	not granted (attach additional pages if necessary):
Towns and Allerance of the Control o	Miles THE OURIE
I FEEL I AM AN EXCEUENT CAB D	COER. ME POBLIC
HAS COMMENTED THAT I HAVE U	ERY GOOD DRIVING
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SIGILS AND THAT THEY FEEL SAFE	E SECORE TO MY
CARE RE TRANSPURTING THEM TO	THEIR WARLOUS
DESTINATIONS.	
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AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	4.47
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OFFICE USE ONL

(038 = Hearing Date: JUL **2** 5 2008

SAN FRANCISCO

List residen	ce addresses fo	-		t, attach additional pages if need	ed)		
From Date	To Date		ess (Street Address,	City, State, Zip)			
	PRESENT	•		*			
	7/1/07	·					
	3/3//07						-2-3
3/1/03	9/1/03						
	you lived within a 30	mile radius of San	How many years o	driving experience do you have in	n San Are you o	hvsically qualified to o	irive a standard vehicle
Francisco?	/S_years	months	Francisco?	/S years / months	safely?	XYes	□No
ist employm	To Date	Company Name		itional pages if needed) Address (Street Address, Cit	••		Type of Work
1/17/93	present	DE SUT	O CAB CO	op 855 SELBY	<u>st, st</u>	F, CA. 44104	DAKI DILLUE
				at the convenience?	₩No. Hvo	g provide the informa	stion required below
•				st to any crime? ☐ Yes	•	s, provide the informa (Attach additional pa	ages if needed)
ailure to provi		relative to prior co	nvictions, guilty p	leas or not contest pleas may	y be considered	(Attach additional pa	ages if needed)
ailure to provi			nvictions, guilty p		•	(Attach additional pa	ages if needed)
ailure to provi		relative to prior co	nvictions, guilty p	leas or not contest pleas may	y be considered	(Attach additional pa	ages if needed)
ailure to provi		relative to prior co	nvictions, guilty p	leas or not contest pleas may	y be considered	(Attach additional pa	ages if needed)
ailure to provi		relative to prior co	nvictions, guilty p	leas or not contest pleas may	y be considered	(Attach additional pa	ages if needed)
ailure to provi		relative to prior co	nvictions, guilty p	leas or not contest pleas may	y be considered	(Attach additional pa	ages if needed)
ailure to provi		relative to prior co	nvictions, guilty p	leas or not contest pleas may	y be considered	(Attach additional pa	ages if needed)
ailure to provid	de full information	relative to prior co Date Date	Place	leas or not contest pleas may	Disposition	(Attach additional pa	ages if needed) permit.
ailure to providense your eyesigo not include	de full information	relative to prior co Date Date	Place	leas or not contest pleas may e of Arrest rected by eyeglasses.	y be considered Disposition Is your □ Yes	(Attach additional pacause to deny the paring impaire	ages if needed) permit.
ailure to providense your eyesigo not include	ght impaired? I	relative to prior co Date Date	place Place	rected by eyeglasses.	Disposition Disposition Is your □ Yes impairment:	(Attach additional pacause to deny the paring impaire	ages if needed) permit.

3...

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)
WILL USE EXISTING DESOTO CAB CO. RADIO
If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures
seal? Yes \(\subseteq \text{No} \) 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? XYes \(\subseteq \text{No} \)
Read each section and sign initials to the left of each section if you agree and understand.
KICH 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.
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 www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false 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 TWENTY SECURDAY of TULY , 20 0 8 at San Francisco, California.
Kalthlee K. Hughes Signature of Applicant
Signature of Applicant

.

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission *YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION. PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM Applicant's Name (First, Middle, Last) Phone Residence Address (Street Address, City, State, Zip) HUGHES Mailing Address, if different from above (Street Address, City, State, Zip) SAN FRANCISCU If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be: Business Address of Taxi Company (Street Address, City, State, Zip) Name of Taxi Company SELDY ST. SAN FRANCISCO, CA. 94/24 DE SUTO CAB COOP 🔀 Owner / Operator 970-1300 ☐ Gas & Gate Long Term Lease Please describe why you would like to use the color scheme for the above named taxi company (attach additional pages if necessary): MEDALLION HOLDER WITH DE SOTO CAB COOP - I WILL A5 DE SOTO'S COLOR SCHEME ... WHICH I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 2008 at San Francisco, California. Executed on JULY 22ND KATHLEEN KAREN Print Name of Applicant ****TO BE COMPLETED BY ACCEPTING GOLOR SCHEME ONLY***************** Name of person authorized to sign for Color Scheme Holder: GENERAL MANAGER)ESOTO , the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _ nereby give consent to the applicant named to use my color scheme. certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. July 28, 2008 ignature of Color Scheme Holder / person authorized to sign for Color Scheme Holder New Declaration Signed Decision of Taxicab Commission genda Notice Date Hearing Date

Paint Chips Submitted

Amount

Insurance Submitted

Receipt No.

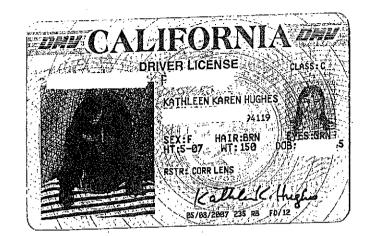
/orker's Comp Submitted

eceived by:

RECEIVED

JUL 252008

SAN FRANCISCO TAXI COMMISSION





ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

KATHLEEN K. HUGHES

P44-062958

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 Meda#ion Applying for: ☑ Regular □ Ramp
Deliberary Address (Chroni Address City State 7in)	FRANCISCO,	CA 94122
Mailing Address (If different than residence address)	MANCISCO,	
Residence Phone Number: (4/5)	Alternate Phone Nu	mber: (4/3-) x_ // / ~ ~2
Hours Available at this Number: Social Security Number Other name(s) use	Hours Available at t	his Number:
California Driver's License Number / Expiration Year	Date of Birth	Place of Birth
Race (Optional)	Weight 43	Eye Color BRN Hair Color BLK
Peseuts Cus Co.		Business Number (415)467-1004
Color Scheme / Business Address (Street Address, City, State, Zip) 98 Peynsylvania, Sau Fran	101500 94	107
\re you a U.S. Citizen? \(\text{DYes}\) \(\text{DNo, If No, write the Alien Re}\)		
Are you currently an active driver and hold a current Public Pas f Yes -Date permit was issued: Pen	senger Vehicle Driver mit#: <i>P44-04</i>	
•	yes, explain:	1282
las this permit ever been revoked? Yes No If	yes, explain.	
lease describe why the public will not be served properly	y if this medallion is i	not granted (attach additional pages if necessary):
I HAVE BEEN DRIVIA	16 FOR	THE SAN FRANCISCO
TAXICAB SERVICE FOR . 7	THE PAST	14 YEARS.
OUT OF ENGLISH, I	r. <u>CAN SF</u>	PEAK TWO DIFFERENT
,	MANDARIN A	NO CANTONESE. I
LIKE TO SERVE THE CITY	OF SAN	FRANCISCO AND
	TH MY BE	IST EFFORT
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SAN FRANCISCO
TAXI COMMISSION Page 1 of 3

List residence addresses to	•			onal pages if needed) .		14	
From Date To Date		ess (Street Addres	s, City, State, Zip			C1 9	W/))
Dec. 88 PABRUT	ealte	· · · · · · · · · · · · · · · · · · ·		SAN TRAN	21360	, CM	F1-Z-
<u> </u>							

	, ,			· · · · · · · · · · · · · · · · · · ·			
How long have you lived within a 30 i	mile radius of San	How many year	s drivina experier	nce do you have in San	Are you rihy	sically qualified to	drive a standard ve
Francisco? 20 years		Francisco?		months	safely?		
		<u> </u>				☑Yes	□No
List employment for last five to From Date To Date	Years (List most re Company Name	cent first, attach a		needed) treet Address, City, Stat	e Zin)		Type of Work
7/07 Promoter	NEW SEL	114 Packi	P.C) R.J. 28050	57 57	CA 94128	CASILIE
1/0/ /KBW/	Alloga	6.21 m		D. Box 28050	TT	Ch Quin	CASIN
14/93 _ 0/0/	MAPCO -	PA PASIERS	griff 4.	10 (04/01- 21	<u> </u>	4 /4/01	<u> </u>
		•					
	1 6 1 1	: N = 0 = 1		0			
lave you ever been convicted					1	Attach additional p	ation required below ages if needed)
lave you ever been convicted					1	Attach additional p	ages if needed)
allure to provide full information		onvictions, guilty		ntest pleas may be o	1	Attach additional p	ages if needed)
allure to provide full information	relative to prior co	onvictions, guilty	pleas or not co	ntest pleas may be o	() onsidered ca	Attach additional p	ages if needed)
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ailure to provide full information	relative to prior co	onvictions, guilty	pleas or not co	ntest pleas may be o	() onsidered ca	Attach additional p	ages if needed)
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ailure to provide full information flense	Pes MNo	Pia	pleas or not co	entest pleas may be o	onsidered ca	Attach additional p	ages If needed) permit.
ailure to provide full information of fiense your eyesight Impaired? Eo not include ordinary nearsig	Pate Date Date Date Date Date Date Date D	onvictions, guilty Pla	pleas or not co	veglasses.	onsidered ca	Attach additional puse to deny the	ages If needed) permit.
ailure to provide full information of fiense your eyesight Impaired? Each on of include ordinary nearsign	Pate Date Date Date Date Date Date Date D	Pia	pleas or not co	entest pleas may be o	onsidered ca	Attach additional puse to deny the	ages If needed) permit.
ailure to provide full information flense	Pate Date Date Date Date Date Date Date D	onvictions, guilty Pla	pleas or not co	veglasses.	onsidered ca	Attach additional puse to deny the	ages If needed) permit.
your eyesight Impaired? Eo not include ordinary nearsign you have any physical im	Pate Date Date Pres Monahtedness or far	onvictions, guilty Pla	pleas or not co	veglasses.	Is your he	Attach additional puse to deny the	ages If needed) permit.
your eyesight impaired? Enot include ordinary nearsign you have any physical impaired we you ever had:	Pepsy □ Yes	sightedness co	pleas or not co	reglasses. describe the impai	Is your he	Attach additional puse to deny the	ages if needed) permit.
ailure to provide full information fiense your eyesight impaired? Eo not include ordinary nearsign you have any physical im	Pepsy □ Yes er been,	sightedness co	pleas or not co	reglasses. describe the impai	Is your he Present:	Attach additional puse to deny the	ages If needed) permit. ed?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Yes No If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)
I will subscribe to Desents Dispatch.
·
If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☑Yes ☐ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? MYes No
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this 5 TH day of August, 20 0 8 at San Francisco, California.
MITA
Signature of Applicant

RECEIVED

AUG 062008

SAN FRANCISCO TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

PI FA	i i	/ - COMPLETE ENTIRE F	ORM
Applicant's Name (First, Middle, Last)	OL PRINT OLLARE		Phone
Wei C.	Lere		(415)
Residence Address (Street Address, City, State, Zip)			
	e 5.7-	CA 94/2	2_
Mailing Address, If different from above (Street Addre	ss, City, State, Zip)		
-			
If this color scheme request is granted by			
Name of Taxi Company RESENTS Cals Co.	18. Denucul	vania, saufra	ucisco 24107
Business Phone	Medallion Numbe		Owner / Operator
(415) 487-1004			Gas & Gate
113 =1 = 1			☐ Long Term Lease
	<u> </u>		
Please describe why you would like to	use the color scheme	for the above named taxi	company (attach additional pages
necessary):			
J. HAVET REEN!	11)0124116	FOR REGENTS	FOR LONG TIMES
- 77718	- C-		
I LIKE THERE	5ECURITY	PARKING	
,			
	<u> </u>		
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certify (or declare) under penalty of perjury t	under the laws of the Sta	ate of California that the forego	oing is true and correct.
**	/ /	<i>~</i>	
xecuted on Aciquis	<u>1 </u>	,20 <u>08</u>	_at San Francisco, California.
14/07	LEE		20
VV,EZ C- A	<u> </u>	Signature of Applicant	
rint Name of Applicant		organization of Philosoph	
			W10V4044W433444444444444
ame of person authorized to sign for Color Sche		FINCEOREORISCHIEMER	Title:
	1110 11010071		Cause
Steve 4 Milton			General Hanase
		Dago, La	Cab Co.
the Color Scheme Holder / person authorized to	sign for the Color Scheme	Holder for Page 11-15	cas co.
			Color Scheme Name
reby give consent to the applicant named to use			
ertify (or declare) under penalty of perjury under	the laws of the State of Cal	lifornia that the foregoing is true a	nd correct.
		7-30-08	3
7	sing for Calca Cabone Hald-	Date	
on all the of Color Scheme Holder / person authorized to s	sign for Loior Scheme Holder	Date.	DECEN/FD
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2010/1000			ለህሮ ል ይ ኃስስ ፡፡
	"*********OFFICE.US	FONTA	AUG 0 6 2008

	**************************************	USE ONLY.".""""""""""""""""""""""""""""""""""	AUG 0 6 2008
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Supartida RANCISCO TAX: CCMMISSION
Received by:	Receipt No.	Amount	Date Contract



ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

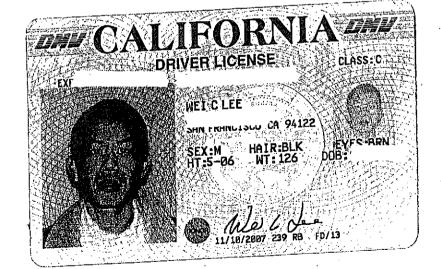
EXPIRES: DECEMBER 31, 2008

WEI LEE

P44-047282

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:
Residence Address (Street Address City State 7in)	r Regular □ Ramp
	Are pacifica, CA 94044
Mailing Address (If different than residence address)	1
	Alternate Phone Number: (415)
	•
Hours Available at this Number: Social Security Number Other name(s) used	Hours Available at this Number:
	N/A
California Driver's License Number / Expiration Year Date of B	
Race (Optional) Sex Height	Weight Eye Color Hair Color,
WIFE WIF 5-1	200 Frn Business Number
Color Scheme / Business Name 42/10W Cab	(415) 333-333
Color Scheme / Business Address (Street Address, City, State, Zip)	
1200 mississippi San	Figneisco CA, 94174
Are you a U.S. Citizen? △Yes ☐ No, If No, write the Alien Resident 0	
Are you currently an active driver and hold a current Public Passenger	Vehicle Driver Permit (A-Card)?
If Yes Date permit was issued: If I gap Permit #:	P44-045590
Has this permit ever been revoked? ☐ Yes No If yes, ex	xplain:
Please describe why the public will not be served properly if this	medallion is not granted (attach additional pages if necessary):
	a 9 San Francisco
	,
taxi cab for over	15 years for
Yellow Cab Co, I	have been providing
excellent service to	o the public
with all my records	being on file of
The yellow (46 C	O- NOW That
am about to get	a taxi madallion
I am going to	purchage a
boon new hard	Toyota vehicle just
bran new hybrid	J H I T
to My medallion, De	That I can
help with the la	viornment and
the City regalati	ons. Thank you
Very much	

Received by Receipt No. Amount Date.

Notice Date.

Dana 1 . f

I have driven a taxicab in the Police Code Section 1121(b)		and I meet the current year's driving requirement pursuant to SFPD Municipal
List residence addresses for From Date 03-06 03-06 present	last five years (List most re Residence Address (Street A	recent first, attach additional pages if needed) at Address, City, State, Zip) ST, SF, CA, 94115 AVR, facitica, CA, 94044
How long have you lived within a 30 m	nile radius of San How man Francisco	any years driving experience do you have In San co? 16 years 7 months Are you physically qualified to drive a standard vehicle safely? Yes No
ist employment for last five y From Date O 2-94 present O1-2003 present	rears (List most recent first, att Company Name Yellow IHSS	attach additional pages if needed) Address (Street Address, City, State, Zip) Type of Work
•		lo Contest to any crime? Yes No If yes, provide the information required below. (Attach additional pages if needed) s, guilty pleas or not contest pleas may be considered cause to deny the permit. Place of Arrest Disposition
	htedness or farsightedne	Is your hearing impaired? ☐ Yes ☐ Yo ☐ Yes ☐ Yes ☐ Ye ☐ Ye ☐ Yes ☐ Ye ☐ Y
o you have any physical imp ove you ever had: Epile	psy □Yes ĀÑo	
e you now, or have you eve Idicted to the use of intoxic ere you previously a medall	ating liquor? ☐ Yes	Any Narcotic Drug? Yes No
		es, 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)
yellow Cab CO will provide me
with a 24-hour radio dispathh 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? Д 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? Yes No
Read each section and sign initials to the left of each section if you agree and understand. Ship 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. I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false 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.
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 2 6 day of 5 in ly, 20 at San Francisco, California. Signature of Applicant
Signature of Applicant 🗸

Dagg 2 - 61

COLOR SCHEME DESIGNATION APPLICATION

Date

San Francisco Taxicab Commission

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

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		CLEARLY - COMPLE	TE ENTIRE FOR	RM I Phone	
Applicant's Name (First, Middle, L	/1			(4,	•
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Residence Address (Street Addre	ss, City, State, Zip) Poz c shove (Street Address, City, State, Zi	All 1 Oct	2 On all		И 4 гг.
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Mailing Address, it different from a	DOVE (Street Address, City, State, 21	'P'		,	·
					1,
If this color scheme reque	est is granted by the Taxicab (Commission, list what the t	axi company name	address and phone	number will be:
Name of Taxi Company	Business Addres	is of Taxl Company (Street Addre	ess, City, State, Zip)		
yellow	1200	mississipp	1 5T 5 P	Owner/Op	4124
Business Phone (415) 333-3	3 3 3 Me	dallion Number	,	· I —	
(4)))))) >				Gas & Gate	
				Long Term I	Lease
Please describe why you	would like to use the col	or scheme for the above	e named taxi cor	mpany (attach ad	ditional pages i
necessary):	, , , , , , , , , , , , , , , , , , , ,	·			
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Last C	ervice -	the city	Ql	San Fr	anciseo
<u> </u>	,	10 10	/	01	all is
and I	want 7	oe e	a past		7415
great	Service				
			that the foregoing	in true and correct	4
	nalty of perjury under the law	s of the State of California	t that the loregoing	J is true and correc	
Executed on プル	14 26		20 <u>0</u> 8 a	t San Francisco,	California.
			Q. 1		
I Seyo	ran AmzA	IAN (MX		
Print Name of Applicant	•	Signature of App	ilicant /		

	**TO BE COMPLETED E	BY ACCEPTING COLO		LY Title:	
Name of person authorized to sig		è		/ 1/1	
Hal Melle	gard			Can M	len 1
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the Color Scheme Holder / per	son authorized to sign for the Co	lor Scheme Holder for	0/1/0	No Coloma Nama	(00/,
ereby give consent to the applic	ant named to use my color sche	me.	Col	or Scheme Name	,
	y of perjury under the laws of the		recoing is true and r	correct	į
certify (or declare) under penalty	/ or perjury unider the laws or the	Otate of Damorma that the re	/ /		
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Ignature of Color Scheme Holder / pe	erson authorized to sign for Color Sch	neme Holder Date	• 1-7		
	\cup				
		FFICE USE ONLY*****	Commission	New Declaration Signe	d
enda Notice Date	Hearing Date	Decision of Taxicab			i G
orker's Comp Submitted	Insurance Submitted	Paint Chips Submitt	ed	Photos Submitted	

Amount

Receipt No.

acelved by:



ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

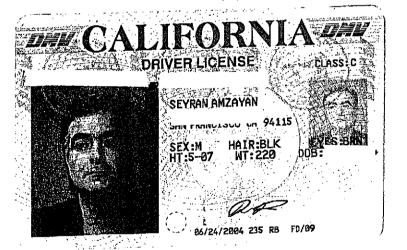
EXPIRES: DECEMBER 31, 2008

SEYRAN AMZAYAN

P44-045590

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





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license o	r ID.		

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)		Type of Medallion App	
DAVID K. CHAN		□Regu	lar Ramp
Residence Address (Street Address, City, State, Zip)	SAW FRANCE	1500, CA.	94133
Mailing Address (If different than residence address)		- 	1 -
Residence Phone Number: (415)	Alternate Phon	ne Number: (445)	
Hours Available at this Number;	Hours Available	e at this Number: 24	HOURS
Social Security Number Other r	name(s) used No No	- ,	•
California Driver's License Number / Expiration Year	Date of Birth .		of Birth
Race (Optional) Sex	Height Weight	Eye Color	Hair Color
CHINESE MIF	5150 130	BROWN	BLACK ness Number
Color Scheme / Business Name DMOD CAR CO.		(4	15) 970-1300
Color Scheme / Business Address (Street Address, City, State, Zip)	CD (3//12//	,
•	ANCISCO, CAG		
Are you a U.S. Citizen? ☐ Yes ☐ No, If No, write th	ne Alien Resident Card Number	** *	
	No li yes, explain:	010108	
lease describe why the public will not be served			
I THINK THE PUBL	12 WILLKO,	1 BZ- SBRUB	p properly
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Receipt No.	Amount - 1	Date	AN FRANCISCO
以上源 O.F. 11 3 7 609	5/11/6/11/0/5/41/2/6/118		COMMISSION

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) Address (Street Address, Zip) Address (Stre								:yun omo		SEPD MUN	
List residence addresses for last five years (list meal recent first, attach additional pages if needed) From Date To Date Residence Address (Sheet Address, City, Stafe, Zip) C.A. 94/33 How long have you lived within a 30 mile radius of San Francisco? How long have you lived within a 30 mile radius of San Francisco? How long have you lived within a 30 mile radius of San Francisco? How long have you lived within a 30 mile radius of San Francisco? How long have you lived within a 30 mile radius of San Francisco? How long have you lived within a 30 mile radius of San Francisco? How long have you lived within a 30 mile radius of San Francisco? How long have you lived within a 30 mile radius of San Francisco? How long have you lived within a 30 mile radius of San Francisco? How long have you lived within a 30 mile radius of San Francisco? How long have you lived within a 30 mile radius of San Francisco? How long have you ever been convicted of, or plead guilty or No Contest to any crime? Place of Arrest Disposition It yes, provide the information required below (Attach additional pages if needed) Any Place of Arrest Disposition It your hearing impaired? Yes UNO Yes UNO Any Narcotic Drug? Yes UNO Any Narcotic Drug? Yes UNO Gree you previously a medallion holder? Yes UNO Any Narcotic Drug? Yes UNO Heart Trouble Yes UNO Any Narcotic Drug? Yes UNO	1 01100 0000 00000000000000000000000000	LIFES L		id 11							
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List employment for last five years (List most recent first, attach additional pages if needed) From Date	Francisco? 40 years 5 m	nonths	Flanciscor	3	years_		nths	Saleiyi	Ø Yes	S □No	
From Date To Date Company Name Address (Street Address, City, State, Zip) From Date Company Name Address (Street Address, City, State, Zip) From Date Company Name Address (Street Address, City, State, Zip) From Date	<i>V</i>		cent first, atla	ch addition	nal pages if i	needed)					
Have you ever been convicted of, or plead guility or No Contest to any crime? Yes Disco Myes, provide the information required below (Attach additional pages if needed) reliture to provide full information relative to prior convictions, guility pleas or not contest pleas may be considered cause to deny the permit. If your eyesight Impaired? Yes Disco Disposition	From Date To Date Com	npany Name			Address (St	reet Address,				fype of V	Vork
SAN Jame Jave J	7-1m-1996 PAZSEST	DESO	To CA	B Co	, 45	- SELB	451	2201		_ \ _ 4	MB
Have you ever been convicted of, or plead guilty or No Contest to any crime?	- Company of the Comp				SAZ	Imanic	1500	ch.	94/24	10	nive
Have you ever been convicted of, or plead guilty or No Contest to any crime? Yes DNo It 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. Date Place of Arrest Disposition Is your hearing impaired? Yes DNo on to include ordinary nearsightedness or farsightedness corrected by eyeglasses. Oyou have any physical impairments? Yes DNo If yes, describe the impairment: ave you ever had: Epilepsy Yes DNo Vertigo Yes DNO Heart Trouble Yes DNO re you now, or have you ever been, didicted to the use of intoxicating liquor? Yes DNO ere you previously a medallion holder? Yes DNO The provide full information required below (Attach additional pages if needed) (Attach additional pages if						- J. France	1	,			/
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Have you ever been convicted of, or plead guilty or No Contest to any crime? Yes DNo It 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. Date Place of Arrest Disposition Is your hearing impaired? Yes DNo on to include ordinary nearsightedness or farsightedness corrected by eyeglasses. Oyou have any physical impairments? Yes DNo If yes, describe the impairment: ave you ever had: Epilepsy Yes DNo Vertigo Yes DNO Heart Trouble Yes DNO re you now, or have you ever been, didicted to the use of intoxicating liquor? Yes DNO ere you previously a medallion holder? Yes DNO The provide full information required below (Attach additional pages if needed) (Attach additional pages if			<u> </u>				Carp Re	Jr.			
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. Formula pages if needed) Formula pages if n						3.49	13.p	William Contract	4		
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. Formula pages if needed) Formula pages if n			<u>.</u>		-42	210		····			
is your eyesight Impaired?									h		uciu)
is your eyesight Impaired?	•		riviciioris, g.			ntest pleas r			cause to deny t	the permit.	
is your eyesight Impaired?	Failure to provide full information relativ		Tiviciions, g			ntest pleas r			cause to deny t	the permit.	
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o not include ordinary nearsightedness or farsightedness corrected by eyeglasses. o you have any physical impairments?	•		invicions, g			ntest pleas r			cause to deny t	the permit.	
o you have any physical impairments?	Offense	Date	invicions, g			ntest pleas r		Disposition		the permit.	
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re you now, or have you ever been, ddicted to the use of intoxicating liquor?	offense Si your eyesight Impaired? □ Yes So not include ordinary nearsighted	s DNo Iness or fars	sightednes	Place of	f Arrest	eglasses.		Is your	hearing impo	the permit.	
re you now, or have you ever been, ddicted to the use of intoxicating liquor?	offense Si your eyesight Impaired? □ Yes So not include ordinary nearsighted	s DNo Iness or fars	sightednes	Place of	f Arrest	eglasses.		Is your	hearing impo	the permit.	
ddicted to the use of intoxicating liquor? □ Yes ☑ No Any Narcotic Drug? □ Yes ☑ Ye	your eyesight Impaired? ☐ Yes to not include ordinary nearsighted to you have any physical impairm	s DNo iness or fara	sightednes	Place of	cted by ey	eglasses.	ne impai	Is your ☐ Yes rment:	hearing impa 译No	aired?	
ere you previously a medallion holder?	s your eyesight Impaired? ☐ Yes to not include ordinary nearsighted to you have any physical impaire ave you ever had: Epilepsy	s DNo iness or farsments?	sightednes	Place of	cted by ey	eglasses.	ne impai	Is your ☐ Yes rment:	hearing impa 译No	aired?	
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Cit You plusteam) =	s your eyesight Impaired? ☐ Yes to not include ordinary nearsighted to you have any physical impairmave you ever had: Epilepsy re you now, or have you ever be	s Dino siness or faraments?	sightednes □Yes	Place of	cted by ey	eglasses. describe th	ne impai	Is your Yes	hearing impo 답No Heart Trouble	aired?	
ver was no negotieus venne er	s your eyesight Impaired? ☐ Yes to not include ordinary nearsighted to you have any physical impairm ave you ever had: Epilepsy tre you now, or have you ever be ddicted to the use of intoxicating	s DNo finess or farsments?	sightednes Yes Yes	Place of	cted by ey	eglasses. describe th	ne impai	Is your Yes	hearing impo 답No Heart Trouble	aired?	
	i your eyesight Impaired? ☐ Yes to not include ordinary nearsighted to you have any physical impairm ave you ever had: Epilepsy re you now, or have you ever beddicted to the use of intoxicating fere you previously a medallion h	s DNo Iness or fara ments? Pes pen, g liquor?	sightednes Yes No	SS COTTE	cted by ey If yes,	eglasses. describe th ☐ Yes Any I	ne impai	Is your Yes rment:	hearing impo 답No Heart Trouble	aired?	Ľ\$ N

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? TYes No If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)
I WILL BE USING THE POSOTO COLOR SCHEME: THBY
HAR GOOD 24-HOUR RADIO DISPATCHOSENVICE- ANDI
HANS BUBD WITH MESOTS CAB FON 14 IN YEARS. 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? Dives □ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☑Yes ☐ No
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder. I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under the tendency of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or necomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or evoke 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 my 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 ermit 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 by knowledge.
xecuted on this 3 RO, day of AUGUS7, 20 08 at San Francisco, California.
Darle Ge
Signature of Applicant

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AUG 062008

SAN FRANCISCO TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

*YOU MUST SUBMIT A CERT		ATION, REGISTRATION CARD, & IN: RLY – COMPLETE ENTIRE FO	SURANCE CARD WITH THIS APPLICATION.
Applicant's Name (First, Middle, Las		CLY - CONPLETE ENTIRE PC	Phone
DAVID K	. CHAN		4150 (=:
Residence Address (Street Address,	, City, State, Zip)	1.5	
Mailing Address, if different from abo	ove (Street Address, City, State, Zip)	SAN MANCISE	o, CA. 94/33
SAMEA	S ABOUL		
	.,		
If this color scheme request	Business Address of Taxi C	Company (Street Address, City, State, Zip)	ne, address and phone number will be:
D8507= CAR	3 Co. 555 5EL	BY STREET. S.	
Business Phone	Medailion Nur	mber •	Owner / Operator
45 970-1	300		Gas & Gate
			Long Term Lease
Please describe why you w necessary):	vould like to use the color sche	me for the above named taxi co	ompany (attach additional pages if
I WOULG	LIKE TO USE	THE Color S	HEMI FOR THE ABOUT
NAMED TAXI	COMPANIA BECA	466 Presoto 1-	S ONE OFTHE
BUST COMP	ANIES IN THE	-USA. IHI	HE BUN WITH PESOTO
Fon 141/2	YEARS ANDI	THINK THEA	ANAGER DISPATCHERS
T _	ERS AND DRIL	BRS ARZ PE	Ally 6000
proples - A	LSO, THRY HAVE	Goop 24-Hour	2 RADIO STRUITS
l certify (or deciare) under penal	lty of perjury under the laws of the	State of California that the foregoin	ng is true and correct.
Executed on 3RD C	OF AUGUST	, 20 <u>08</u>	at San Francisco, California.
DAUID K.	CHAN	A fill	
Print Name of Applicant		Signature of Applicant	
Name of person authorized to sign	for Color Scheme Hold	EPTING COLOR SCHEME O	VLY************************************
CINDY L. W	ARD AUGOS	2008 [GENERAL MGR.
I, the Color Scheme Holder / person	authorized to sign for the CONTERNAL	SESOTO DESOTO L	AB CO.
hereby give consent to the applicant	TAXI.COMM t named to use my color scheme.	ISSION Co	olor Scheme Name
I certify (or declare) under penalty of	f perjury under the laws of the State of 0	California that the foregoing is true and	correct.
(linder & Was	rd	July 29,	2008
Signature of Color Scheme Holder / perso	on authorized to sign for Color Scheme Holde	or Dale	
	/www.communications.com		
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

Amount

Date

Receipt No.

Received by:



ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

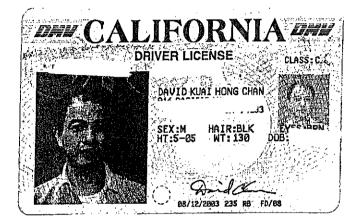
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

DAVID K. CHAN P44-046106

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





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SAN FRANCISCO TAXI COMMISSION

ZAN JAKI OFFINATORS

This certifies that

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Javia Chan

SAN FRANCISCO TAXI COMMISSION

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

W Hamel a

Cheryl Damico
Certified Sensitivity PASS

Laurix Graham

Qualifie

Certificate #

Certified Ramp Taxi PASS Trainer

Consent: Item D

Consideration of Taxi Commission to Allow Medallion Holder to Park Taxi at Alternate Site:

Applicant	Medallion	Alternate Site:	Color Scheme:
Name:	#:		
1. B&W	9	2560 Marin Street	B&W Checker
Checker	medallions	S.F.	
2. SF Taxi*	Entire taxi	1600 Davidson St	SF Taxi Cab
	fleet	S.F.	Co
3. Ronald	349	1390 Market	Yellow
Brothers		Street S.F.	

^{*} Applicant has made inconsistent statements regarding this issue

		·	

CITY AND COUNTY OF SAN FRANCISCO



TAXI COMMISSION MAYOR GAVIN NEWSOM

AUG 19 2008

Request to Shift Change/Park at Alternate Location MISSION

Toda Meda Phone	allion Holder: Ronalo 3, Brothers Manager: Hal Mellegard ne: 415-533-4626 Color Scheme: 18/10w	
	Request to Park at an Alternate Location: 1390 Market ST. Apr. 1426 SAN FRANCES Address of Alternate Location CA 94100	Ra J
	Reason for Request: Walting and Breathing problems and to QUADTiple By-Pars Sigery	2
Ø	Request to Shift Change at an Alternate Location: 1390 May 14 157, pp. 1426 S.f. Address of Alternate Location	(A
	Reason for Request: Same Brokeve	
	Decision of Taxi Commission and/or SFPD Taxi Detail	
Sched	duled For Hearing? No Yes B. L. W. C. Hearing Date	
	Site Inspected: No Yes Date Inspected Inspected By	
	Approved By:	
构	Denied By: Soft LEON	
	Other:	

25 Van Ness Avenue Suite 420 San Francisco. CA 94102*(415) 503-2180 * Fax (415) 503-2186 * Email: sflaxi.commission@sfixov.org * Website: www.sfixov.org/taxisommission

Rules & Regulations Regarding Shift Change or Parking at Alternate Locations:

- 4.A.9 Medallion Holders shall ensure that the taxicab operating under the medallion issued to them begins and ends all shifts at their color scheme's place of business, except with the approval of the Taxicab Commission or their designee for "formal employee operations". When the taxicab is not employed, Medallion Holders shall either leave the vehicle at their color scheme's place of business or at an alternative location approved by the Taxi Detail that is off the public street and sidewalk. Each request for the use of an alternative site must be made in writing. Medallion Holders shall ensure that all waybills, reports and found property are turned in at the taxi company premises at the conclusion of each shift.
- 5.B.6 Color Scheme Holders shall ensure that every taxicab driver starts and ends each shift at the color scheme's principal place of business, except with approval of the Taxicab Commission or their designee for "formal employee operations".
- 5.B.7 When the taxicab is not employed, Color Scheme Holders shall ensure that the vehicle either remains at their place of business or at an alternative location that is off the public street and sidewalk and that they can gain immediate access to the vehicle. Prior approval by the Taxi Detail must be obtained for each written request for the use of an alternative site.

Initial each line below:

1QB

I have read and understand the above rules and regulations.

I will not shift change or allow taxi drivers to shift change on alternate sites that have not been approved.

Manager Signature

Medallion Hølder Signature

CITY AND COUNTY OF SAN FRANCISCO



TAXI COMMISSION MAYOR GAVIN NEWSOM

Request to Shift Change/Park at Alternate Location

Toda	ny's Date: 6/19/08		Medallion Nu	mber: Thuling Spaces
	allion Holder:	-	Manager: //	mber: Thuling Spaces
Phon	e: 915-624-55-69	Color Schem	e: Black 6	White Checky
<u> </u>	Request to Park at an Alte	rnate Location		avia Sif. of Alternate Location
	Reason for Request: _Se	e attaci	hed	
Ø	Request to Shift Change at	4	Ad	CO Mayin 9. F. dress of Alternate Location
	Reason for Request:	e altae	hed	RECEIVED
	,			JUN 1 9 2008
				SAN FRANCISCO TAXI COMMISSION
	Decision of Tax	i Commission	and/or SFPD Ta	axi Detail
Schedu	iled For Hearing?	Yes	8. 20.00 Hearing D	
	Site Inspected: No	Yes	ıspected	Inspected By
	Approved By:			
7)	Denied By: Saff			
	Other:			

Rules & Regulations Regarding Shift Change or Parking at Alternate Locations:

- 4.A.9 Medallion Holders shall ensure that the taxicab operating under the medallion issued to them begins and ends all shifts at their color scheme's place of business, except with the approval of the Taxicab Commission or their designee for "formal employee operations". When the taxicab is not employed, Medallion Holders shall either leave the vehicle at their color scheme's place of business or at an alternative location approved by the Taxi Detail that is off the public street and sidewalk. Each request for the use of an alternative site must be made in writing. Medallion Holders shall ensure that all waybills, reports and found property are turned in at the taxi company premises at the conclusion of each shift.
- 5.B.6 Color Scheme Holders shall ensure that every taxicab driver starts and ends each shift at the color scheme's principal place of business, except with approval of the Taxicab Commission or their designee for "formal employee operations".
- 5.B.7 When the taxicab is not employed, Color Scheme Holders shall ensure that the vehicle either remains at their place of business or at an alternative location that is off the public street and sidewalk and that they can gain immediate access to the vehicle. Prior approval by the Taxi Detail must be obtained for each written request for the use of an alternative site.

Initial each line below:

I have read and understand the above rules and regulation

I will not shift change or allow taxi drivers to shift change on alternate sites that have not been approved.

Manager Signature

Medallion Holder Signature

Black and White Checker Cab 999 Pennsylvania Avenue San Francisco, CA 94107

Ph: 415-285-3800 Fax: 415-285-3605

Jordanna Thigpen Taxi Commission 25 Van Ness # 420 San Francisco, CA June 19, 2008

RE: Request for alternative parking

We are requesting alternative parking for Black and White Checker Cab at 2560 Marin St. San Francisco, CA for 9 parking spaces. This is the former site for WorldWide Cab Company which is still held by Keith Raskin now a manger with Black and White Checker Cab. See Attached lease agreement for premises.

Thank you,

Gennady Epshteyn

Gatchis Makarian

Keith Raskin

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SAN FRANCISCO TAXI COMMISSION

	,		:	

CITY AND COUNTY OF SAN FRANCISCO



TAXI COMMISSION MAYOR GAVIN NEWSOM

Request to Shift Change/Park at Alternate Location

Toda	y's Date: $8.12.08$	Medallion	Number:
Meda	allion Holder:	Manager:	Jack Trad
Phone	e: <u>920. 0709</u> Color Schem	e: <u>5F</u>	Taxi Cub Co
以	Request to Park at an Alternate Location	-	DavidSon ress of Alternate Location
	Reason for Request:		
	Request to Shift Change at an Alternate	Location:	,
			Address of Alternate Location
	Reason for Request:	·	· · · · · ·
	AND COMMENT OF THE PROPERTY OF		
	Decision of Taxi Commission	and/or SFPI	D Taxi Detail
Schedi	uled For Hearing? No Yes		ng Date
	Site Inspected: No Yes Date I	nspected	Inspected By
	Approved By:		
Ď	Denied By: Ooth LEON)	
	Other:		

Rules & Regulations Regarding Shift Change or Parking at Alternate Locations:

- 4.A.9 Medallion Holders shall ensure that the taxicab operating under the medallion issued to them begins and ends all shifts at their color scheme's place of business, except with the approval of the Taxicab Commission or their designee for "formal employee operations". When the taxicab is not employed, Medallion Holders shall either leave the vehicle at their color scheme's place of business or at an alternative location approved by the Taxi Detail that is off the public street and sidewalk. Each request for the use of an alternative site must be made in writing. Medallion Holders shall ensure that all waybills, reports and found property are turned in at the taxi company premises at the conclusion of each shift.
- 5.B.6 Color Scheme Holders shall ensure that every taxicab driver starts and ends each shift at the color scheme's principal place of business, except with approval of the Taxicab Commission or their designee for "formal employee operations".
- 5.B.7 When the taxicab is not employed, Color Scheme Holders shall ensure that the vehicle either remains at their place of business or at an alternative location that is off the public street and sidewalk and that they can gain immediate access to the vehicle. Prior approval by the Taxi Detail must be obtained for each written request for the use of an alternative site.

Initial each li	ine below:				
	I have read and understand the above rules and regulations.				
	I will not shift change or allow taxi drivers to shift change on alternate sites the have not been approved.				
Manager Sigr	nature Med	allion Holder Signature			

PROMPT · COURTEOUS · HONEST



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

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AUG 12008

TO: TAXI-CAB COMMISSION 25 VAN NESS AVENUE

SAN FRANCISCO, CA. 94102

SAN FRANCISCO
TAXI COMMISSION

DEAR COMMISSIONERS:

S.F. TAXI-CAB CO. RESPECTFULLY REQUESTS YOUR APPROVAL TO HAVE OUR CABS PARK AT 1600 DAVIDSON.

THE COMPANY WILL CONTINUE TO USE CITY WIDE DISPATCH SERVICE, AS USUAL.

RESPECTFULY.

JACK G. TRAD

Owner

(415) 571-1351

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Consent: Item E

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

Medallion Holder	Medallion	Change:
Name:	#:	
1. Wondwossen	277	DeSoto to Arrow Cab
Mekbeb		
2. Melaku Girma	585	DeSoto to Bay Cab
3. Getachew Yadeta	9017	DeSoto to Comfort Cab
4. Levon Daniltan	9075	DeSoto to SF Taxi
5. Ronald Wolter	1252	Arrow to Green Cab
6. Yen Ngoo Le	1209	Royal to Bay Cab

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TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

"YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLIC PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) Phone (U) Joint Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip)	ATION.
Applicant's Name (First, Middle, Last) WOWD WOSEN Residence Address (Street Address, City, State, Zip) L Joint Applicant's Name (First, Middle, Last) Phone (UK) Phone (UK) Phone (UK) Phone (UK)	,
Applicant's Name (First, Middle, Last) WDWD WDSEN MCKBEB (WS) Residence Address (Street Address, City, State, Zip) L Joint Applicant's Name (First, Middle, Last) Phone ()	
Joint Applicant's Name (First, Middle, Last) Phone ()	
Joint Applicant's Name (First, Middle, Last)	
Residence Address (Street Address, City, State, Zip)	ľ
Is this a Corporate permit? ☐ No ☐ Yes If yes, Name of Corporation:	
If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be	
Business Name Business Address (Street Address, City, State, Zip) ARROW CAB 2575 WARIN 37-	
Business Phone Medaltion Number(s) Owner / Operator	
(4/5) ☐ Gas & Gate	
☐ Long Term Lease	
Please describe why you would like to change to the above named taxi company (attach additional pages if necessary)	;
PREVIOUS COMPANY SUBBENLY INCREASED RADIO)
CET PULL LIP	
16E 189 40%	
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this TULY 24 day of TULY 29 day of TULY 20 08 at San Francisco, California WOWN WOSSEN MEKBER Wallson Walls Signature of Applicant	_
THE NAME OF APPROACH TO BE COMPLETED BY AGOERUNG COLOR SCHEME ONLY WAS A COLOR OF THE CONTROL OF	
Name of person authorized to sign for Color Scheme Holder:	
Tyler Speck General Manager	_
1, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Arraw Taxicab Co.	,
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perfury under the laws of the State of California that the foregoing is true and correct.	
7-24-18	
Signature of Color Scherife Holder / person authorized to sign for Color Scheme Holder Date	
THE STATE OF THE S	7
Agenda Nollice Date Agenda Nollice Date Agenda Nollice Date Decision of Taxicab Commission New Decision of Taxicab Commission	-
8.72.00 Paint Chips Submitted Photos Submitted	-
Possist No. 1 Amount 704 Page Date	-
Received by: 70 Receipt No. (40069 Amount 291.00 Date SAN FRANCISCO FAXI COMMISSION	l

COLOR SCHEME CHANGE QUESTIONNAIRE

1.	Why are you requesting this color scheme change? <u>RATE FOR COOR SEHEHE</u>
	INCREASED 40%
2.	How have you been operating your medallion at your current color scheme? Circle one: a. Gas and Gates Color Scheme Only c. Single Shift operated
3	How will you operate your medallion at the new color scheme? Circle one:
O.	a. Gas and Gates b. Color Scheme Only C. Single shift operated AN FRANCISCO AXI COMMISSION
4.	Will you sign any leases with your new color scheme or with any drivers associated with that color scheme? ☐ Yes ☐ No If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5.	For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?
	I, Wenn Whise M HEBER, acknowledge that in making this color scheme transfer to ARROW, I will operate my medallion # 277 in compliance with the following stipulations:
	1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift.
	2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
	3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule.
	4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated.
	5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them.
ı	6. If I received my permit after 1978, I will comply with the 800 hours of 150 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.
	7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations.
I have re	ead and understood all of the above. I declare that I will operate my taxicab permit number in upliance with the above stipulations.
Signatur	1110 len 10 Mehrle 124/08
•	ent Witness: 1. 0450 Date: 7. 24. 28

JUL 24 ZUUS

STICKER ISSUED

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KERT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

********* DO NOT DETACH - REGISTERED OWNER INFORMATION **********



REGISTRATION CARD VALID FROM: 04/30/2008 TO: 04/30/2009

REGISTRATION CARD VALLE FROM: TYPE VEH TYPE LIC LICENSE NUMBER MAKE YR MODEL YR 1ST SOLD VLF CLASS *YR TYPE VEH TYPE LIC LICENSE NUMBER 2005 32X 31

DODG 2002 2002 BE 2005 32X 31

VEHICLE ID NUMBER

BODY TYPE MODEL MP MO AX WC UNLADEN/G/CGW
TX G PR 2 C 03920
TX DATE ISSUED CC/ALCO DT FEE RECVD PIC

TYPE VEHICLE USE

COMMERCIAL

DATE ISSUED

CC/ALCO

DT FEE RECVO

PIC

STABLE 1880E

COMMERCIAL

04/08/08 41

03/30/08

PR EXP DATE: 04/30/2008

PR/HIST: TAXI

PR/HIST: TAAL

REGISTERED OWNER

MEKBEB WONDWOSSEN

AMOUNT PAID

\$ 102.00

MEKBEB WUNDWUSSEN AMOUNT DUE AMOUNT RECYD \$ 102.00 CASH:

CHCK : CRDT :

DALY CITY
CA 94015

LIENHOLDER

INSURANCE IDENTIFICATION CARD

STATE CA.

COMPANY NUMBER

COMPANY

33855

POLICY NUMBER

Lincoln General Insurance Co.

EFFECTIVE DATE 10/12/07

EXPIRATION DATE

C YEAR

MAKE/MODEL

10/12/08

VEHICLE IDENTIFICATION NUMBER

2002 Dodge AGENCY/COMPANY ISSUING CARD

7R88922

1B4GP25382B566081

Y. A. Tittle Insurance

Paul Batmale

650-856-2120

INSURED

JUL 24 2008

Mekbib Wondewossen Desoto Cab #277

SAN FRANCISCO TAXI COMMISSION

Daly City

CA 94015

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

OP ID

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

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

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

ACORD 50 WM (2/95)

TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission CHANGE OF COLOR SCHEME - From: De Soto Co *Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire. PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM Applicant's Name (First, Middle, Last) Joint Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) If yes, Name of Corporation: Is this a Corporate permit? ☐ Yes ☐ No If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be. Business Address (Street Address, City, State, Zip) Business Name Owner / Operator Gas & Gate Long Term Lease Please describe why you would like to change to the above named taxi company (attach additional pages if necessary): isogreement over a now contract with I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 20 08 at San Francisco, California MELAKU TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY Name of gerson authorized to sign for Color Scheme Holder I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for hereby give consent to the applicant named to use my color scheme. I certify (or declare) upder penalty of perjury under the laws of the State of California that the foregoing is true and correct. erson authorized to sign for Color Scheme Holder New Declaration Signed Decision of Taxicab Commission Agenda Notice Date Paint Chips Submitted Insurance Submitted Worker's Camp Submitted Receipt No. Received by:

COLOR SCHEME CHANGE QUESTIONNAIRE

. 1	Why are you requesting this color scheme change? Die a greenant ove a Mex
	Contract. with over 40% increase in fee s
2.	1 W to a series of colonial and
3.	How will you operate your medailion at the new color scheme? Circle one: a. Gas and Gates 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?
	Ŋ Yes ☐ No if Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change car be implemented.
5.	For Post-K medallion holders only; What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?
	1, MELAKU GIRMM acknowledge that in making this color scheme transfer to ZSOV, I will operate my medallion # SSS_ 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. You
	2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
	3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule.
	4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated.
	5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them.
	6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.
	7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations.
I have re full com	ead and understood all of the above. I declare that I will operate my taxicab permit number <u>58</u> in pliance with the above stipulations.
Signatur	e: ///fellete () Mm. Date: 7/31/08
Departm	nent Witness: Date: 7/3/08
Updated: Ju	ily 23, 2008, G :Forms 3 Templates\Applications & Driver Info sheets\ColorSchemeApplication doc



MEMORANDUM

Date:

July 29, 2008

To:

Melaku Girma

Medallion #585 227 Chestnut Court San Ramon, CA 94583

From:

Tom Griffin

RE:

Workers Compensation

RECEIVED

JUL 30 2008

SAN FRANCISCO TAXI COMMISSION

Dear Melaku,

Y. A. Tittle & Associates is prepared to offer Workers Compensation insurance in the amount of \$1,000,000 each occurrence for your San Francisco Taxicab Medallion #585. This insurance will be placed with the same carrier, Lincoin General Insurance Company that you currently have for your Automobile Liability insurance. This insurance will afford coverage for all scheduled drivers currently operating your taxicab.

Lincoln General will assign the same expiration date as that of your current Automobile Liability expiration date of 10/12/08. The San Francisco Taxicab Commission will be named as Additional Insured's to your Workers Compensation policy.

Simply let me know when you have your confirmed starting date with Bay Cab Company and we will proceed with the application process. Please contact me if you have any questions regarding this proposed insurance coverage.

Sincerel

Tom Griffin

Y.A. Tittle & Associates

INSURANCE IDENTIFICATION CARD

STATE CA

COMPANY NUMBER

COMPANY

33855 POLICY NUMBER

YEAR

Lincoln General Insurance Co.

EFFECTIVE DATE

EXPIRATION DATE

VEHICLE IDENTIFICATION NUMBER

. . 7 10/12/07 10/12/08

MAKE/MODEL 2005 Dodge Caravan

AGENCY/COMPANY ISSUING CARD

Y. A. Tittle Insurance

Paul Batmale 650-856-2120

INSURED

Melaku Girma Desoto Cab #585

ourt.

San Ramon

CA 94583 .

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:

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

ACORD 50 WM(2/95)

COML

REGISTRATION VALID FROM 03/31/2008 TO 03/31/2009 LICENSE MINUSCO

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL TX DATE ISSUED

02/29/2008

DATE FIRST SOLD

DODS

GIRMA MELAKU CA 94583-3538

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40 I

ossible.

2 C 03856

W0024

142022120083001

0

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

S31378



ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

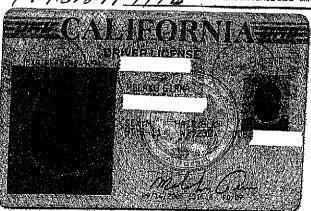
EXPIRES: DECEMBER 31, 2008

MELAKU GIRMA

P44.

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





TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - I	From: DESO:	TO CAB	_ To:	IMFORT CAB
*Forms to submit with this application: Co	ertificate Of Worker's Com	pensation, Registration	Card, Insurance	Card, Vehicle Introduction Form (2)
	LAOLI I III.		I Pho	
Applicant's Name (First, Middle, Last)	YANGTA			
			(LX0)	
10100 -	EL SOBRAN	776, CA · 1	Pho	one
Joint Applicant's Name (First, Middle, Last)			()
Residence Address (Street Address, City, State, Zi	o)			
Is this a Corporate permit?	☐ Yes If yes, Name	of Corporation:		
If this color scheme request is granted	t by the Taxicab Commiss	lon, list what your busin	ness name, addres	ss and phone number will be.
Business Name	Business Address (Street Add	iress, City, State, Zip)		
COMFORT CAB	agg benn	SYNANIA	5F, 6	EA-94107
Business Phone	Medailion Numb			Owner / Operator
(415) 641-1611		40r/	[Gas & Gate
(45) 641-1711 (FA				Long Term Lease
Please describe why you would like				
1 FOUNDOUT TH	AT COMFORT	CAB Co.	15 A B	=77ER CEMPANS
TO WEAK WITH A	NO THEY ARE	F VERY RE	ASONABLO	FIN COST AND
HAVE 1000 A REPU				
HAVE /300A REPU	1441-00 623101	111V J To		
		-sab - Ododo of Coliforni	is that the forego	ing is true and correct
I (We) certify (or declare) under penalty of	of perjury under the laws (of the State of Camorn	ia iriai irie lorego	ing is true and someon
Executed thisday of	Auges	, 20	<u>♥</u> at San	Francisco, California
GFFFCHERS S	PARETA	7	Spandi	200
Print Name of Applicant		Signature of Applica	nt	
A TEACHTHIN TO WE AND BEING	GMPHEREDIEVACE	Elegativic percelciolaries	JAERIE ONEY	
Name of person authorized to sign for Color Scheme		-	ļ	MANAGER
SAMBI U	ELCHA	Duck		ANAGE
I, the Color Scheme Holder / person authorized	i to sign for the Color Schen	ne Holder for <u>CO</u>	1FORT	CAP.
hereby give consent to the applicant named to			I BXICED C	giut ocheme
I certify (or declare) under penalty of perfury un	ider the laws of the State of	California that the foregol	ng is true and corre	ect.
		* -	08104	+107
Signature of Color Scheme Holder / person authorize	red to sign fer Color Scheme Holder		Da	ate
	i i	L		
		SE-ONLY.	mission Ne	w Declaration Signed
Agenda Notice Date 08 2 08 Hearing t)ate 08/26/08	<u> </u>	l	
Worker's Comp Submitted Insurance	Submitted	Paint Chips Submitted	. Ph	otos Submitted U.G. 0 4 2008
Received by: Dandle	Receipt No. 374088	Amount 42	11-	Date CAN STAVOSO
1/0/1-1		SchemeApplication doc		TAM COMMISSION

COLOR SCHEME CHANGE QUESTIONNAIRE

1.	. Why are you requesting this color scheme change? Z DE-CDED TO JOIN
	Why are you requesting this color scheme change? DE-CODED TO JOIN
	How have you been operating your medallion at your current color scheme? Circle one: a. Gas and Gates Color Scheme Only Single Shift operated
3.	How will you operate your medallion at the new color scheme? Circle one: a. Gas and Gates Color Scheme Only c. Single shift operated
4.	Will you sign any leases with your new color scheme or with any drivers associated with that color scheme? ☐ Yes ☑'No If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5.	For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? こいっと かい ファン・スター シャイト シャイト シャイト シャイト シャイト シャイト シャイト シャイト
	I, JACHER VALETA, acknowledge that in making this color scheme transfer to Composit CAB Composition, I will operate my medallion # 907 in compliance with the following stipulations: 1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property
•	will be turned in at the company premises at the conclusion of each shift. 2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
	3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule.
•	4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated.
ţ	 The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them.
. •	6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.
	7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations.
i have re full comp	ad and understood all of the above. I declare that I will operate my taxicab permit number 90/7 in pliance with the above stipulations.
Signature	Date: 8/4/08
Departme	ent Witness: Date: 00000

Updated: July 23, 2008, G:\Forms & Templates\Applications & Driver Info sheets\ColorSchemeApplication.doc

8/4/08

1 GETACHEW PASETA WHO OPERAL A TAXI; MEDALIAN # 9017 STATE THAT I WILL DRIVE BY MYSELF AND I WILL MOT HAVE A WORKMAN COMPENSATION. GETACHEW PASETA J. Zadett

ALIE 0 & 2008

SAN FOUNDISCO

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

DO NOT DETACH - REGISTERED OWNER INFORMATION



REGISTRATION CARD VALID FROM: 08/31/2008 TO: 08/31/2009

VLF CLASS . TYPE VEH TYPE LIC LICENSE NUMBER YR 1ST SOLD MAKE YR MODEL

2003 32V 31 DODGE. 2003 JR

UNLADEN/G/CGW MP MO AX WC.

VEHICLE ID NUMBER BODY TYPE MODEL G PIL 2 \boldsymbol{C} 03860 VN

DATE ISSUED CC/ALCO DT FEE RECVD PIC STICKER ISSUED TYPE VEHICLE USE COMMERCIAL 07/11/08 07 07/02/08 8

PR EXP DATE: 08/31/2008 AMOUNT PAID REGISTERED OWNER.

\$ 342.00 YADETA GETACHEW

AMOUNT DUE AMOUNT RECVO OR ASRAT GENET 342.00 CASH :

CHCK:

CRDT : EL SOBRANTE

LIENHOLDER

CA 94803

DAIMLERCHRYSLER LLC AUG 0.4 2008 400 HORSHAM RD

EVALEDMACECO TAKE COSTE POSICIN HORSHAM

19044 PA 180 02 0034200 0050 PS H05 071108 31 7D07679 203 H05

INSURANCE IDENTIFICATION CARD

STATE CA

COMPANY NUMBER

COMPANY

33855 POLICY NUMBER Lincoln General Insurance Co. EXPIRATION DATE

EFFECTIVE DATE 10/12/07

10/12/08

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

YEAR

Caravan

AGENCY/COMPANY ISSUING CARD

Y. A. Tittle Insurance

Paul Batmale 650-856-2120

2003 Dodge

INSURED

Getachew Yadeta Desoto # 9017

El Sobrante

CA 94803

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

OP ID JK

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

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

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

ACORD 50 WM(2/95)

RECEIVED AUG 9 4 2000

BAN FRANCISCO TAXI CONMISSION

registration valio from COML 01/31/2008 TO 01/31/2009

TĂŸI

VÉHICLÉ IDÉNTIFICATION NUMBER

RODY TYPE MODEL TX DATE IBBUED 03/10/2008

REG-SHEREO

=OR,D DATE FIRST SOLD 00 00/00/0000 DC 2008 2004 2 D 04440 TYPE VEH UNLADEH/GICGY 33X \$237 3800 4

RECEIVED

AUG 0 1 2008

SAN FRANCISCO TAXI COMMISSION ARROW CAB CO 2551 MARIN SAN FRANCISCO

2575 Marin

FORD MTR CRO PO BX 105703 ATLANTÂ

30348 67120080305Ā70450C

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

S3647839

INSURANCE IDENTIFICATION CARD

STATE CA

COMPANY NUMBER

COMPANY

33855 POLICY NUMBER Lincoln General Insurance Co. EFFECTIVE DATE

EXPIRATION DATE

02/14/08

02/14/09

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

ř

2004 Ford Frestar AGENCY/COMPANY ISSUING CARD

Y. A. Tittle Insurance Paul Batmale

650-856-2120 INSURED

> Marika Yuhas Arrow Cab #9038

and the second control of the second control

Daly City

CA 94015

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:

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

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

		A grand and a gran	A CONTA CAR CO
☐ NEW COLOR SCHEME (Complete both sides)	(Lightenenes	27日前 2029 かった!	m: DESOTO CAB CO
WOULD BE SUBMIT A CERTIFICATE OF WORK	CER'S COMPENSATION.	REGISTRATION CARD, & INS	URANCE CARD WITH THIS APPLICATION
PLEASE	PRINT CLEARLY -	COMPLETE ENTIRE FO	Phone 7
Applicant's Name (First, Middle, Last)	_	· •	
LEVON DANILY			YECEWED
Residence Address (Street Address, City, State, Zip)	'n oreA	94121	
			- AUG-0-5 2008
Joint Applicant's Name (First, Middle, Last)	-		SAN PRANCISCO
Residence Address (Street Address, City, State, Zip)	<u> </u>		TAXI COMMISSION
15. IIII 6 Colporate Pariti	Yes If yes, Name of C		
If this color scheme request is granted by the Ti	aviceb Commission, list	what your business name, ac	dress and phone number will be.
Business Name	iness Address (Street Address	s, CRY, State, ZID)	(4/5) 920-0109
S.F. TAXI-CABCO. 2	121 EVANS ST	S.F. CA. 94124	D Owner / Operator
Medalion Number(s)			Gas & Gate
9075			Long Term Lease
(We) certify (or declare) under penalty of perjo	ury under the laws of the		foregoing is true and correct.
Print Name of Applicant			lignoluse of Applicant
LEVON DANILIAN	/	ing colorischeme	NKV
IKOTEE:GUME ame of person suthorized to sign for Color Scheme Holden	CETEBRESEAURES	Markaraman	Title:
JACK G. TRAD		•	SOUPPOPPIETORE
·		C 1	SOUCPROPRIETORSHIP XI-CAB CD.
the Color Scheme Holder / person authorized to sign	n for the Color Scheme H	older for Soft TA	Taxicab Color Schame
reby give consent to the applicant named to use my	/ color scheme.		
ertify (or declare) under penalty of perjury under the	laws of the State of Calif	omia that the foregoing is true a	nd correct.
1.11.1		07-11-08	
Storature of Color Scheme Holder / person sumorized to sor	for Color Scheme Holder		Date
	7		
	OFFICEIUS	ONLY cision of Taxicab Commission	New Deckaration Stighted
ende Notice Date AUG 12, 2006 Hearing Date A	us. 26, 2000	in Chips Submitted	Ob des Submitted
nker's Comp Submitted Insurance Submitted	<i>y</i>	1 America	AUG 0 5 2008
celved by: Receipt	376092	1 ANALIN 291. 00	SAN FRANCISCO
1.01	•	•	TAXI COMMISSION

COLOR SCHEME CHANGE QUESTIONNAIRE BECAUSE IT IS GETTENG TOO Why are you requesting this color scheme change? 2. How have you been operating your medailion at your current color scheme? Circle one: Gas and Gates (6) Color Scheme Only Single Shift operated 3. How will you operate your medallion at the new color scheme? Circle one: a. Gas and Gates (6) 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? TOYES IN No If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented. 5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? MORNING SHIFTS/WEEK _____, acknowledge that in making this color scheme transfer to & CO. I will operate my medallion # 9275 in compliance with the following 1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. 2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). 3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which compiles with the three layer rule. 4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. 5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to aducate myself about those provisions so that I fully understand and comprehend them. 6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. 7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. I have read and understood all of the above. I declare that I will operate my taxicab permit number 9075 in full compliance with the above etipulations.

Department Witness: 2000 Date: 08-07-08

Department Witness: 2000 Date: 0500

RECEIVED

AUG 0 5 2008

SAN FRANCISCO TAXI COMMISSION

5 August 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #9075 will be added to SF Taxi Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through National Interstate Insurance and Lincoln General Insurance companies.

Sincerely,

Dmitry Erenkov Agent/Broker

DIE/ece

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FERS MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

******** DO NOT DETACH - REGISTERED OWNER INFORMATION *********



REGISTRATION CARD VALID FROM: 02/28/2008 TO: 02/28/2009 LICENSE NUMBER TYPE VEH *YR VLF CLASS YR IST SOLD YR MODEL 37S 31 MAKE 2005 DY 0000 2003 VEHICLE ID NUMBER DODG WC UNLADEN/G/CGW AX ýр MO BODY TYPE MODEL

04060 STICKER ISSUED

2 PN G SW OT FEE RECVO PIC CC/ALCO DATE ISSUED TYPE VEHICLE USE 02/20/08 9 02/20/08 38 COMMERCIAL

PR EXP DATE: 02/28/2008 AMOUNT PAID \$ 221.00

REGISTERED OWNER DANILYAN LEVON AMOUNT RECVO AMOUNT DUE

CASH : 221,00 CHCK :

221.00 CRDT : SAN FRANCISCO 94121 CA

RECEIVED LIENHOLDER AUG 0 5 2008

SAN FRANCISCO TAXI COMMISSION

TAXICAB COLOR SCHEME CHANGE APPLICATION

					San Francisco Taxicab Corr
CHANGE OF COLOR SCH	IEME - From:	ARROU	o CAB	To: 🗲	FREEN CAB
	ication: Certificate O		•	ration Card, Insu	rance Card, Vehicle Introduction
and polor ponome onengo quoi		RINT CLEA	RLY - COMPLE	TE ENTIRE FO	ORM
Applicant's Name (First, Middle, Last)		-			Phone
RONALD J	AMES 1	WOLT	TER		1(
Residence Address (Street Address, Cit	ty State Zin\		/*		
المسترات المسترات			E. BERKIS	IEY CA	94704
Joint Applicant's Name (First, Middle, La	ast)			5.27	Phone
	· · · · · · · · · · · · · · · · · · ·				()
Residence Address (Street Address, Cit	y, State, Zip)				
s this a Corporate permit?	No ☐ Yes	If you Name	of Corporation:		*
13 th 3 tr Corporato pormiti	2410 13 163	n yes, realise	or corporation.		· · · · · · · · · · · · · · · · · · ·
If this color scheme request i	s granted by the Tax	icab Commis	sion, list what your	business name, a	iddress and phone number will b
Business Name	4 ~ -	ddress (Street Ad	idress, City, State, Zip)	1	111- 11- 111
GREEN CA	4B 98	101	UNSYLI	1/5NIA	AVE.SF,CA 74/C
Jusiness Phone	י אריי ביין	Medallion Num			Owner / Operator
418 552-5	881	12	52		Gas & Gate
					Long Term Lease
lease describe why you wou	uld like to change	to the above	e named taxi com	npany (attach a	additional pages if necessary
		_			0 10
NOULD LI	RR TO	OPE	RATEH	7 (30 L 1V	<u> </u>
_				•	
					•
We) certify (or declare) under p	sensity of perium un	der the lawe	of the State of Calif	iornia that the fo	ragning is true and correct
		الت برد و المرود التد برد و المرود	<u>. </u>	_	-
xecuted this <u>FIFTH</u>		G-US7	F	20 <u>0</u> X at	San Francisco, California
ROLLE & J	. WOL	TER	1		() (1) to
nt Name of Applicant	, VOUC		Signature of App	licant /	x wo ac
ar istriction of Arbitraria			O.g., 12121 O 01 7 1 p.p	(
	one excolutions	4) 4):\6 \6\6	atanyleksie kai:	The state of the s	
me of person authorized to sign for Color				1	Title:
MARK GE	COBCRO				COLOR SCHEME HOLD
ne Color Scheme Holder / person au	uthorized to sign for th	e Color Schem	ne Holder for	GREEN	1 CAB
reby give consent to the applicant no				Taxio	cab Color Scheme
•	_				
rtify (or declare) under penalty of pe	erjury under the laws o	of the State of 0	California that the fore	going is true and i	correct.
(XIANIL (D)					
- PUNINNY CAPIL	BRIAL			SITIO	· C
Signature of Color Scheme Molder / person	LUY on authorized to sign for Color	r Scheme Holder		81510	S Date
Signature of Color Scheme upider / person	SUY on authorized to sign for Color	r Scheme Holder		81510	Date
Signature of Color Scheme Wolder / parso	Selection authorized to sign for Color			81510	S Date
<u> </u>			Decision of Taxicab Co	SISTO	Date New Declaration New Declaration
nda Notice Date 8/12/08	<i>V</i>				New Declaration
nda Notice Date 8/12/08	Hearing Date 8/2(Decision of Taxicab Co		New Declaration
nda Notice Date 8/12/08 1 ker's Comp Submitted Cares	Hearing Date 8/2/		Decision of Taxicab Co		Photos Submitted Date AUG 05-200
ida Notice Date 8/12/08 1	Hearing Date 8/2(Insurance Submitted Recelpt No. 3	# OFFICESI 6/08 yes 71009C	Decision of Taxicab Co		New Declaration RECEIVE

COLOR SCHEME CHANGE QUESTIONNAIRE

2. How have you been operating your medallion at your current color scheme? Circle one: ② 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: ③ 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? ② Yes □ No If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change cal be implemented. 5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? □ WILL BE WORKING TURS TITROUGH. □ FRIDAY APPROX 2PM TO MIDDICAT. □ WILL □ FRIDAY APPROX 2PM TO MIDDICATE. □ WILL □ FRIDAY APPROX 2PM TO MIDICATE. □ WILL □ FRIDAY APPR	4	Why are you requesting this color scheme change? <u>T WOULD</u> LIKE TO
Cas and Gates b. Color Scheme Only c. Single Shift operated 3. How will you operate your medallion at the new color scheme? Circle one:	1.	
(a) Gas and Gates b. Color Scheme Only c. Single shift operated 4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme? ¶ Yes □ No If Yes, you must bring coples of these leases to the Taxi Commission office before your color scheme change cal be implemented. 5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? □ □ NO □ NO	2.	(a) Gas and Gates b. Color Scheme Only
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Proposition K?		Yes □ No If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change car be implemented.
TAKE SOME TIME OFF FOR VICATION. I. RONALD WOLFER acknowledge that in making this color scheme transfer to GREEN CBB., I will operate my medallion # 1252 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). Plu 3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. 4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. 5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them LUC. 6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal 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.	5.	For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?
I, Render Decreta acknowledge that in making this color scheme transfer to GREEN CAB, I will operate my medallion # 1252 in compliance with the following stipulations: 1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. 2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). 3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule. 4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated. 5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them. 6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. 7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi compliance with the above. I declare that I will operate my taxicab permit number 1252 in I compliance with the above stipulations.		ERINAU APPROX ZPM TO MIDNICHT. I WILL
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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. 8. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. 7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. 1. Ve read and understood all of the above. I declare that I will operate my taxicab permit number 12.5.2 in compliance with the above stigulations.		pormit issued by the City and County of San Francisco. (2) has a lease for the vehicle of is a gas and gales
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. Ve read and understood all of the above. I declare that I will operate my taxicab permit number	ŧ	the Commission's Rules and Regulations, and I have taken time to educate myselt about those provisions so
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ave read and understood all of the above. I declare that I will operate my taxicab permit number 1252 in compliance with the above stipulations.		County of San Francisco, the California Venicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations.
nature: Journal Date: 54608	ve re	ead and understood all of the above. I declare that I will operate my taxicab permit number 1252 in
Data: 8/5/08	com	DISNGE Mitti the above stillnessory / // /
		Pata: 8/1/08



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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-25-2008

GROUP! POLICY NUMBER: CERTIFICATE ID: CERTIFICATE EXPIRES: 04-25-2009 04-25-2008/04-25-2009 THIS CERTIFICATE SUPERSEDES AND CORRECTS 1 DATED 04-25-2008 CERTIFICATE #

SAN FRANCISCO TAXI COMMISSION 25 VAN NESS AVE STE 420 SAN FRANCISCO CA 94102-8055

NA

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

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

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

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

THORIZED REPRESENTATIVE

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

ENDORSEMENT #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 2008-04-25 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. NAME OF ADDITIONAL INSURED: SAN FRANCISCO TAXI COMMISSION

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-25-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

RECEIVED

AUG 0 5 2008

SAN FRANCISCO TAXI COMMISSION

EMPLOYER

SF GREEN CAB LLC DBA: GREEN CAB 98 PENNSYLVANIA AVE SAN FRANCISCO CA 94107

NA

(FCC,CN)

PRINTED : 04-21-2008

98 Pennsylvania Avenue * San Francisco, CA 94107

August 5, 2008

Jordanna Thigpen, Executive Director San Francisco Taxi Commission 25 Van Ness Avenue, Suite 420 San Francisco, CA 94102

Dear Director Thigpen:

Please be advised that Green Cab has on order a new Toyota Camry hybrid to be operated under medallion #1252. We will furnish a copy of the vehicle registration upon its receipt.

Yours,

Mark Gruberg Color scheme holder

RECEIVED

AUG 0 5 2008

SAN FRANCISCO TAXI COMMISSION



MEMORANDUM

Date:

July 31, 2008

To:

SF Green Cab, L.L.C.

Joseph Mirabile

98 Pennsylvania Avanue San Francisco, CA 94107

From:

Tom Griffin

RE:

New Neuallon #1252

Commercial Auto Policy #CAC0002100634

Term: C4/12/08 to 04/12/09

Dear Joe.

Sincerely

Y. A. Tittle & Associates is prepared to provide \$1,000.000 Combined Single Limit Auto Liability insurance coverage to S.F. Green Cab for your proposed new medallion that you are attempting to add to your current fleet. You currently have insurance with Lincoln General Insurance Company for existing medallions. It will be no problem at all to simply add the new medallion to your current insurance policy.

Please contact me when you receive the medallion and vehicle information and I will make sure that

everything is processed.

Please call me if you have any questions.

RECEIVED

AUG 0 5 2008

SAN FRANCISCO TAXI COMMISSION

A. Title & Associates

TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME	- From: DOVAL TAXI	To:	BAGOAS
Forms to submit with this application:	Certificate Of Worker's Compensat	ion, Registration Card, Insura	ince Card, Vehicle Introduction Form (2
and Color Scheme Change Questionna	ire. PLEASE PRINT CLEARLY —		
Applicant's Name (First, Middle, Last)			Phone
1	LE		<u> </u>
Residence Address Street Address City State			
Joint Applicant's Name (First, Middle, Last)	SAN FRAN	CISCO, CA.94	11.0 I Phone
Joint Applicant's Name (First, Middle, Last)	,	•	()
Residence Address (Street Address, City, State,	Zip)		
Is this a Corporate permit? No	☐ Yes If yes, Name of Corpo	oration:	
If this color scheme request is grant	ed by the Taxicab Commission, list	what your business name, a	ddress and phone number will be.
Business Name	Business Address (Street Address, Cit	y, State, Zip)	
BAY CAB	7		WAN CIS GO CA . 94107 DE Owner Operator
Business Phone (415) 206-1908	Medalion Number(s)	•	
415 206-1908	1209	•	☐ Gas & Gate ☐ Long Term Lease
omate the state of		d to 3 /	
Please describe why you would like	e to change to the above hame	d taxi company (adach a	oditional pages it necessary).
I feel more	comfortable	with many	of my frainds
in Bay cab.		<u> </u>	<u> </u>
· · · · · · · · · · · · · · · · · · ·	·		·
i (We) certify (or declare) under penalty	of perjury under the laws of the S	tate of California that the for	regoing is true and correct.
Executed thisdbday o	of Aug	, 20 <u>^+ X</u> at \$	San Francisco, California
		4	•
YEN NGDC L	<u> </u>	nature of Applicant	ryn-
		V	
Name of person authorized to sign for Color Schem	COMPLETED BY ACCEPTIN		Title:
ROGER C	•		MLO
1109E/C	MAJENAA		11/916
, the Color Scheme Holder / person authoriza	ed to sign for the Color Scheme Holde	r for BAY C	43
nereby give consent to the applicant named t	o use my color scheme.		20 Later Screene
certify (or declare) under penalty of perjury u	under the laws of the State of California	that the foregoing is true and (correct.
To the state of th	, 	(1)	0
Signature of glolor Scheme Holder / person author	rized to sign for Color Scheme Holder	8-6-	Date
	OFFICE USE OF		MANGERY
Igenda Notice Date 8/2/06 Hearing	8/20/00	on of Taxicab Commission	New Declaration, Signed 1244 (* 3444)
10		hips Submitted	Photos Submitted AUG (7 7 / 1111K
Received by:	Receipt No. 376098	Amount 416-	Date SAN FRANCISCO
Ipdated: July 23, 2008, G:\Forms & Templates\Appli	cations & Oriver into sheets/ColorSchemeA	pplication.doc	TAXI COMMISSION

	COLOR SCHEME CHANGE QUESTIONNAIRE				
	Phase cans of some fall my				
1.	Why are you requesting this color scheme change? I feel work com for the least scheme? Circle one:				
	How have you been operating your medallion at your current color scheme? Circle one:				
2.	a Gas and Gates				
	Color Scheme Only c. Single Shift operated				
•	How will you operate your medallion at the new color scheme? Circle one:				
3.	a. Gas and Gates (b. Color Scheme Only				
	Cinale shift operated				
4.	Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?				
	Yes I No if Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can				
	La implemented				
5	For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with				
	Proposition K? NOVA				
	- Day priver				
	I, YEN NGOC LE acknowledge that in making this color scheme transfer to				
٠	DAY CAB I will operate my medallion # 1209 in compliance with the following				
	stigulations:				
	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.				
ē	2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).				
	3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule.				
	4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates 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 taxical company with white				
	5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so				
	that I fully understand and comprehend them. My				
	6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.				
	7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations.				
I have read and understood all of the above. I declare that I will operate my taxicab permit number 1209 in full compliance with the above stipulations.					
Signat	ure: Navabrup Date: AUG 04-08				
-	Date:				

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

STATE CA COMPANY

32620 POLICY NUMBER National Interstate

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2003 Ford

Crown Vi

AGENCY/COMPANY ISSUING CARD

Y. A. Tittle Insurance

Paul Batmale 650-856-2120

INSURED

Royal Taxi Company, Inc.

MEDALLION #1209

2121 Evans Street, STE G

San Francisco

CA 94124

COVERAGE MEETS MINIMOM LIABILITY INSURANCE PRESCRIBED BY LAW

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

THIS CARD MUST BE KEPT IN THE INSURED

VEHICLE AND PRESENTED UPON DEMAND

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

REGISTRATION CARD VALID FROM: 10/31/2007 TO: 10/31/2008 MAKE YR MODEL YR 1ST SOLD VLF CLASS *YR TYPE VEH TYPE LIC. FORD 2003 0000 ВM 2007 37X 31 BODY TYPE MODEL UNLADEN/G/CGW AX VEHICLE ID NUMBER NV TX. 2 04620 TYPE VEHICLE USE DATE ISSUED CC/ALCO DT FEE RECVD PIC STICKER ISSUED

COMMERCIAL

REGISTERED OWNER

08/29/07

PR/HIST: TAXI

38

08/29/07

T 12 CELLY TO THE FIRST STREET STREET

8

PR EXP DATE: 10/31/2007 AMOUNT PAID

270.00

LE YEN DBA ROYAL CAB

AMOUNT DUE

AMOUNT RECVO

270.00 CASH :

CHCK:

CRDT:

270.00

SAN FRANCISCO CA

94102

LIENHOLDER

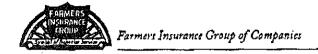
CLEAN ENERGY FIN LLC 3020 OLD RANCH BLVD STR 200

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

7 August 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #1209 will be added to Bay Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by Taxi Commission. Coverage is provided by our Agency through National Interstate Insurance and Lincoln General Insurance companies.

Sincerely,

Dmitry Erenkov Agent/Broker

DIE/ece

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