

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.



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 ATTENDANCE: 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

NO: 0

ABSENT: Paek, Slaughter

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: Paek, 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: Paek, 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.

8. Public Comment (Please limit public comment to items NOT on the agenda)

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
- 2006: 509 hours*
- 2007: 911 hours
- 2008: 550 hours**
- This applicant received admonishments in the past for violations including:
 1. 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

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

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

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

- 2005: 245 shifts
- 2006: 789 hours
- 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

- 2006: 168 shifts
- 2007: 233 shifts
- 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

- 2006: 900 hours
- 2007: 870 hours
- 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

- 2005: 194 shifts
- 2006: 190 shifts
- 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

- 2005: 216 shifts
- 2006: 810 hours
- 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.

- Hours/Shifts Driven: 1103 hours
- 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:

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

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: Date	SFO Trips Recorded on Mr. Narewatt's Waybills:	Trips Recorded on GTU Transaction Log	
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



FORMAL ADMONISHMENT

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

Name of Driver/Medallion Holder: HENRY MARSICANO


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

H. L. MARSICANO
PRINT NAME



SIGNATURE

Date

8/24/07

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

Applicant's Name (First, Middle, Last) HENRY JOHN MARSICANO				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> 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, NY	
Race (Optional) WHITE	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 6'1"	Weight	Eye Color BROWN	Hair Color BROWN
Color Scheme / Business Name LUXOR				Business Number (415) 282-1224	
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 JERROLD AVE., SAN FRANCISCO, CA 94124					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number			Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was Issued: 01/10/04 Permit #: 9061		
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)					
<p><i>I work for one of the best cab companies in the city with good computer capabilities. I am well adapted to serving the public after many years of driving in the City. I enjoy giving the tourists some of the history of San Francisco as I take them to their destinations. I look forward to many more years of serving the public of San Francisco.</i></p>					

OFFICE USE ONLY			
Received by: 	Receipt No: 376041	Amount: 685	Date: 7/22/08
Notice Date: 7/22/08	Hearing Date: 8/12/08	TAXI PERMIT NO. 9061	

Revised 10/2/06

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
11/11	11/11	Pacific, CA 94044
11/11	11/11	Healdsburg, CA 95448
11/11	11/11	San Francisco, CA 94139

How long have you lived within a 30 mile radius of San Francisco? 20 (Cumulative) years months

How many years driving experience do you have in San Francisco? 20+ (Cumulative) years months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
8/01	present	Lupor Cab	2230 JERROLD AVE., SF	Taxi

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

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

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

I will use Lupor's existing system.

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

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

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

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

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

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

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

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

Signature of Applicant

RECEIVED

JUL 07 2008

SAN FRANCISCO
TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION
San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) MARSICANO HEARY		Phone 415-398-1111
Residence Address (Street Address, City, State, Zip) 1000 1st St. S.F. CA 94103		RECEIVED JUL 07 2008
Mailing Address, if different from above (Street Address, City, State, Zip) PACIFICA CA 94044		

**SAN FRANCISCO
TAXICAB COMMISSION**

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

Name of Taxi Company Luxor	Business Address of Taxi Company (Street Address, City, State, Zip) 2230 Ferrel St S.F. CA 94124	
Business Phone (415) 398-1111	Medallion Number 94124	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

I've been with them about 8 yrs. and I think they're the best.

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

Executed on July 2, 2008 at San Francisco, California.

Print Name of Applicant HEARY MARSICANO Signature of Applicant *[Signature]*

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: THOMAS J. STANGHELLINI	Title: Operations Manager
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Luxor Cab</u> Color Scheme Name	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <i>[Signature]</i>	Date 6-26-08

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

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
COMMERCIAL DRIVER LICENSE CLASS: B
ENDORS: P



HENRY JOHN MARSICANO
T
SAN FRANCISCO CA 94131
SEX: M HAIR: BRN EYES: BRN
HT: 6-01 WT: 170 DOB:
RSTR: 48
05/26/2004 534 36 FD/09

RECEIVED

JUL 07 2008

SAN FRANCISCO
TAXI COMMISSION

I.D. Card or
Driver License No. _____
Enter your new address below:
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 30 2008 4 **DMV**
DL 43 (REV. 6/94) A Public Service Agency



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

Applicant's Name (First, Middle, Last) TESTAMARIAM ZEMUKALZ				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip)					
Mailing Address (If different than residence address) SAN LEANARD, CA 94578					
Residence Phone Number: () - -			Alternate Phone Number: () - -		
Hours Available at this Number:			Hours Available at this Number:		
Social Security Number		Other name(s) used			
California Driver's License Number / Expiration Year			Date of Birth		Place of Birth
Race (Optional)	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height	Weight	Eye Color	Hair Color
		5'09"		BRO	BLACK
Color Scheme / Business Name REDYAL TAXI				Business Number (415) 643-9500	
Color Scheme / Business Address (Street Address, City, State, Zip) 2121 EVANS SUITE 6					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number			Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Date Permit was issued: Permit #: 54330		

Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)

I HAVE DRIVEN TAXI IN SAN FRANCISCO FOR LONG TIME.
MOST OF MY CUSTOMER COMPLAIN THE DON'T HAVE ENOUGH TAXIS IN SAN FRANCISCO
THE SAID IT IS HARD TO FIND TAXI WHEN YOU NEED ONE. THIS PERMIT WILL ALLOW ANOTHER TAXI TO BE AVAILABLE.

RECEIVED

OFFICE USE ONLY			
Received by: 	Receipt No: 376042	Amount: 638	Date: 11-17-2005
Notice Date:	Hearing Date:		

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

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

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

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

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

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

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

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

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

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

I will use a RADIO CABS COMPANY

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

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

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

Tex 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.

Tex 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.

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

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

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

Tex
Signature of Applicant

RECEIVED

JUL 07 2008

SAN FRANCISCO
TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION
San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) TESFAMARIAM ZEMUKAEL		Phone 171 171 171
Residence Address (Street Address, City, State, Zip) 1001 1001 1001		
Mailing Address, if different from above (Street Address, City, State, Zip) SAN LEANDRO, CA 94578		

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

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

I really like voice pitch.

RECEIVED

JUL 07 2008

**SAN FRANCISCO
TAXICAB COMMISSION**

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

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

TESFAMARIAM ZEMUKAEL *Tesfay Zemukul*
Print Name of Applicant Signature of Applicant

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

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

RECEIVED

JUL 07 2008

SAN FRANCISCO
TAX COMMISSION



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

EXPIRES: DECEMBER 31, 2008

TESFAMARIAM ZEMIKAEI



P44

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



DMV CALIFORNIA DMV
DRIVER LICENSE CLASS: C

EXPIR

 **TESFAMARIAM ZEMIKAEI** 

UNCLAND CA 94007

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

Tefamariam Zemikael
07/31/2003 504 25 FD/08

TESFAMARIAM ZEMIKAEI, LIST#6-558

August 3, 2008

TO: CITY and County of SAN FRANCISCO TAXI COMMISSION

RE: Taxi Medallion Permit

Dear COMMISSIONERS,

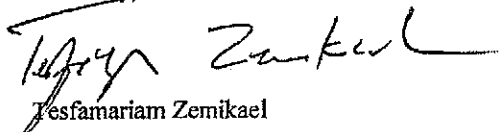
I applied for a Medallion approximately 15 years ago and have been driving taxi in the city of San Francisco for a long time. During this time I worked for several different companies.

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,


Tsefamariam Zemikael

8/4/08

RECEIVED

AUG 04 2008

SAN FRANCISCO
TAXI COMMISSION

Tesfamariam Zemikael

San Leandro, CA 94578

To: COMMISSION

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

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

Tesfamariam Zemikael

7/10/08

RECEIVED

Max Cab

JUL 07 2008

2121 A Evans St. SF Ca 94124

SAN FRANCISCO
TAXI COMMISSION

This to acknowledge that on June 30, 2008 Steven Gee manager of Max Cab gave Tesfay Zemikael 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

Steven Gee 6/30/08

Tesfa Zemikael

Tesfay Zemikael 6/30/08

After review agrees to Return waybills to max cab.

Tesfay Zemikael

Serving San Francisco



Since 1928

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JUL 19 2008

SAN FRANCISCO
TAXI COMMISSION

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

FACSIMILE COVER SHEET

DATE: 7-10-08
TO: Scott Leung
COMPANY: Sf Taxi Commission
FAX #: 503-2186
RE: TESFANARIAN ZEMIKAEU
FROM: Pom
PHONE: 415-282-1224 x 1420
FAX #: 415-282-1706

NUMBER OF PAGES (INCLUDING COVER SHEET): 1

If you do not receive all of the pages, please call

MESSAGE: Computer search shows
no records for TESHANARIAN ZEMIKAEU
for all of 2006. No warrants. No cuffs.

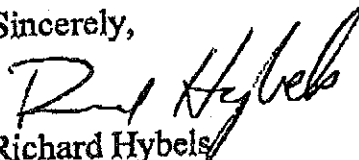
METRO CAB
2121-G EVANS AVE.
SAN FRANCISCO, CA. 94124
415-648-8500
FAX 415-642-3799
Email metrocab@pacbell.net

August 5, 2008

Ms. Vicky Siu
SF Taxi Commision

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

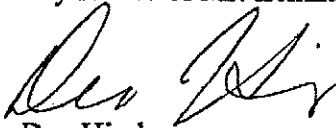
AUG 05 2008

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) DEV R NAREWATT		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) IT, SOUTH SAN FRANCISCO CA, 94080			
Mailing Address (If different than residence address)			
Residence Phone Number:		Alternate Phone Number:	
Hours Available at this Number: 9 AM till 4 PM		Hours Available at this Number: 4 PM till 1200AM	
Social Security Number		Other name(s) used DEV RAM	
California Driver's License Number / Expiration Year		Date of Birth	
		Place of Birth INDIA	
Race (Optional)	Sex <input checked="" type="radio"/> M / <input type="radio"/> F	Height 5-05	Weight 160
		Eyes Color BAN	Hair Color GRY
Color Scheme / Business Name NATIONAL CAB		Business Number (415) 648-4444	
Color Scheme / Business Address (Street Address, City, State, Zip) 2270 MCKINNEN AVE S.F CA, 94124			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Resident Card Number		Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes -Date Permit was issued: Permit #: P44-050501	
Facts which show why the public will not be adequately served unless this permit is granted: (attach additional pages if needed)			
<p>SAN FRANCISCO NEEDS LOTS OF MORE TAXI CABS AT THIS TIME, BECAUSE LOTS OF NEW HOTELS JUST OPEND AND LOTS OF NEW CONDOS ARE COMEING. LOTS OF NEW AIRLINES ARE COMEING 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.</p>			

RECEIVED

OFFICE USE ONLY			
Received by: 	Receipt No. 376061	Amount 688	Date JUL 18 2008
Issue Date August 12, 2008	Hearing Date August 26, 2008	SAN FRANCISCO TAXI COMMISSION	

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

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

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

JAN 2000 CURRENT

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

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

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

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

From Date To Date Company Name

Address (Street Address, City, State, Zip)

Type of Work

2000 CURRENT NATIONAL CAB 2270 MCKINNON ST. TAXI DRIVER

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

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired?
☐ Yes ☒ No

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

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

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

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

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

I will USE NATIONAL CAB CO. AS A
RADIO DISPATCH SERVICE

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

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

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

DN 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.

DN 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.

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

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

Executed on this 9 day of JULY, 20 08 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

JUL 16 2008

SAN FRANCISCO
TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION
San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) DEV R. NAREWATT		Phone 415 710 0100
Residence Address (Street Address, City, State, Zip) SOUTH SAN FRANCISCO CA, 94080		
Mailing Address, if different from above (Street Address, City, State, Zip)		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company NATIONAL CAB	Business Address of Taxi Company (Street Address, City, State, Zip) 2270 MCKINNEY AVE., S.F., CA., 94124		
Business Phone (415) 648-4444	Medallion Number ?	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I CURRENTLY WORK WITH NATIONAL CAB AS A LEASE DRIVER AND I AM HAPPY WITH THE COMPANY.

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 **9 July**, 20 **08** at San Francisco, California.

DEV R. NAREWATT
Print Name of Applicant

[Signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: Don Ninos	Title: PRESIDENT
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Don Ninos Color Scheme Name	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
[Signature] Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	7/8/08 Date

RECEIVED

OFFICE USE ONLY			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed JUL 16 2008
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted SAN FRANCISCO TAXICAB COMMISSION
Received by:	Receipt No.	Amount	Date

RECEIVED

JUL 16 2008

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

JUL 16 2008

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE

EXPIRE: CLASS: C

DEV RAM NAREWATT

SEX: M HAIR: GRY
HT: 5-05 WT: 160

EYES: BRN

RSTR: CORR LENS

02/28/2006 599 47 FD/10



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

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

Applicant's Name (First, Middle, Last) KATHLEEN KAREN HUGHES		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SAN FRANCISCO, CA. 94110			
Mailing Address (If different than residence address) SAN FRANCISCO, CA. 94119			
Residence Phone Number: (415) ---		Alternate Phone Number: ---	
Hours Available at this Number: 7 DAYS A WEEK 1 - 4 PM		Hours Available at this Number: 7 DAYS A WEEK ANY TIME	
Social Security Number		Other name(s) used DUXLEY, GUTIERREZ, FARZANEH, SMITH	
California Driver's License Number / Expiration Year		Date of Birth	
Race (Optional) WHITE/CAUCASIAN		Sex M (F)	Height 5' 7"
Color Scheme / Business Name BLUE/WHITE/BLUE DE SOTO CAB COOP		Weight 150	Eye Color GREEN
Color Scheme / Business Address (Street Address, City, State, Zip) BLUE/WHITE/BLUE 555 SELBY ST. SAN FRANCISCO, CA. 94124		Business Number (415) 970-1300	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes - Date permit was issued: 4/4/08 Permit #: 062958			
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): I FEEL I AM AN EXCELLENT CAB DRIVER. THE PUBLIC HAS COMMENTED THAT I HAVE VERY GOOD DRIVING SKILLS AND THAT THEY FEEL SAFE & SECURE IN MY CARE RE TRANSPORTING THEM TO THEIR VARIOUS DESTINATIONS.			
Kathleen K. Hughes			

RECEIVED

OFFICE USE ONLY

Received by: 	Receipt No.: 376074	Amount: 638-	Date: JUL 25 2008
Notice Date:	Hearing Date:		

SAN FRANCISCO
TAXI COMMISSION

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
7/1/07	PRESENT	
3/3/07	7/1/07	
9/1/03	3/3/07	
3/1/03	9/1/03	6 --

How long have you lived within a 30 mile radius of San Francisco? 15 years 8 months

How many years driving experience do you have in San Francisco? 15 years 1 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
6/17/93	PRESENT	DE SOTO CAB COOP	SSS SELBY ST, SF, CA. 94124	TAXI DRIVER

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

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

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

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

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

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

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 ☐ No

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

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

KCH 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.

KCH 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.

JCH 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 SECOND day of JULY, 20 08 at San Francisco, California:

Kathleen K. Hughes

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
KATHLEEN KAREN HUGHES		
Residence Address (Street Address, City, State, Zip)		
SAN FRANCISCO, CA. 94110		
Mailing Address, if different from above (Street Address, City, State, Zip)		
SAN FRANCISCO, CA. 94119		

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

Name of Taxi Company	Business Address of Taxi Company (Street Address, City, State, Zip)	
DE SOTO CAB COOP	555 SELBY ST. SAN FRANCISCO, CA. 94124	
Business Phone	Medallion Number	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease
(415) 970-1300		

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

AS A MEDALLION HOLDER WITH DE SOTO CAB COOP - I WILL
 APPROPRIATELY USE DE SOTO'S COLOR SCHEME... WHICH
 IS BLUE/WHITE/BLUE.

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

Executed on JULY 22ND, 2008 at San Francisco, California.

KATHLEEN KAREN HUGHES
 Print Name of Applicant

Kathleen K. Hughes
 Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder:	Title:
CINDY L. WARD	GENERAL MANAGER
the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>DESOTO CAB CO.</u>	
Color Scheme Name	
thereby 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.	
<u>Cindy L. Ward</u>	<u>July 28, 2008</u>
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Date

RECEIVED

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

RECEIVED

JUL 25 2008

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE CLASS: C

KATHLEEN KAREN HUGHES
94119

SEX: F HAIR: BRN EYES: BRN
HT: 5-07 WT: 150 DOB: 5

RSTR: CORR LENS

Kathleen K. Hughes
05/03/2007 235 RB FD/12



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) <u>WEI C. LEE</u>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <u>SAN FRANCISCO, CA 94122</u>			
Mailing Address (If different than residence address) 			
Residence Phone Number: <u>(415)</u> - - - - -		Alternate Phone Number: <u>(415)</u> - - - - -	
Hours Available at this Number: - - - - -		Hours Available at this Number: - - - - -	
Social Security Number - - - - -		Other name(s) used - - - - -	
California Driver's License Number / Expiration Year - - - - -		Date of Birth - - - - -	
Place of Birth <u>TAINAN</u>			
Race (Optional) <u>M/F</u>	Sex <u>M</u>	Height <u>5'7"</u>	Weight <u>143</u>
Eye Color <u>BRN</u>		Hair Color <u>BLK</u>	
Color Scheme / Business Name <u>Regents Cab Co.</u>		Business Number <u>(415) 487-1004</u>	
Color Scheme / Business Address (Street Address, City, State, Zip) <u>98 Pennsylvania, San Francisco 94107</u>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number: - - - - -			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes - Date permit was issued: - - - - -		Permit #: <u>P44-047282</u>	
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain: - - - - -			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <u>I HAVE BEEN DRIVING FOR THE SAN FRANCISCO TAXICAB SERVICE FOR THE PAST 14 YEARS.</u> <u>OUT OF ENGLISH, I CAN SPEAK TWO DIFFERENT LANGUAGES THAT INCLUDE MANDARIN AND CANTONESE. I LIKE TO SERVE THE CITY OF SAN FRANCISCO AND THE ASIAN COMMUNITY WITH MY BEST EFFORT.</u>			
<u>W Lee</u> <u>8/11/2008</u>			

OFFICE USE ONLY			RECEIVED
Issued By: <u>Danellie</u>	Receipt No: <u>376093</u>	Amount: <u>\$688</u>	Date: <u>AUG 08 2008</u>
Issued Date: - - - - -	Hearing Date: - - - - -		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
Dec. 88	PRESENT	SAN FRANCISCO, CA 94122

How long have you lived within a 30 mile radius of San Francisco? 20 years months

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

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
7/07	PRESENT	NEW SOUTH PARKING	P.O. Box 280567 SF, CA 94128	CASHIER
12/95	6/07	AMPCO SYSTEM PARKING	420 Taylor ST. S.F. CA 94102	CASHIER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☒ No If yes, provide the information required below.
(Attach additional pages if needed)
Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

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

Were you previously a medallion holder? ☐ Yes ☒ No

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

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

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

I will subscribe to Resents Dispatch.

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

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

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

WJ 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.

WJ 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.

WJ 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 5TH day of August, 20 08 at San Francisco, California.

WJ
Signature of Applicant

RECEIVED

AUG 06 2008

SAN FRANCISCO
TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Wei C. Lee</u>		Phone <u>(415) 487-1004</u>
Residence Address (Street Address, City, State, Zip) <u>1234 S.F. CA 94122</u>		
Mailing Address, If different from above (Street Address, City, State, Zip)		

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

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

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

I HAVE BEEN WORKING FOR REGENTS FOR LONG TIME
I LIKE THERE SECURITY PARKING.

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

Executed on August 1, 2008 at San Francisco, California.

WEI C. LEE Wei C Lee
 Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>Steven Norton</u>	Title: <u>General Manager</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Regents Cabs Co.</u> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>7-30-08</u> Date

RECEIVED

OFFICE USE ONLY				AUG 06 2008
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed	
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted	
Received by:	Receipt No.	Amount	Date	



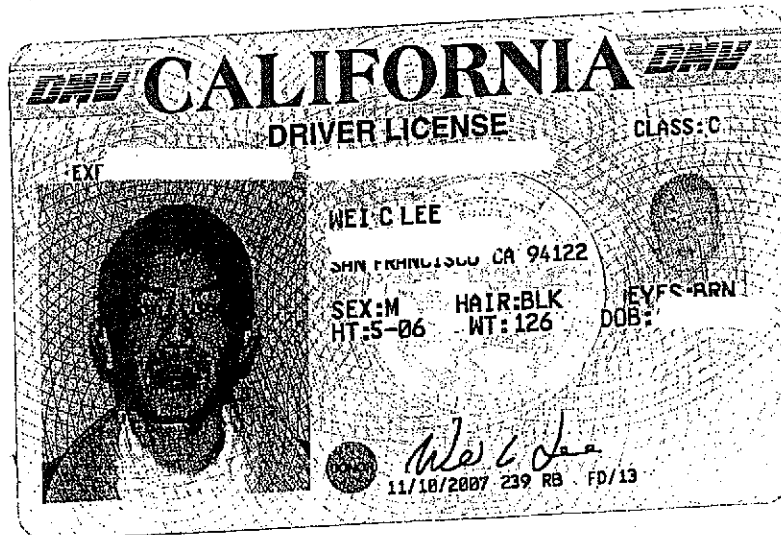
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

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) Seyran AMZANYAN					Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) Are, pacifica, CA, 94044						
Mailing Address (If different than residence address)						
Residence Phone Number: () - - - - -				Alternate Phone Number: (415) - - - - -		
Hours Available at this Number:				Hours Available at this Number:		
Social Security Number			Other name(s) used N/A			
California Driver's License Number / Expiration Year			Date of Birth		Place of Birth Azerbaijan, Baku	
Race (Optional) white	Sex M/F	Height 5-7	Weight 200	Eye Color brn	Hair Color black	
Color Scheme / Business Name yellow cab					Business Number (415) 333-3333	
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 mississippi, San Francisco, CA, 94124						
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:						
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes - Date permit was issued: 12/9/08 Permit #: P44-045590						
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:						
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): I have been driving a San Francisco taxi cab for over 15 years for yellow cab co, I have been providing excellent service to the public with all my records being on file at the yellow cab co. Now that I am about to get a taxi medallion, I am going to purchase a brand new hybrid Toyota vehicle just for my medallion, so that I can help with the environment and the city regulations. Thank you very much						

OFFICE USE ONLY

Received by: 	Receipt No: 371082	Amount: 038-	Date:
Notice Date:	Hearing Date:		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
01-96	03-06	ST, SF, CA 94115
03-06	present	AUR, Pacifica, CA 94044

How long have you lived within a 30 mile radius of San Francisco? 16 years 9 months

How many years driving experience do you have in San Francisco? 16 years 7 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
02-94	present	yellow cab	1200 mississippi ST, SF	Driver
01-2003	present	I HSS	San Francisco CA	Care giver

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

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

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

Yellow Cab Co will provide me
with a 24-hour radio dispatch service.

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

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

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

SA 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.

SA 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.

SA 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 26 day of July, 20 08 at San Francisco, California.

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
Seyran Amzayan		(415) 333-3333
Residence Address (Street Address, City, State, Zip)		
Pacifica Ave, Pacifica, CA, 94044		
Mailing Address, if different from above (Street Address, City, State, Zip)		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company		Business Address of Taxi Company (Street Address, City, State, Zip)	
Yellow		1200 Mississippi St, SF, CA, 94124	
Business Phone		Medallion Number	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease
(415) 333-3333			

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

I have been with yellow cab co for over 15 years and I believe that this company provides the best service the city of San Francisco and I want to be a part of this great service.

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

Executed on July 26, 2008 at San Francisco, California.

Print Name of Applicant: Seyran Amzayan
Signature of Applicant: [Signature]

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder:	Title:
Hal Mellegard	Gen Mgr
the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Yellow Cab Co	
Color Scheme Name	
I hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Date
Hal Mellegard	7/28/08

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



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



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

SEYRAN AMZAYAN
SAN FRANCISCO CA 94115

SEX: M HAIR: BLK EYES: BRN
HT: 5-07 WT: 220 DOB: [REDACTED]

06/24/2004 235 RB FD/09

I.D. Card or
Driver License No. 50 3 JUL 17 2008 L2

Enter your new address below:

Seyran Amzayan

Pacifica, CA 94044-3714

license or ID.



A Public Service Agency

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

Applicant's Name (First, Middle, Last) DAVID K. CHAN					Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SAN FRANCISCO, CA. 94133						
Mailing Address (If different than residence address) SAME AS ABOVE						
Residence Phone Number: (415) ---			Alternate Phone Number: (415) ---			
Hours Available at this Number: A.M.			Hours Available at this Number: 24 HOURS			
Social Security Number		Other name(s) used NONE				
California Driver's License Number / Expiration Year			Date of Birth		Place of Birth CANTON, CHINA	
Race (Optional) CHINESE	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height 5'5"	Weight 130	Eye Color BROWN	Hair Color BLACK	
Color Scheme / Business Name DESOR CAR CO.					Business Number (415) 970-1300	
Color Scheme / Business Address (Street Address, City, State, Zip) 555 SELBY STREET SAN FRANCISCO, CA 94124						
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:						
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes - Date permit was issued: 1-8-2008 Permit #: P44-046106						
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:						

Please describe why the public will not be served properly if this medallion is not granted. (attach additional pages if necessary):

I THINK THE PUBLIC WILL NOT BE SERVED PROPERLY IF THIS MEDALLION IS NOT GRANTED. THE FOLLOWING ARE THE REASONS.

REASON 1: I HAVE BEEN DRIVEN A TAXICAB FOR 14 1/2 YEARS INCLUDING 9 MONTHS IN A RAMPED TAXICAB IN SAN FRANCISCO. THE EXPERIENCE I HAVE GAINED FROM DRIVING A TAXICAB HELPS ME TO SERVE THE PUBLIC PROPERLY.

REASON 2: I HAVE LIVED IN SAN FRANCISCO FOR MORE THAN 40 YEARS HELP ME TO SERVE THE PUBLIC WELL.

REASON 3: I CARE ABOUT PEOPLE IN WHOLEHARTS AND I THINK WE ALL SHOULD GIVE THEM GOOD AND FRIENDLY SERVICES. MANY OF THEM LOVED THE WAY I TREATED THEM WITH RESPECT AND GAVE THEM GOOD SERVICES.

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AUG 06 2008

OFFICE USE ONLY			
Received by: T.O.	Receipt No: 376094	Amount: \$119.00	Date: SAN FRANCISCO TAXI COMMISSION
File Date: 8.12.08	Hearing Date: 8.26.08		

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

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

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

09/1977 present

SAN FRANCISCO
CA. 94133

How long have you lived within a 30 mile radius of San Francisco? 40 years 5 months

How many years driving experience do you have in San Francisco? 36 years 7 months

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

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

From Date To Date Company Name

Address (Street Address, City, State, Zip)

Type of Work

3-20-1994 present DESOTO CAB CO. 555 SELBY STREET

SAN FRANCISCO, CA. 94124

CAB

DRIVER

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

(Attach additional pages if needed)

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

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

Were you previously a medallion holder? ☐ Yes ☒ No

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

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

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

I WILL BE USING THE PBSOTO COLOR SCHEDULE: THEY
HAVE GOOD 24-HOUR RADIO DISPATCH SERVICE AND I
HAVE BEEN WITH PBSOTO CAB FOR 14 1/2 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? ☒ Yes ☐ No

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

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

DC 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.

DC 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.

DC 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 3RD day of AUGUST, 20 08 at San Francisco, California:

David

Signature of Applicant

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AUG 06 2008

SAN FRANCISCO
TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION
San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) DAVID K. CHAN	Phone (415) 555-1111
Residence Address (Street Address, City, State, Zip) 2 SAN FRANCISCO, CA. 94133	
Mailing Address, if different from above (Street Address, City, State, Zip) SAME AS ABOVE	

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company DESOTO CAB CO.	Business Address of Taxi Company (Street Address, City, State, Zip) 555 SELBY STREET, SAN FRANCISCO, CA 94124		
Business Phone (415) 970-1300	Medallion Number	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I WOULD LIKE TO USE THE COLOR SCHEME FOR THE ABOVE NAMED TAXI COMPANY BECAUSE DESOTO IS ONE OF THE BEST COMPANIES IN THE U.S.A. I HAVE BEEN WITH DESOTO FOR 14 1/2 YEARS AND I THINK THE MANAGER, DISPATCHERS, PERMIT HOLDERS AND DRIVERS ARE REALLY GOOD PEOPLE. ALSO, THEY HAVE GOOD 24-HOUR RADIO SERVICE.

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 3RD DAY OF AUGUST, 2008 at San Francisco, California.

DAVID K. CHAN
Print Name of Applicant

[Signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder CINDY L. WARD	Title: GENERAL MGR.
<div style="display: flex; justify-content: space-around;"> RECEIVED AUG 06 2008 </div>	
I, the Color Scheme Holder / person authorized to sign for the SAN FRANCISCO TAXI COMMISSION <u>DESOTO CAB CO.</u> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Cindy L. Ward</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>July 29, 2008</u> Date

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



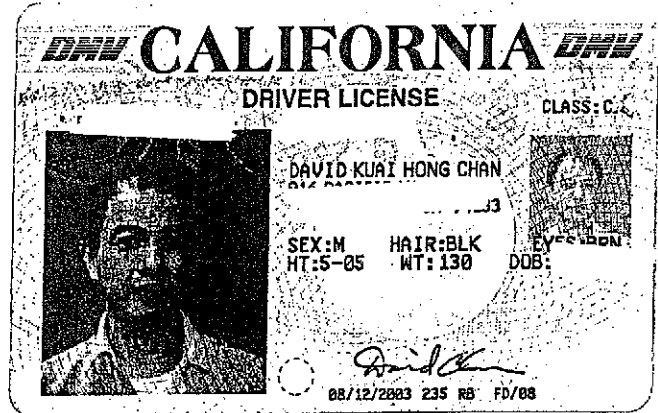
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

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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AUG 06 2008

SAN FRANCISCO
TAXI COMMISSION

RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

David Chan

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

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AUG 06 2008

**SAN FRANCISCO
TAXI COMMISSION**

Cheryl Danico

**Cheryl Danico
Certified Sensitivity PASS
Trainer**

Laurie Graham

**Laurie Graham
Certified Ramp Taxi PASS Trainer**



Ramp

Qualified

**Certificate #
2274**

Consent: Item D

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

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

* Applicant has made inconsistent statements regarding this issue

CITY AND COUNTY OF
SAN FRANCISCO



TAXI COMMISSION
MAYOR GAVIN NEWSOM

AUG 19 2008

SAN FRANCISCO
TAXI COMMISSION

Request to Shift Change/Park at Alternate Location

Today's Date: 8-12-2008 Medallion Number: 0349
Medallion Holder: RONALD J. Brothers Manager: H21 Mellegard
Phone: 415-533-4626 Color Scheme: Yellow

☒ Request to Park at an Alternate Location: 1390 Market St. Apt 1426 San Francisco, CA 94102
Address of Alternate Location

Reason for Request: Walking and Breathing problems due to Quadruple Bypass Surgery

☒ Request to Shift Change at an Alternate Location: 1390 Market St. Apt 1426 SF. CA 94102
Address of Alternate Location

Reason for Request: SAME AS ABOVE

Decision of Taxi Commission and/or SFPD Taxi Detail

Scheduled For Hearing? ☐ No ☒ Yes 8.20.08
Hearing Date

☐ Site Inspected: ☐ No ☐ Yes _____
Date Inspected Inspected By

☐ Approved By: _____

☒ Denied By: JOHN 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 line below:

TQB

I have read and understand the above rules and regulations.

RQB

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

Hal Mellegaard
Manager Signature

Randy Berthel
Medallion Holder Signature



Request to Shift Change/Park at Alternate Location

Today's Date: 6/19/08 Medallion Number: 2 Rudy 9 paces
Medallion Holder: _____ Manager: Keith Foster
Phone: 415-624-5569 Color Scheme: Black & White checker

☒ Request to Park at an Alternate Location: 2560 Marin St.
Address of Alternate Location

Reason for Request: see attached

☒ Request to Shift Change at an Alternate Location: 2560 Marin St.
Address of Alternate Location

Reason for Request: see attached

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JUN 19 2008

SAN FRANCISCO
TAXI COMMISSION

Decision of Taxi Commission and/or SFPD Taxi Detail

Scheduled For Hearing? ☐ No ☒ Yes 6.26.08
Hearing Date

☐ Site Inspected: ☐ No ☐ Yes _____
Date Inspected Inspected By

☐ Approved By: _____

☒ Denied By: JOHN 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 line below:

KR

I have read and understand the above rules and regulations.

KR

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

Keith Per...
Manager Signature

N/A
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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JUN 19 2008

**SAN FRANCISCO
TAXI COMMISSION**



Request to Shift Change/Park at Alternate Location

Today's Date: 8.12.08 Medallion Number: _____
Medallion Holder: _____ Manager: Jack Trad
Phone: 920.0709 Color Scheme: SF Taxi Club Co

☒ Request to Park at an Alternate Location: 1400 Davidson
Address of Alternate Location

Reason for Request: see attached

☐ Request to Shift Change at an Alternate Location: _____
Address of Alternate Location

Reason for Request: _____

Decision of Taxi Commission and/or SFPD Taxi Detail

Scheduled For Hearing? ☐ No ☒ Yes 8.26.08
Hearing Date

☐ Site Inspected: ☐ No ☐ Yes _____
Date Inspected Inspected By

☐ Approved By: _____

☒ Denied By: SCOTT 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 line 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 that have not been approved.

Manager Signature

Medallion Holder Signature

PROMPT • COURTEOUS • HONEST



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

01 AUG 08

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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.

RESPECTFULLY,

A handwritten signature in cursive script, appearing to read "Jack G. Trad".

JACK G. TRAD

Owner

(415) 571-1351

1947-1948

1947-1948

Consent: Item E

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

Medallion Holder Name:	Medallion #:	Change:
1. Wondwossen Mekbeb	277	DeSoto to Arrow Cab
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

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☒ *CHANGE OF COLOR SCHEME – From: Desoto to Arrow
(Complete front side only)

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

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>WOND WOSSEN MEKBER</u>		Phone (415) <u>3 311 7</u>
Residence Address (Street Address, City, State, Zip) <u>DAILY CITY, CA 94015</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

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

Business Name <u>ARROW CAB</u>	Business Address (Street Address, City, State, Zip) <u>2575 MARIN ST.</u>	
Business Phone (415)	Medallion Number(s) <u>277</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

PREVIOUS COMPANY SUDDENLY INCREASED RADIO FEE BY 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 JULY 24 day of JULY, 2008 at San Francisco, California

WOND WOSSEN MEKBER
Print Name of Applicant

Wond Wossen
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

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

OFFICE USE ONLY			
Agenda Notice Date <u>8.1.2.08</u>	Hearing Date <u>8.26.08</u>	Decision of Taxicab Commission	New Declaration Signed <u>RECEIVED</u>
Worker's Comp Submitted <u>sqe operator</u>	Insurance Submitted <u>Y</u>	Paint Chips Submitted	Photos Submitted <u>JUL 24 2008</u>
Received by: <u>TO</u>	Receipt No. <u>376069</u>	Amount <u>291.00</u>	Date <u>SAN FRANCISCO TAXI COMMISSION</u>

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? RATE FOR COLOR SCHEME
INCREASE 40%
2. How have you been operating your medallion at your current color scheme? Circle one:
- ☐ a. Gas and Gates
☒ b. Color Scheme Only
☐ c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:
- ☐ a. Gas and Gates
☐ b. Color Scheme Only
☒ c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
☒ Yes ☐ No
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? 10 AM - 8 PM

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24 2008

SAN FRANCISCO
TAXI COMMISSION

I, WENDY WASSER MEHLER, acknowledge that in making this color scheme transfer to
ARROW, I will operate my medallion # 277 in compliance with the following stipulations:

- 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. WM
- All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). WM
- 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. WM
- 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. WM
- 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. WM
- If I received my permit after 1978, I will comply with the 800 hours or 150 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. WM
- 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. WM

I have read and understood all of the above. I declare that I will operate my taxicab permit number 277 in full compliance with the above stipulations.

Signature: Wendy Wasser Mehl

Date: 7/24/08

Department Witness: J. Ochoa

Date: 7.24.08

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JUL 24 2008

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: 04/30/2008 TO: 04/30/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
DODG	2002	2002	BE	2005	32X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
TX	G	PR	2	C	03920		
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED	
COMMERCIAL	04/08/08		41	03/30/08	9	R3812980	
REGISTERED OWNER	PR/HIST: TAXI				PR EXP DATE: 04/30/2008		
MEKBEB WONDWOSSEN					AMOUNT PAID		
					\$ 102.00		
			AMOUNT DUE		AMOUNT RECVD		
			\$ 102.00		CASH :		
					CHCK :		
					CRDT :		
DALY CITY							
CA	94015						
LIENHOLDER							

INSURANCE IDENTIFICATION CARD

OP ID JK

STATE CA
 COMPANY NUMBER 33855 COMPANY Lincoln General Insurance Co.
 POLICY NUMBER EFFECTIVE DATE 10/12/07 EXPIRATION DATE 10/12/08
 C YEAR MAKE/MODEL 2002 Dodge 7R88922 VEHICLE IDENTIFICATION NUMBER 1B4GP25382B566081
 AGENCY/COMPANY ISSUING CARD
 Y. A. Tittle Insurance
 Paul Batmale
 650-856-2120
 INSURED
 Mekbib Wondewossen
 Desoto Cab #277
 Daly City CA 94015

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.

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JUL 24 2008

SAN FRANCISCO
 TAXI COMMISSION

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

ACORD 50 WM(2/95)

TAXICAB COLOR SCHEME CHANGE APPLICATION
San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: DeSoto Cab To: Bay Cab

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>MELAKU GIRMA</u>		Phone <u>(415) 206-1908</u>
Residence Address (Street Address, City, State, Zip) <u>San Ramon, CA 94583</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.			
Business Name <u>Bay Cab Co</u>	Business Address (Street Address, City, State, Zip) <u>999 Pennsylvania Ave</u>		
Business Phone <u>(415) 206-1908</u>	Medallion Number(s) <u>585</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

Disagreement over a new contract with
over 40% increase

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 31 day of July, 2008 at San Francisco, California

MELAKU GIRMA
Print Name of Applicant

Melaku Girma
Signature of Applicant

***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <u>ROGER CARDENAS</u>	Title: <u>MRG.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAY CABS</u> hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Roger Cardenas</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>7-31-08</u> Date

RECEIVED

***** OFFICE USE ONLY *****			
Agenda Notice Date <u>8/12/08</u>	Hearing Date <u>8/26/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>11/30/2008</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Daniel</u>	Receipt No: <u>376085</u>	Amount: <u>\$291</u>	Date: <u>SAN FRANCISCO TAXI COMMISSION</u>

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? Disagreement over a medallion contract, with over 40% increase in fees
2. How have you been operating your medallion at your current color scheme? Circle one:
a. Gas and Gates
☒ b. Color Scheme Only
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:
a. Gas and Gates
☒ b. Color Scheme Only
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
☒ Yes ☐ No
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? I will be driving various shifts

I, MELAKU GIRMA acknowledge that in making this color scheme transfer to BOY, I will operate my medallion # 585 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. yes
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). yes
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. yes
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. yes
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. yes
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. yes
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. yes

I have read and understood all of the above. I declare that I will operate my taxicab permit number 585 in full compliance with the above stipulations.

Signature: Melaku Girma

Date: 7/31/08

Department Witness: [Signature]

Date: 7/31/08

**tittle**Insurance &
Financial Services**MEMORANDUM**

Date: July 29, 2008
To: Melaku Girma
Medallion #585
227 Chestnut Court
San Ramon, CA 94583
From: Tom Griffin
RE: Workers Compensation

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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, Lincoln 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.

Sincerely,

Tom Griffin
Y.A. Tittle & Associates

INSURANCE IDENTIFICATION CARD
STATE CA
COMPANY NUMBER 33855
POLICY NUMBER 7
EFFECTIVE DATE 10/12/07
EXPIRATION DATE 10/12/08
VEHICLE IDENTIFICATION NUMBER
2005 Dodge Caravan
AGENCY/COMPANY ISSUING CARD
Y. A. Tittle Insurance
Paul Batmale
650-856-2120
INSURED
Melaku Girma
Desoto Cab #585
San Ramon
CA 94583

CSR TG

585

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.

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

ACORD 50 WM(2/95)

COML 03/31/2008 TO 03/31/2009		TYPE 31	LICENSE NUMBER
VEHICLE IDENTIFICATION NUMBER		TAXI	
BODY TYPE MODEL TX	CYLS. 00	DATE FIRST SOLD 00/00/2005	CLASS JK
DATE ISSUED 02/29/2008	TYPE VEH. 32X	MP 6	AX 2
	WC C	UMLADENSGGW 03856	TOTAL FEES PAID \$234
			0700

REGISTERED
OWNER

GIRMA MELAKU
CT
SAN RAMON CA 94583-3538

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JUL 30 2008

SAN FRANCISCO
TAXI COMMISSION

LEASER

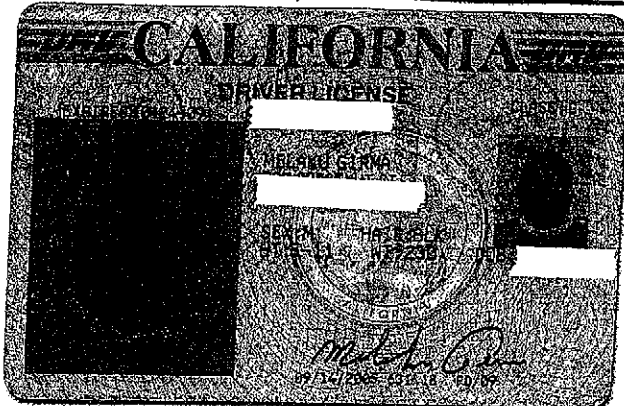
BOBILYA CHRYSLER PLYMOUTH
DODGE JEEP
144 E CHICAGO RD
COLDWATER
MI

W0024
R0041
L0147

49036
142022120083001

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

S3137824



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 – From: DESOTO CAB To: COMFORT CAB

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

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>GETACHEW YADETA</u>		Phone _____
Residence Address (Street Address, City, State, Zip) <u>EL SOBRANTE, CA 94803</u>		
Joint Applicant's Name (First, Middle, Last) _____		Phone () _____
Residence Address (Street Address, City, State, Zip) _____		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation: _____		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.			
Business Name <u>COMFORT CAB</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA SF, CA 94107</u>		
Business Phone <u>(415) 642-1611</u> <u>(415) 642-1711 (FAX)</u>	Medallion Number(s) <u>9017</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I FOUND OUT THAT COMFORT CAB CO. IS A BETTER COMPANY
TO WORK WITH AND THEY ARE VERY REASONABLE IN COST AND
HAVE GOOD REPUTATION WITH THE PUBLIC.

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 4th day of AUGUST, 2008 at San Francisco, California

GETACHEW YADETA _____
Print Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: <u>SATBI JELCHA DURA</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>COMFORT CAB</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date <u>08/04/07</u>

OFFICE USE ONLY				RECEIVED
Agenda Notice Date <u>08/12/08</u>	Hearing Date <u>08/26/08</u>	Decision of Taxicab Commission	New Declaration Signed	
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted <u>AUG 04 2008</u>	
Received by: <u>Danelle</u>	Receipt No. <u>376088</u>	Amount <u>\$291-</u>	Date <u>SAN FRANCISCO TAXI COMMISSION</u>	

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? I DECIDED TO JOIN COMFORT CAB COMPANY; FOUND OUT IT IS A BETTER CO.
2. How have you been operating your medallion at your current color scheme? Circle one:
 - a. Gas and Gates
 - ☒ b. Color Scheme Only
 - c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:
 - a. Gas and Gates
 - ☒ b. Color Scheme Only
 - c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
☐ Yes ☒ No
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? I WILL DRIVE MY TAXICAB SINGLE SHIFT

I, GETACHEW YADETA, acknowledge that in making this color scheme transfer to

COMFORT CAB CO, I will operate my medallion # 9017 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. 28
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). 28
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. 28
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. 28
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. 28
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. 28
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. 28

I have read and understood all of the above. I declare that I will operate my taxicab permit number 9017 in full compliance with the above stipulations.

Signature: [Signature]

Date: 8/4/08

Department Witness: [Signature]

Date: 08/04/08

8/4/08

I GETACHEW YADETA WHO OPERATES
A TAXI; MEDALIAN # 9017 STATE THAT
I WILL DRIVE BY MYSELF AND I
WILL NOT HAVE A WORKMAN COMPENSATION.

GETACHEW YADETA

G. Yadeta

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AUG 04 2008

SAN FRANCISCO
TAXI COMMISSION

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

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
DODGE	2003	2003	JR	32V	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
VN	G	PU	2	C	03860	
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED	
COMMERCIAL	07/11/08	07	07/02/08	8		

PR EXP DATE: 08/31/2008

REGISTERED OWNER

YADETA GETACHEW
OR ASRAT GENET

AMOUNT PAID
\$ 342.00

AMOUNT DUE	AMOUNT RECVD
\$ 342.00	CASH :
	CHCK :
	CRDT :

EL SOBRANTE
CA 94803

LIENHOLDER

DAIMLERCHRYSLER LLC
400 HORSHAM RD

HORSHAM
PA

19044

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AUG 04 2008

SAN FRANCISCO
TAXI COMMISSION

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

INSURANCE IDENTIFICATION CARD

OP ID JK

STATE **CA**
 COMPANY NUMBER **33855**
 POLICY NUMBER **33855**
 YEAR **2003**
 MAKE/MODEL **Dodge Caravan**
 AGENCY/COMPANY ISSUING CARD **Y. A. Tittle Insurance**
Paul Batmale
650-856-2120
 INSURED

Lincoln General Insurance Co.

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

VEHICLE IDENTIFICATION NUMBER

Getachew Yadeta
 Desoto # 9017

El Sobrante

CA 94803

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

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

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

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

ACORD 50 WM(2/95)

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 AUG 04 2008
 SAN FRANCISCO
 TAXI COMMISSION

REGISTRATION VALID FROM
COML 01/31/2008 TO 01/31/2009 31 TAXI

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL

TX

DATE ISSUED

03/10/2008

DATE FIRST SOLD

00/00/0000

CLASS

DC

FORD

Yr, Model

2008 2004

TYPE VEH HP AX WG DRILLAGE/GCSW

33X 6 2 D 04440

TOTAL FEES PAID

\$237

3800 4

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AUG 01 2008

SAN FRANCISCO
TAXI COMMISSIONOWNER
DURING REGISTRATION

LINCOLN

ARROW CAB CO
 2551 MARIN
 SAN FRANCISCO CA 94124

2575 Marin

FORD MTR CREDIT CO
 PO BOX 105704
 ATLANTA
 GA



30348
 67120080305A70450C

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

S3647839

INSURANCE IDENTIFICATION CARD

CSR TG

STATE CA

COMPANY NUMBER

COMPANY

33855

Lincoln General Insurance Co.

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

02/14/08

02/14/09

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2004 Ford

Freestar

AGENCY/COMPANY ISSUING CARD

Y. A. Tittle Insurance

Paul Batmale

650-856-2120

INSURED

Marika Yuhas

Arrow Cab #9038

Daly City

CA 94015

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

☐ NEW COLOR SCHEME
(Complete both sides)

☒ *CHANGE OF COLOR SCHEME - From: DESOTO CAB CO.
(Complete front side only)

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>LEVON DANILYAN</u>	Phone <u>920-0909</u>
Residence Address (Street Address, City, State, Zip) <u>1110 25th CA 94121</u>	<div style="text-align: center;"> RECEIVED AUG 05 2008 SAN FRANCISCO TAXI COMMISSION </div>
Joint Applicant's Name (First, Middle, Last)	
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:	

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>S.F. TAXI-CAB CO.</u>	Business Address (Street Address, City, State, Zip) <u>2121 EVANS ST., S.F. CA. 94124</u>	Business Phone <u>(415) 920-0909</u>
Medallion Number(s) <u>9075</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

GREAT DISPATCH SERVICE FROM CITYWIDE DISPATCH.
AT DESOTO CAB CO THE FEES WENT UP TO \$1050.00

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 JULY 27 day of 2008 at San Francisco, California

Print Name of Applicant

LEVON DANILYAN

Signature of Applicant

[Signature]

Name of person authorized to sign for Color Scheme Holder: <u>JACK G. TRAD</u>		Title: <u>SOLE PROPRIETORSHIP</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>S.F. TAXI-CAB CO.</u> hereby give consent to the applicant named to use my color scheme.		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <i>[Signature]</i>		Date <u>07-27-08</u>

OFFICE USE ONLY

Agenda Notice Date <u>AUG 12, 2008</u>	Hearing Date <u>AUG 26, 2008</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>Y</u>	Insurance Submitted <u>Y</u>	Paint Chips Submitted	Photos Submitted <u>AUG 05 2008</u>
Received by: <u>T.O.</u>	Receipt No. <u>376092</u>	Amount <u>291.00</u>	Date

SAN FRANCISCO
TAXI COMMISSION

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? BECAUSE IT IS GETTING TOO EXPENSIVE TO OPERATE AT DESOTO. THE FEES ARE \$050.
2. How have you been operating your medallion at your current color scheme? Circle one:
a. Gas and Gates
☒ b. Color Scheme Only
☒ c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:
a. Gas and Gates
☒ b. Color Scheme Only
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
☒ Yes ☐ No
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?
4 MORNING SHIFTS / WEEK

I, LEVON, DANILYAN, acknowledge that in making this color scheme transfer to S.F. TAXI-CAB CO., I will operate my medallion # 9075 in compliance with the following stipulations:

- 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. LD
- All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). LD
- 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. LD
- 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. LD
- 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. LD
- 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. LD
- 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. LD

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 stipulations.

Signature: [Signature]

Date: 08-04-08

Department Witness: [Signature]

Date: 0808

RECEIVED

AUG 05 2008

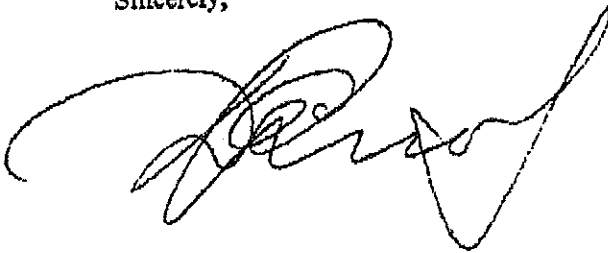
SAN FRANCISCO
TAXI COMMISSION

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,

A handwritten signature in black ink, appearing to read 'D. Erenkov', with a large, sweeping flourish at the end.

Dmitry Erenkov
Agent/Broker

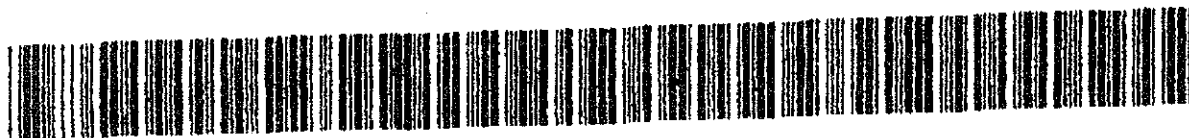
DIE/ece

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 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: 02/28/2008 TO: 02/28/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
DODG	2003	0000	DY	2005	37S	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
SW	G	PN	2	D	04060		
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED
COMMERCIAL		02/20/08	38	02/20/08	9		
							PR EXP DATE: 02/28/2008
							AMOUNT PAID
							\$ 221.00

REGISTERED OWNER
DANILYAN LEVON

AMOUNT DUE \$ 221.00
AMOUNT RECVD
CASH :
CHCK :
CRDT : 221.00

SAN FRANCISCO
CA 94121

LIENHOLDER

RECEIVED

AUG 05 2008

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: ARROW CAB To: GREEN CAB

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>RONALD JAMES WOLTER</u>		Phone () - - - -
Residence Address (Street Address, City, State, Zip) <u>BERKELEY, CA 94704</u>		
Joint Applicant's Name (First, Middle, Last)		Phone () - - - -
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

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

Business Name <u>GREEN CAB</u>	Business Address (Street Address, City, State, Zip) <u>98 PENNSYLVANIA AVE, SF, CA 94107</u>	
Business Phone <u>415 552-5881</u>	Medallion Number(s) <u>1252</u>	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

WOULD LIKE TO OPERATE HYBRID CAB

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

Executed this FIFTH day of AUGUST, 2008 at San Francisco, CaliforniaRONALD J. WOLTER
Print Name of ApplicantRonald J. Wolter
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: <u>MARK GRUBERG</u>	Title: <u>COLOR SCHEME HOLDER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>GREEN CAB</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Mark Gruberg</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>8/5/08</u> Date

OFFICE USE ONLY			
Agenda Notice Date <u>8/12/08</u>	Hearing Date <u>8/26/08</u>	Decision of Taxicab Commission	New Declaration RECEIVED
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted <u>AUG 05-2008</u>
Received by: <u>[Signature]</u>	Receipt No. <u>310090</u>	Amount <u>291-</u>	Date

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? I WOULD LIKE TO OPERATE HYBRID CAB
2. How have you been operating your medallion at your current color scheme? Circle one:
☒ a. Gas and Gates
b. Color Scheme Only
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:
☒ a. Gas and Gates
b. Color Scheme Only
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
☒ Yes ☐ No
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? I WILL BE WORKING TUES THROUGH FRIDAY APPROX 2PM TO MIDNIGHT. I WILL TAKE SOME TIME OFF FOR VACATION.
I, RONALD WOLTER 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. RW
 2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). RW
 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. RW
 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. RW
 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. RW
 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. RW
 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. RW

I have read and understood all of the above. I declare that I will operate my taxicab permit number 1252 in full compliance with the above stipulations.

Signature: Ronald J. Wolter

Date: 5 AG '08

Department Witness: [Signature]

Date: 8/5/08



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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-25-2008

GROUP:

POLICY NUMBER:

CERTIFICATE ID: 7

CERTIFICATE EXPIRES: 04-25-2009

04-25-2008/04-25-2009

THIS CERTIFICATE SUPERSEDES AND CORRECTS

CERTIFICATE # 1 DATED 04-25-2008

SAN FRANCISCO TAXI COMMISSION
25 VAN NESS AVE STE 420
SAN FRANCISCO CA 94102-6055

NA

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

This policy is not subject to cancellation by the Fund except upon 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.

James Neary
AUTHORIZED REPRESENTATIVE

James Frank
PRESIDENT

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

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 05 2008

SAN FRANCISCO
TAXI COMMISSION

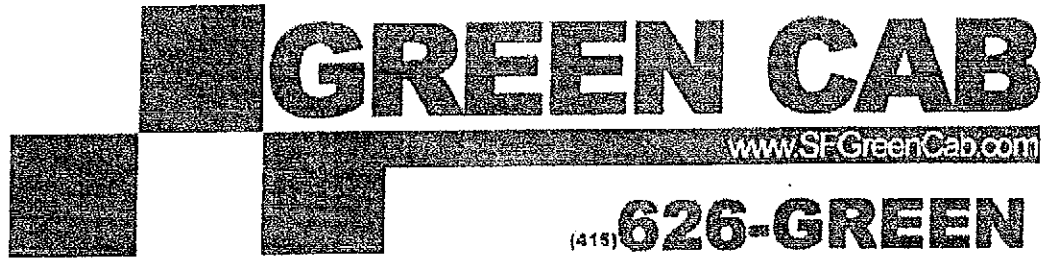
EMPLOYER

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 05 2008

SAN FRANCISCO
TAXI COMMISSION



MEMORANDUM

Date: July 31, 2008
To: SF Green Cab, L.L.C.
Joseph Mirabilla
88 Pennsylvania Avenue
San Francisco, CA 94107
From: Tom Griffin
RE: New Medallion #1252
Commercial Auto Policy #CAC0002100634
Term: 04/12/08 to 04/12/09

Dear Joe,

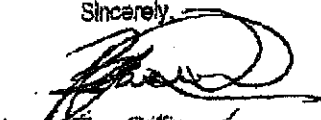
Y. A. Tittle & Associates is prepared to provide \$1,000,000 Combined Single Limit Auto Liability insurance coverage to S.F. Green Cab for your proposed new medallion that you are attempting to add to your current fleet.

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.

Sincerely,


Tom Griffin
Y.A. Tittle & Associates

RECEIVED

AUG 05 2008

SAN FRANCISCO
TAXI COMMISSION

TAXICAB COLOR SCHEME CHANGE APPLICATION
San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: ROYAL TAXI To: BAY CAB
*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>YEN NGOC LE</u>		Phone
Residence Address (Street Address, City, State, Zip) <u>SAN FRANCISCO, CA. 94110</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.			
Business Name <u>BAY CAB</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE. SAN FRANCISCO, CA. 94107</u>		
Business Phone <u>(415) 206-1908</u>	Medallion Number(s) <u>1209</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I feel more comfortable with many of my friends in Bay cab.

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

Executed this 14th day of AUG, 2008 at San Francisco, California

Print Name of Applicant YEN NGOC LE Signature of Applicant [Signature]

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: <u>ROGER CARDENAS</u>	Title: <u>MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAY CAB</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date <u>8-6-08</u>

OFFICE USE ONLY			
Agenda Notice Date <u>8/12/08</u>	Hearing Date <u>8/26/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>[Signature]</u>
Worker's Comp Submitted <u>no</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted <u>AUG 6 7 2008</u>
Received by: <u>[Signature]</u>	Receipt No. <u>376098</u>	Amount <u>416-</u>	Date

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? I have some of my friends in Bay Cab and I feel more comfortable.
2. How have you been operating your medallion at your current color scheme? Circle one:
 - a. Gas and Gates
 - ☒ b. Color Scheme Only
 - c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one:
 - a. Gas and Gates
 - ☒ b. Color Scheme Only
 - c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
☒ Yes ☐ No
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? Monday - Friday 6am - 4pm
Day Driver

I, YEN NGOC LE, acknowledge that in making this color scheme transfer to BAY CAB, I will operate my medallion # 1209 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. yy
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). yy
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. yy
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. yy
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. yy
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. yy
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. yy

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.

Signature: [Signature]

Date: AUG 04-08

Department Witness: _____

Date: _____

INSURANCE IDENTIFICATION CARD

CSR TG

1209

STATE CA
COMPANY NUMBER 32620
COMPANY National Interstate
POLICY NUMBER
EFFECTIVE DATE 10/12/07
EXPIRATION DATE 10/12/08
YEAR 2003
MAKE/MODEL Ford Crown Vi
AGENCY/COMPANY ISSUING CARD
Y. A. Tittle Insurance
Paul Batmale
650-856-2120
INSURED

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.

Royal Taxi Company, Inc.
MEDALLION #1209
2121 Evans Street, STE G
San Francisco CA 94124

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

50 (1/83)

REGISTRATION CARD VALID FROM: 10/31/2007 TO: 10/31/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC.	LICENSE NUMBER
FORD	2003	0000	EM	2007	37X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	N	NV	2	D	04620		
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED	
COMMERCIAL	08/29/07	38	08/29/07	8			
REGISTERED OWNER	PR/HIST: TAXI					PR EXP DATE: 10/31/2007	
LE YEN						AMOUNT PAID	
DBA ROYAL CAB						\$ 270.00	
		AMOUNT DUE	AMOUNT RECVD				
		\$ 270.00	CASH :				
			CHCK :				
			CRDT :	270.00			
SAN FRANCISCO							
CA	94102						

LIENHOLDER
CLEAN ENERGY FIN LLC
3020 OLD RANCH BLVD STE 200

SEAL BEACH
CA 90740

H01 503 03 0027000 0057 CS H01 082907 31 7Z52112 847



Farmers Insurance Group of Companies

Dmitry Erenkov Insurance Agency

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

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,

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

Dmitry Erenkov
Agent/Broker

DIE/ece

