

Agenda: Item 8

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.



MEMORANDUM

To: Honorable Commissioners
From: Jordanna Thigpen
Date: October 31, 2008
Re: Consent Calendar: Section B, Section E, Section F

Medallion Applicants: B2, B4, B5, B6, B7, B8

B2: Radwan Rashid, Alternative Fuel Medallion Applicant:

2006: 1080 hours

2007: 980 hours

2008: 129 shifts

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

B4: Robert Duncanson, Alternative Fuel Medallion Applicant

2005: 1550 hours

2006: 219 shifts

2007: 1242 hours

B5: Getahun Assefa, Alternative Fuel Medallion Applicant

2006: 836 hours

2007: 187 shifts

2008: 146 shifts

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

B6: John Gould, Alternative Fuel Medallion Applicant

2005: 255 shifts

2006: 255 shifts

2007: 244 shifts

B7: Zuhair Sinada, Alternative Fuel Medallion Applicant

2006: 172 shifts

2007: 210 shifts

2008: 166 shifts

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

Mr. Gabresilassie first came to the Taxi Commission office with his offer letter in September 2008. At that time he told the staff he had no waybills because he had "been in Ethiopia dealing with some court cases." In fact, he has been in Ethiopia because of a civil suit with his brother, a post-K medallion holder at American known as Dilargachew Belay. Mr. Belay is being separately investigated. Mr. Gabresilassie produced copies of the court documents. We advised him that he could not hope to obtain a permit since he had not driven at all since 2005. He decided to fill out an application and pay the fee regardless.

Failure to Pay A-card Fees: Mr. Gabresilassie stated on his application that "every year I have had my a-card renewed, I never miss any year." This is not entirely accurate because he paid for Calendar Year 2006 without going to taxi school and after the legal expiration of the permit. The TTX records only show four years back so we are unable to tell if there were years prior to 2005 that he did not pay.

On September 9, 2008, he came in to renew his 2008 A-card. On that day, he also obtained a new badge, # 63977, because he had apparently lost the older one (#50463.) He never went to taxi school despite the fact that his Calendar Year 2008 permit expired by operation of law after April 30, 2008.

Staff saw Mr. Gabresilassie using his cellular telephone during the medallion test.

Medallion Applicant E1: Masoud Charsoughi: Time Waiver Request

Following is a chronology, explanation, and analysis of this request. The Commission must vote on this time waiver request. If it votes to deny the time waiver, Mr. Charsoughi will be placed on the November 25, 2008 calendar for removal unless he submits his application by November 14, 2008. If it votes to grant the time waiver, Mr. Charsoughi will presumably drive for one year and put in an application next year, which will still be subject to shortages.

Chronology and Explanation

1st RAMP OFFER: June 9, 2003

He was sent his first ramp offer letter from the Taxi Detail on June 9, 2003. The returned offer letter in his file has "Return to Sender Forwarding Order Expired, Moved 2 years ago" stamped on it. On September 11, 2003 he submitted a change of address to the Taxi Detail and under Change of Employer he wrote "Not Driving SF Cab." Taxi Detail personnel did not check his file when (1) the letter was returned and (2) when they received his change of address form.

A-Card Granted: December 21, 2006

Masoud received his A-card on December 21, 2006. Therefore if he had responded to the June 9, 2003, he would not have met the requirements, since he did not even have an A-card at that time.

2nd RAMP OFFER: September 21, 2007

A second offer letter was sent to him on September 21, 2007 by the Taxi Commission, since Taxi Detail did not remove him from the list when he failed to respond in June 2003. On September 25, 2007 the offer letter was returned to our office "Return to Sender, unable to forward".

unknown whether he would pass investigation and meet all other requirements. Therefore he is not eligible under the Reconsideration Procedures.

Masoud's Second Argument: A One Year Time Waiver Can Freeze His Application and He Can Gain the One Year of Driving Experience He Currently Needs to Obtain a Permit

His next argument was that he should get a one-year time waiver which would freeze his application as of September 22, 2008. A time waiver cannot freeze an application, so that argument is void. If he was granted a one year time waiver, and was heard September 2009, he would still be short one year's worth of driving – the same situation he is in now.

Masoud will always be short one year of driving no matter what. Therefore this time waiver request cannot legally be granted and he should either turn in an application for review, ask to be removed from the list, or be forcibly removed if he does not turn in an application by the deadline or the application demonstrates he is unqualified.

Section F: Alternative Parking for Black and White Checker Cab at Marin Street

The Taxi Commission and the Taxi Detail have reviewed the application for alternative parking made by Black and White Checker Cab and have some reservations about this location.

However after speaking with Black and White Checker Cab regarding the situation, the Commission and the Detail believe that our reservations can be remedied if this location is approved with the following conditions:

- If approved, the alternative parking should be for nine, marked spaces
- Absolutely no shift-changing at the location due to the unsafe nature of the location (no gates, fences, etc.) which could contribute to endangerment of drivers
- Spare vehicles will be the primary vehicle stored at the location, with occasional regular medallion vehicles filling in on slower days or during a repair cycle
- The parking should be approved for a probationary period of six months with a review at that time to see if any violations of the conditions or other rules have been noted

Attachments:

MPC Sections Governing Taxicab Permit Applications

Consent Item B: Applications for Medallion Applicants B1-B7 with associated documents

Consent Item E: Documents Pertaining to Masoud Charsoughi

Consent Item F: Request to Shift Change/Park at Alternate Location

MUNICIPAL POLICE CODE SECTIONS GOVERNING
TAXICAB PERMIT APPLICATIONS

SEC. 1079. ISSUANCE OF PERMITS; APPLICATIONS; HEARINGS.

(a) Scope of Section. To the extent the provisions of this Section and Sections 1080 through 1088 of this Article are inconsistent with the provisions of Sections 2.1 through 2.30 of Article I of the San Francisco Police Code, the provisions of this Article shall be applicable to all permits for the operation of motor vehicles for hire granted pursuant to this Article; provided, however, that certain alternative and additional provisions with respect to permits for the operation of taxicabs are set forth below in Sections 1120 et seq. Provisions of this Section shall not apply to taxicab dispatch service, taxicab color scheme permits, or permits for the operation of a rental vehicle business under Division 8 of this Article.

(b) Taxi Commission to Issue Permits. The Taxi Commission shall issue permits for the operation of motor vehicles for hire that are provided for in this Article as the public convenience and necessity shall require. The Taxi Commission shall not issue a permit for any motor vehicle for hire service not defined in Section 1076 hereof, except as provided for in Section 1078(b) of this Article.

(c) Declaration of Public Convenience and Necessity. No permit shall be issued for the operation of any motor vehicle for hire unless and until the Taxi Commission shall by resolution declare that public convenience and necessity require the proposed service for which application for a permit is made and the applicant is found to be eligible under all the requirements of this Article.

(d) Hearings to Determine Public Convenience and Necessity. The Taxi Commission shall hold hearings to determine public convenience and necessity pursuant to all applications for the issuance of permits to operate motor vehicles for hire. Protests against the issuing of a permit may be filed with the Taxi Commission. The Taxi Commission shall consider all protests and in conducting its hearing shall have the right to call such additional witnesses as it desires. In all such hearings, the burden of proof shall be upon the individual applicant to establish by clear and convincing evidence that public convenience and necessity require the operation of the vehicle or vehicles for which permit application has been made, and that such application in all other respects should be granted. Subject to the provisions of Subsection (e) of this Section, hearings on applications for declaration of public convenience and necessity shall be held at least once each calendar year for each type, kind or class of permit for which one or more applications are pending.

(e) Consolidation of Hearings Permitted. The Taxi Commission may consolidate for hearing and determination of public convenience and necessity all applications for a given type, kind or class of permit. Any declaration of public convenience and necessity made by the Taxi Commission pursuant to such a consolidated hearing shall be valid and binding as to the total number of permits authorized for a particular type, kind or class of permit and as to each application included for hearing in said consolidated hearing and shall have continuing force and effect until the next subsequent Taxi Commission hearing on public convenience and necessity as to that particular type, kind or class of permit.

Any applicant whose application is called for hearing at a consolidated hearing may rely upon the testimony and evidence adduced before the Taxi Commission by other pending convenience and necessity, in the sole discretion and judgment of the individual applicant; provided, however, that the burden of proof in establishing public convenience and necessity shall remain on each applicant.

(f) Role of Controller. Prior to increasing the total number of authorized permits, the Taxi Commission shall notify the Controller of the proposed increase and receive from the Controller, within 30 days of the Controller's receipt of the Taxi Commission notice, a report including the Controller's recommendation for an adjustment in the mean gate fee cap and/or in rates of fare for taxicabs, and/or the institution of temporary permit lease fee controls, necessary to maintain income of drivers and color scheme permitholders.

(g) Notice of Commission's Determination. Written notice of a declaration of public convenience and necessity by the Taxi Commission shall be given to all subject applicants and all protestors whose names and addresses are known to said Commission. Such notice shall be given forthwith upon the adoption of such declaration. A declaration of public convenience and necessity made at or as a result of a consolidated hearing under Subsection (e) of this Section may be appealed to the Board of Appeals as set forth in Section 4.106 of the Charter of the City and County of San Francisco. Prior to increasing the total number of authorized permits beyond the currently authorized number if the Taxi Commission has not authorized an increase, or beyond any increase authorized by the Taxi Commission, the Board of Appeals shall notify the Controller of the Board of Appeals' proposed increase and receive from the Controller within 30 days of the Controller's receipt of the Board of Appeals notice, a report including the Controller's recommendation for an adjustment in the mean gate fee cap and/or in rates of fare for taxicabs, and/or the institution of permit lease fee controls, necessary to maintain income of drivers and color scheme permitholders.

(h) If the Taxi Commission or the Board of Appeals authorizes the issuance of any additional number of taxicab permits above the 1381 permits authorized to be issued as of November 12, 2002, the Controller shall transmit to the Board of Supervisors a report including the Controller's recommendation for an adjustment in the mean gate fee cap and/or in rates of fare for taxicabs and/or the institution of temporary permit lease fee controls, necessary to maintain income of drivers and color scheme permitholders, and proposed legislation instituting such recommendations.

(i) Separate Hearings for Individual Applicants. Notwithstanding any consolidated hearing on public convenience and necessity as provided for in Subsection (e) of this Section, every applicant for a permit to operate a motor vehicle for hire shall have a separate hearing to review and determine the applicant's individual eligibility and compliance with all applicable laws, rules and regulations before a permit is issued, notice of which shall be given in the same manner as set forth in Section 1080(a) of this Article. Each application shall be investigated and the results of the investigation shall be transmitted to the Taxi Commission at the time of the hearing on the applicant's individual qualifications. If public convenience and necessity is declared for the issuance of a permit and an applicant is found to be eligible therefor after consideration by the Taxi Commission of the factors set forth in Section 1081 of this Article, the Taxi Commission shall so notify the applicant. Within 60 days thereafter the applicant shall

furnish to the Taxi Commission any and all additional information which may be required. If the Taxi Commission then finds that the applicant, in addition to complying with all other requirements, is the owner of the vehicle or vehicles for which a permit is sought, and that each such vehicle meets with all applicable statutes, ordinances, rules and regulations, it shall thereupon issue the permit. A finding made at or as a result of a hearing under this Section may be appealed to the Board of Appeals as set forth in Section 4.106 of the Charter of the City and County of San Francisco.

(j) Conditions on Permits. The Taxi Commission may attach such conditions as it deems to be consistent with public convenience and necessity upon any new permit issued under this Article. From time to time, existing permits or those issued without conditions may be made subject to such conditions as the Taxi Commission may determine to be consistent with public convenience and necessity after a hearing of which notice is given to all affected permittees and the public in the manner prescribed for giving notice in Section 1080(a) of this Article.

(Added by Ord. 562-88, App. 12/27/88; amended by Ord. 228-02, File No. 020678, App. 12/5/2002)

SEC. 1080. PERMIT APPLICATIONS.

(a) Forms and Applications; Notice of Hearing. Application for a permit required by this Article shall be made to the Police Commission on a form to be furnished by the Police Commission. The form shall specify, and the application shall state, such information as the Police Commission reasonably shall require. Within 14 days of the filing of such an application with the Police Commission, it shall cause a notice to be published in a newspaper approved for the giving of official notices of the City and County of San Francisco, which notice shall state that an application has been filed for a permit pursuant to this Article (specifying the type, kind or class), the name of the applicant, the kind of equipment to be used, and such other information as may be necessary to identify the applicant and to specify the type, kind or class of permit or service. If the hearing on an individual application is held more than 45 days after the last such notice was published, that notice shall be republished, commencing at least 14 days prior to the hearing. The notices required by this Section shall be published for three successive days and shall state the date, time, and place set for the hearing thereon.

(b) Fee for Application. Applicants for permits authorized by this Article shall pay to the City and County of San Francisco a sum set by ordinance to cover the costs of advertising, investigating, and processing the application for each permit. No application for a permit under this Article shall be deemed to be complete until and unless such sum is fully paid.

(c) Applications Deemed Active. Every application for a motor vehicle for hire permit shall be deemed to remain active and shall be considered until the earliest of the following events:

- (1) The applicant withdraws the application in writing;
 - (2) The applicant is deemed to be ineligible by a vote of the Police Commission; or
 - (3) The applicant receives a permit;
- (d) Notwithstanding the provisions of Subsection (c), the Chief of Police may adopt regulations requiring applicants periodically to reaffirm that their applications are active.

(Added by Ord. 562-88, App. 12/27/88; amended by Ord. 88-99, File No. 981443, App. 4/30/99)

SEC. 1081. FACTORS CONSIDERED IN ISSUING PERMITS; DRIVING REQUIREMENTS.

(a) General Factors. The Taxi Commission, in determining whether an individual applicant is eligible for the issuance of a motor vehicle for hire permit pursuant to Section 1079(i) may consider such facts as it deems pertinent, but must consider the following:

(1) Whether the applicant is financially responsible and will comply with all insurance requirements and will maintain proper financial records.

(2) Whether the applicant has complied with all applicable statutes, ordinances, rules and regulations.

(3) Whether the applicant holds or has ever held any other permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere and the record of such applicant with regard to any such other or former permits.

(b) Full-Time Driving Pledge. No permit to operate a motor vehicle for hire shall be issued unless the person applying for the permit shall declare under penalty of perjury his or her intention actively and personally to engage as permittee-driver under any permit issued to him or her for at least four hours during any 24-hour period or at least 75 percent of the business days during the calendar year.

(c) Driving Experience Required. No permit to operate a taxicab or ramped taxi shall be issued unless the applicant has the driving experience required by Section 1121 for a taxicab permit or Section 1148.1 for a ramped taxi permit.

(d) Order of Consideration. Except as otherwise state in this Article, all applications for motor vehicle for hire permits shall be processed and considered in the order of their receipt by the Taxi Commission. 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.

(e) Applicability of Section. Notwithstanding any contrary provision in this Article, the requirements set forth in this Section shall not apply to any person holding a permit issued on or before July 1, 1978.

(f) Full-Time Driving Required. Every permittee subject to the provisions of this Section shall be a full-time driver as defined in Section 1076(o), subject to the qualifications state in subparts (i)--(iii) below.

(i) During the calendar year in which the permittee receives the permit, and during the first full calendar year following receipt of the permit, the permittee must qualify as a full-time driver by satisfying the definition of that term in Section 1076(o)(i). For the calendar year in which the permittee receives the permit, the number of business days shall be measured from the date of receipt of the permit.

(ii) A permittee may be granted approval not to drive a certain number of days under certain circumstances pursuant to Section 1096(c). In such a case, for the permittee to qualify as a full-time driver as defined in Section 1076(o)(i), the number of business days for the calendar year shall be reduced in the same proportion as the ratio of the permittee's excused driving days to calendar days in the calendar year.

(g) Promotion of the General Welfare. By adopting a program for the issuance of permits for motor vehicles for hire, the City and County of San Francisco is assuming an undertaking only to promote the general welfare. It is not assuming, nor is it imposing on its officers and employees, an obligation for breach of which it is liable in money damages to any person who claims that such breach proximately caused injury. (Added by Ord. 562-88, App. 12/27/88; Ord. 111-04, File No. 040343, App. 7/1/2004)

SEC. 1121. PERMIT APPLICATIONS; PREFERENCES; DRIVING EXPERIENCE REQUIRED.

(a) Submission of Applications; Taxicab Waiting List. Applications for taxicab permits shall be accepted by the Taxi Commission and shall be recorded by the date and time at which each application is received. The Commission shall maintain a list in the order of receipt ("taxicab waiting list") of all taxicab permit applications that have not been acted upon, in excess of the number of such permits authorized pursuant to Section 1079. When a taxicab permit becomes available for issue and an applicant on the taxicab waiting list is eligible for a hearing before the Commission, the Commission shall so notify the applicant.

Each applicant for a taxicab permit must, at the time of filing the application:

- (1) Be a resident of the United States, of good moral character;
- (2) Be 21 years or older;
- (3) Be free of any disease, condition, infirmity, or addiction to the use of alcohol or any controlled substance, which might render the applicant unfit for the safe operation of a taxicab or any other motor vehicle for hire;
- (4) Be able to read and write the English language;
- (5) Be clean in dress and person;
- (6) Hold a valid California driver's license of a class sufficient for the lawful operation of the motor vehicle driven; and
- (7) Have held a driver's permit pursuant to Section 1089 of this Article for two years immediately preceding the date of application for a taxicab permit.

(b) Driving Experience Required. To qualify for issuance of a taxicab permit, an otherwise qualified applicant must have the driving experience specified in subparts (i)--(vi) below, subject to the modification stated in subsection (c). The required driving may be satisfied only by driving a taxicab and/or ramped taxi for which a permit has been issued by the Taxi Commission. For the purposes of this subsection (b), the phrase "application heard by the Commission during calendar year" includes an application publicly scheduled to be heard in the calendar year, but continued in that calendar year to the next calendar year by the Commission.

(i) For an application heard by the Commission during calendar year 2004: The applicant must have been a full-time driver during the 12 months immediately preceding the Commission's hearing on the application. For the purposes of this subpart (i), "full-time driver" shall be defined in accordance with Section 1076(o), except that the time frame applicable to the definition is the 12 months immediately preceding the hearing on the application rather than 12 months constituting a calendar year.

(ii) For an application heard by the Commission during calendar year 2005: The applicant must have been a full-time driver, as defined in Section 1076(o), during

calendar year 2005 or the 12 months immediately preceding the hearing on the application.

(iii) For an application heard by the Commission during calendar year 2006: The applicant must have been a full-time driver, as defined in Section 1076(o), during calendar year 2005 or 2006.

(iv) For an application heard by the Commission during calendar year 2007: The applicant must have been a full-time driver, as defined in Section 1076(o), during any two calendar years from 2005 to 2007, inclusive.

(v) For an application heard by the Commission during calendar year 2008: The applicant must have been a full-time driver, as defined in Section 1076(o), during any three calendar years from 2005 to 2008, inclusive.

(vi) For an application heard by the Commission during calendar year 2009: The applicant must have been a full-time driver, as defined in Section 1076(o), during any four calendar years from 2005 to 2009, inclusive.

(vii) For an application heard by the Commission in calendar year 2010 and subsequent calendar years: The applicant must have been a full-time driver, as defined in Section 1076(o), for five years, as specified in Alternative 1 or Alternate 2 below.

Alternative 1: The applicant was a full-time driver during the calendar year immediately preceding the hearing, and during four of the five calendar years immediately preceding that calendar year.

Alternative 2: The applicant was a full-time driver during the calendar year in which the application is heard, and during four of the five calendar years immediately preceding that calendar year.(viii) When an applicant seeks credit as a full-time driver under this subsection (b) for the same calendar year in which his or her application is heard by the Commission, the Commission shall pro-rate the amount of driving required under Section 1076(o) against the portion of the calendar year that has elapsed as of the date of the hearing.

(ix) The Commission may substitute an equivalent amount of prior full-time driving experience for the experience required under subsections (b)(i)--(vi) above, where the Commission determines after a public hearing that the applicant has been unjustly and systematically denied employment in the taxi industry in retaliation for engaging in legitimate political, expressive, or labor activity. The applicant shall have the burden of establishing such a claim, and any such determination shall require a two-thirds' vote of the Commission.

(c) Modification of Required Driving Experience. If no applicant has the driving experience required pursuant to subsections (b)(ii)--(vi), but public convenience and necessity as determined pursuant to Section 1079 warrants issuance of a taxicab permit, the Taxi Commission may issue the permit to an otherwise qualified applicant who has been a full-time driver during the 12 months immediately preceding the Commission's hearing on the application. For purposes of this first paragraph of subsection (c), "full-time driver" shall be defined in accordance with Section 1076(o), except that the time frame applicable to the definition is the 12 months immediately preceding the hearing on the application rather than 12 months constituting a calendar year.

The Commission may be regulation establish additional driving experience required for the issuance of a taxicab permit under the circumstances described in this subsection (c), provided that the regulation shall require neither greater driving experience than is

required pursuant to subsections (b)(ii) --(vi) nor driving experience for any calendar year greater than the driving experience encompassed in the definition of "full-time driver in Section 1076(o).

(d) Educational Requirements. In addition to meeting the driving requirements in subsection (b) and (c), applicants must also meet any educational or training requirements imposed by the Taxi Commission.

(e) Burden of Proof on Applicant; Recordkeeping by Applicant. The taxicab permit applicant shall have the burden of showing that he or she has the driving experience required to qualify for the taxicab permit. The applicant shall keep records sufficient to document his or her driving for the calendar year or years necessary to satisfy the driving requirement.

(f) Recordkeeping by Color Scheme Permitholders. Holders of color scheme permits shall maintain and retain records that will document driving performed by drivers of taxicabs and ramped taxis affiliated with the color scheme. Within 60 days of the effective date of this subsection (e), the Taxi Commission shall adopt a regulation requiring holders of color scheme permits to maintain and retain such records for a period of time sufficient to aid the Commission in determining whether applicants have met the specific driving requirements mandated by subsection (b). Failure of the Commission to adopt such a regulation, or failure of the color scheme permitholder to comply with the regulation, shall not excuse the permit applicant from the driving requirement or relieve the applicant from the burden of proving that he or she has satisfied the requirement.

(g) Notice of Required Driving. Notice of the driving experience required of taxicab permit applicants pursuant to subsections (b) and (c) and of the applicant's burden of proving the requisite driving experience and maintaining adequate records pursuant to subsection (d), shall be given by the City and color scheme permitholders pursuant to subparts (i)--(iii) below. In accord with Section 1148.1(e), the notice shall also include information pertaining to ramped taxi permit applicants. Failure to give the notice required by subparts (i), (ii), or (iii) shall not excuse the taxicab permit applicant from the driving requirement or relieve the applicant from the burden of proving that he or she has satisfied the requirement. The Taxi Commission may provide additional notice beyond that required by subparts (i)--(iii).

(i) Within 30 days of the effective date of this subsection (f), the Commission shall give written notice of the requirements of subsections (b), (c), and (d) to each applicant on the taxicab waiting list. Thereafter, the Commission shall give written notice to each new applicant on the taxicab permit waiting list on or before the filing of the application.

(ii) Beginning no later than 30 days after the effective date of this subsection (f), the Office of Treasurer and Tax Collector, in consultation with the Commission, shall give written notice of the requirements of subsections (b), (c), and (d) to each person who is obtaining or renewing the driver of public passenger vehicle permit. Said notice shall additionally inform the person of the existence of the taxicab waiting list and the process for getting on the list.

(iii) Within 20 days of the effective date of this subsection (f), the Commission shall adopt a regulation requiring each holder of a color scheme permit to post written notice of the requirements of subsections (b), (c), and (d) at a location at the color scheme's place of business that is ordinarily within the view of working taxi drivers affiliated with the color scheme.

(Added by Ord. 562-88, App. 12/27/88; amended by Ord. 111-04, File No. 040343, App. 7/1/2004; amended by Ord. 58-08, File No. 080231, App. 4/10/2008)

SEC. 1122. ELIGIBILITY FOR TAXICAB PERMITS.

Before issuing a taxicab permit, the Police Commission shall consider the criteria set forth in Section 1081 of this Article. In addition, before issuing a taxicab permit, the Police Commission must determine that:

- (a) The applicant will be a full-time driver;
 - (b) The applicant will operate said permit under or in association with a licensed taxicab dispatch service with radio-dispatch capability as defined in Section 1076(d) of this Article; and
 - (c) The applicant holds a driver's permit pursuant to Section 1089 of this Article.
- (Added by Ord. 562-88, App. 12/27/88)

Consent: Item A

Consideration of the Minutes from the October 14, 2008 Taxicab Commission Meeting.



COMMISSIONERS TELEPHONE (415) 554-7737

PAUL GILLESPIE, PRESIDENT, ext. 3
PATRICIA BRESLIN, VICE PRESIDENT
RICHARD BENJAMIN, COMMISSIONER, ext. 1
TOM ONETO, COMMISSIONER, ext. 6
MIN PAEK, COMMISSIONER, ext. 7
SUSAN SUVAL, COMMISSIONER, ext 5
ARTHUR TOM, COMMISSIONER, ext 4

JORDANNA THIGPEN, EXECUTIVE DIRECTOR

TAXICAB COMMISSION MINUTES

October 14, 2008 at 6:30 p.m.
City Hall, 1 Dr. Carlton B. Goodlett Place
Room 400

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

Director Jordanna Thigpen: Cell phone admonishment

1. Call to order/ Roll Call – All attending

2. Staff Report and Commissioner Announcements [INFORMATION]

- **Director Thigpen:** Overview of item. October 28 meeting rescheduled for October 31, 11:00 AM. Introduces new Commissioner Arthur Tom.
- **Com Tom:** Introduction
- **Keith Raskin:** Would like to add language on the wrap of taxis to include "Don't be taken for an illegal ride"
- **Director Thigpen:** Commission would have to approve this.
- **Sergeant Reynolds:** Two football games since last meeting, people were waiting 2 -3 hours for a cab and a ramp was needed but all were on line at the airport. Overview of other issues.
- **Com Breslin:** Welcomes Commissioner Tom. Taxis have an issue getting in Candlestick Park and should create a better route for the drivers.
- **Com Suval:** Dispatch should be more honest if a cab is arriving or not.
- **Com Paek:** Appreciates Sgt Reynolds reports. Gets very few complaints that the cameras are not working.
- **Sgt Reynolds:** Cameras are working and trained officers know to check when pulling cabs over.

Public Comments:

- **Ruah Graffis:** Gate D at the park is about mile from the door.
- **Barry Taranto:** DPT needs to do their job. No smoking rule will be brought before the Board of Supervisors.
- **Emil Lawrence:** Sgt Reynolds doing a good job. Doesn't believe all ramps are at the airport.
- **Carl Macmurdo:** MUNI can handle the resources for only 8 games a year and send buses to pick up passengers and bring them to the City or take them to the airport.
- **Peter Witt:** The taxi commission should have an advisory group.
- **Sgt Reynolds:** At Gate D there is a small scooter to get people to and from the area.
- **Tariq Mehmood:** Drivers have to make money and going to Candlestick is not profitable.
- **Mark Gruberg:** Glad to hear of the investigation on the "pay offs" in the industry.

3. Consideration of Controller's Report on San Francisco Gate and Meter Fees [INFORMATION AND POSSIBLE ACTION]

- **Kurt Fuse, Controller's Office:** Overview of report
- **Pres Gillespie:** What's the effect on the paratransit budget?
- **Rick Wilson, Controller's Office:** Adjustments would increase the paratransit program and would be required to be funded.
- **Director Thigpen:** Goes over the procedure and since the initial deadline wasn't met, the other deadlines have also been pushed forward by 30 days. If the Board of Supervisors or Mayor do not hold a hearing on this then the increases will automatically go into effect.
- **Com Oneto:** Why was gate increased?
- **Rick Wilson:** Although it was increased in August, this meets the CPI increase, adding \$1.50 to the current \$91.50.
- **Com Breslin:** What is the CPI based on?
- **Kurt Fuse:** Based on 2 years.

Public Comments:

- **Dave Barlow:** Inflation will be rising and ford sedans are expensive to operate and some approved vehicles are not fuel efficient. 10% increase should be considered. Monthly medallion fee is putting pressure on the industry.
- **Bud Hazelkorn:** Increases are benign but are not necessary with a economic downturn ahead.
- **Emil Lawrence:** Other cities take more money home. Commission raises gate and increases fees and cab drivers have not received a pay increase.
- **Barry Taranto:** Urge the Commission to support the changes but not the gate increase. Getting paid well equals better service.
- **Carl Macmurdo:** Bitterness in the industry and urges the Commission to adopt the report.
- **Marty Smith:** Approves of the increases, although the paratransit increase will be an issue. The new bid should have the new fees included.
- **Bashir Rahimi:** Drivers need this increase.
- **Dan Hinds:** Recommendations should not be approved since the economy looks as it will be taking a down turn. Rather than raise the meter, offset the radio fee, shifting the balance and rewarding the drivers and rather than increasing the gate, increase the surcharge for hybrid vehicles.
- **Naighm Malik:** .50 on the flag drop will not cover the fee. Meter increase will lessen customers. Companies will make more money and drivers will lose out.
- **Jim Gillespie:** Commission should adopt the recommendations.
- **Ruah Graffis:** Color schemes are getting more money then they need with the gate increase.
- **Jane Bolig:** Hybrids are expensive to operate.
- **Peter Witt:** The Commission does not need to adopt this it is automatic.(submitted 150 words)
- **Tariq Mehmood:** Appreciates the report. Global economy and there won't be a recession but possibly a slow down.
- **Mark Gruberg:** This is the time for a meter increase but no additional gate increase.
- **Com Breslin:** Timing does not seem right although drivers need an increase. Drivers should pick up short fares or customers will be making other choices.
- **Com Benjamin:** Industry performed almost 600,000 rides with only 9 complaints. Controller report overdue and drivers need an increase but agrees that the Board of Supervisors will need to reexamine the gate fee.
- **Director Thigpen:** There are a lot of reforms the commission can review to help drivers.
- **Com Paek:** Increasing the meter rate should be done and would like to see the system to see if there is anything else we can do, for example health insurance. Gate fee should stay as it is.
- **Com Tom:** Has heard both sides, the timing is tough, what about a per person surcharge as opposed to the meter increase?
- **Pres Gillespie:** Respects the process every 2 years and should take these seriously with a possibility of lower meter increase then recommended.
- **Director Thigpen:** Will summarize comments in a memo and will be available for review.

4. Consideration of Proposed Procedures for Commission Disciplinary and Qualification Hearings

[ACTION]

- **Director Thigpen:** Combined current procedures and added proposed rules.
- **President Gillespie:** Have you made any substantive changes?
- **Director Thigpen:** The hearing rules for drivers are all new and based on the code.

Public Comment:

- **Jane Bolig:** Qualification number 5 is an issue of concern. Burden of proof does apply to the applicant but then the burden shifts to the Commission since there should be a presumption of innocence. Once charges are made the prosecution shouldn't add more to the complaint. Would like something to be referred that cases should be brought based on evidence and not inference.
- **Com Breslin:** Waybills are important to this unless we change the way they are kept since they are difficult to use in the cases.
- **Com Oneto:** This is not prosecution this is application process.
- **Tariq Mehmood:** The 30 day notice required is not enough time.
- **Director Thigpen:** Should remove all of section 7 since it will be heard at the Board of Appeals.
- **Keith Raskin:** Summary suspension is too broad and public safety should be defined.
- **Gratch:** The industry is overregulated and should be addressed
- **Pres Gillespie:** That would only occur if there were abuses by the executive director and the Sgt.
- **Com Oneto:** Motion to approve 4D3 to a simple majority vote and delete all of Section 7.
- **Com Breslin:** Second motion

Ayes: Benjamin, Breslin, Gillespie, Oneto, Paek, Suval, Tom **No:** 0

Absent: 0

Recuse: 0

SPECIAL ORDER 8:00 – 8:30 PM

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

- **Kenendra:** Some drivers are misleading other drivers and attacking Yellow Cab.
- **Christina Amzayan:** Speaking on behalf of her father Seryan Amzayan who is very dedicated taxi driver. Has been turned away by the commission
- **Barry Taranto:** Illegal limos wait on Minna Street for illegal fares. It is about time to have a hearing on long term leases. Cab stands should be enforced by DPT. Customer service should be taught to drivers.
- **Dan Hinds:** Charter reform group has not met for some time. Commissioner to monitor disabled medallion holders to drive.
- **Tariq Mehmood:** Driver Steve Clover died of a heart attack. Some commissioners should not discourage immigrant drivers from speaking.
- **Naigm Malik:** Commissioners should create a bill of rights for the drivers and health care. Would like to use 311 to call a taxi.
- **Bashir Rahimi:** Has been suspended and many want to know what Rahimi III complaint would be?
- **Mohamed Booya:** Problems with illegal taxis and limos. Customer called a Yellow Cab via the phone book but was a fraud. Knows Mr. Amzayan and should get a cab.
- **Emil Breslin:** Likes the surcharge on persons and should implement surcharge for no shows, credit cards and luggage from the airport.
- **Bud Hazelkorn:** Commission should not require disabled drivers to drive and injure themselves or others. Should implement a pension plan. Illegal limos have severely harmed the taxi business of the industry. Hotels are an issue and are either contracting with the companies or are openly working with illegal limos.

6. Consent Calendar [ACTION]

- **Director Thigpen:** Amendments to minutes and remove items E&F for further discussion
- No Public Comment

- **Com Oneto:** Motion to approve item A- September 23, 2008 minutes with amendments, remove from ramp medallion waiting list B1- Gerald Cassidy, grant medallion to C1- Vladimir Zhoglo and C2- Yakov Klachovsky.

- **Com Benjamin:** Second motion

Ayes: Benjamin, Breslin, Gillespie, Oneto, Paek, Suval, Tom No: 0
Absent: 0 Recuse: 0

- **Com Benjamin:** Motion to grant color scheme changes to D1- Abdulbaki Gudu, D2- Frank Wong, D3- Mohsen Barakah

- **Com Suval:** Second motion

Ayes: Benjamin, Breslin, Oneto, Paek, Suval, Tom No: 0
Absent: 0 Recuse: Gillespie

- **Director Thigpen:** Overview of item E&F

- **Dean Najdawi:** Request to be placed back on the medallion waiting list although has never driven a SF Taxi.

- **Com Paek:** Motion to retract September 9, 2008 vote for E1- Dean Najdawi

- **Com Breslin:** Second motion

Ayes: Benjamin, Breslin, Gillespie, Oneto, Paek, Suval, Tom No: 0
Absent: 0 Recuse: 0

- **Com Benjamin:** Motion to remove name from medallion waiting list for not meeting and not attempting to meet the driving requirement F1- Dean Najdawi

- **Com Oneto:** Second motion

Ayes: Benjamin, Breslin, Gillespie, Oneto, Paek, Suval, Tom No: 0
Absent: 0 Recuse: 0

7. Consideration of Hearing Officer's Recommendation in Taxi Commission v. Scott Van Leuven, Permit # 675 [ACTION]

- **Consideration of Decision to Lift Summary Suspension Issued for Violations of Rules 4.A.1 and 4.A.3 (allowing unlicensed and suspended driver to operate his taxicab vehicle)**

- **Director Thigpen:** Accepted hearing officer's decision when she made it at the bench.

Public Comment:

- **Barry Taranto:** Shame on Scott Van Leuven to be greedy and go to a broker.
- **Com Breslin:** Is there a procedure in place when Sgt Reynolds is not here that there is a notice procedure in place?
- **Director Thigpen:** He was here during the suspension but we were both swamped.
- **Com Oneto:** Motion to uphold the hearing Officer's decision.
- **Com Benjamin:** Second Motion

Ayes: Benjamin, Breslin, Gillespie, Oneto, Paek, Suval, Tom No: 0
Absent: 0 Recuse: 0

8. Consideration of Hearing Officer's Recommendation in Taxi Commission v. Kingsley Njemanze, Temporary Permit [ACTION]

- **Consideration of Decision to Uphold Summary Suspension for Violations of Rules 6.A.1, 6.A.4, 6.D.2, 6.D.3, Vehicle Code §§ 20001(a), 21950(a), and Penal Code § 243(d), Pending Disciplinary Complaint on Underlying Matters**
- Item was continued.

9. Consideration of Hearing Officer's Recommendation in Taxi Commission v. Ikarouien [ACTION]

- **Consideration of Recommendation to Re-Hear Case for Violations of Rules 6.A.1, 6.D.1, 6.D.2, 6.D.3, MPC § 1141, California Penal Code §§ 211, 243(d), and 591.5 and Uphold Summary Suspension**

Pending Re-Hearing

- **Director Thigpen:** Hearing Officer recommends the Commission to either rehear the case or hear it before the Commission.
- **Pres Gillespie:** Would prefer a hearing officer to hear this first.
- **Director Thigpen:** District Attorneys office has turned down hearing the case. A superior court action has already been taken and a restraining order issued.
- **Com Breslin:** Agrees with Pres Gillespie and thinks it is better to have this heard before a hearing officer.

Public Comment:

- **Janice Hennesey:** Was attacked by the driver and taking taxis has been very difficult and these things should not happen. Has never been a victim and is now afraid.
- **Barry Taranto:** This is accountability of medallion holders and companies to be responsible for drivers.
- **Tariq Mehmood:** Very sorry to this young lady and due process will take place. The industry is sorry and respects you and work hard for their customers.
- **Ruah Graffis:** Tragic case. SF Detail runs background checks on medallion holders and drivers unlike limo drivers.
- **Bashir Rahimi:** Sad to hear this type of story
- **Peter Witt:** How long has this guy been a cab driver? Low pay attracts a lot of people. This is not surprising but sad.
- **Com Breslin:** Is the suspension still enforced?
- **Director Thigpen:** We were waiting for the DA's office to release the case, which is the reason for the delay. All the cab companies are aware he is suspended.
- **Com Breslin:** Motion to have a hearing officer rehear this case and the suspension remains until the hearing.
- **Com Paek:** Second motion.

Ayes: Benjamin, Breslin, Gillespie, Oneto, Paek, Suval, Tom **No:** 0

Absent: 0

Recuse: 0

10. Consideration of Resolution Clarifying that the ADA Policy Exists for P-16 and P-68 Permit Holders and not for P-16 and P-68 Permit Applicants [INFORMATION] – Continued but took public comment on this item.

Public Comment:

- **Mark Gruberg:** Current ADA policy should not apply to drivers on the list. But there should be some law for these applicants.
- **Director Thigpen:** Will amend it to reflect both regular and ramp permits.

11. Adjournment - 10:20pm

Consent: Item B


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

Applicant:	Color Scheme:	Medallion Type:	Police Background Check:
1. Charles L. Johnson	National Cab	Alt. Fuel	Pending Clearance
2. Radwan Rashid	Royal Cab	Alt. Fuel	Cleared
3. Kalesilassie Gebresilassie	SF American	Alt. Fuel	Pending Clearance
4. Robert A. Duncanson	Yellow Cab Co-Op	Alt. Fuel	Cleared
5. Getahun Assefa	DeSoto Cab	Alt. Fuel	Cleared
6. John Gould	National Cab	Alt. Fuel	Pending Clearance
7. Zuhair Sinada	Yellow Cab Co-Op	Alt. Fuel	Pending Clearance
8. Seryan Amzayan	Yellow Cab Co-Op	Alt. Fuel	Cleared

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) CHARLES LUCERNE JOHNSON		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) PITTSBURGH, CA 94565			
Mailing Address (If different than residence address) SAME			
Residence Phone Number: (925) _____		Alternate Phone Number: () _____	
Hours Available at this Number: NOON TO 2:15 PM. M-F		Hours Available at this Number: _____	
Social Security Number: _____		Other name(s) used: _____	
California Driver's License Number / Expiration Year 11/08		Date of Birth: _____	
Place of Birth BELLEVILLE, WISCONSIN			
Race (Optional) WHITE	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 6'10"	Weight 200 LBS.
Color Scheme / Business Name NATIONAL CAB	Business Number (415) 648-4444	Eye Color BLUE	Hair Color GRAY
Color Scheme / Business Address (Street Address, City, State, Zip) 2270 MCKINNON AVE. S.F., 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: 3/87		Permit #: PA4-045318 (NOT ORIGINAL BROCK)	
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'VE DRIVEN CAB FOR 20 YEARS. I FEEL THAT I AM AN EXCELLENT CAB (I WAS DRIVER OF THE MONTH AT DESOTO CAB TWICE). I REALLY ENJOY DRIVING A CAB. THE CITY NEEDS MORE MEDALLIONS TO PROVIDE BETTER SERVICE AND THIS IS A CLEAN AIR MEDALLION.			

OFFICE USE ONLY			
Received by: 	Receipt No: 464274	Amount: 1267.00	Date: SEP 24 2008
Notice Date: 10/14/08	Hearing Date: 10/31/08		

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)
9/1/08	Present	1 PITTSBURG, CA. 95050
1/2006	9/1/08	10710 CLARE, CA. 94515
1/2003	1/2006	PITTSBURG, CA.

How long have you lived within a 30 mile radius of San Francisco? 10 years _____ months

How many years driving experience do you have in San Francisco? 26 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
3/2007	Present	NATIONAL CAB	2270 McKinnon Ave	Cab Driver
3/2006	3/2007	SUGAR BOWL Bakery		Truck D
3/2002	3/2006	DESOTO CAB Co.	555 SELBY	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
1st Degree	10 OCT '98	PITTSBURG	HOUSE ARREST 3 MONTHS

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)

NATIONAL CAB OPERATES A 24/7 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.

CLS 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.

CLS 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.

CLS 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 19th day of SEPTEMBER, 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) <u>CHARLES LUCAS JOHNSON</u>		Phone <u>925</u> <u>(925) 925-1234</u>
Residence Address (Street Address, City, State, Zip) <u>1111 1ST AVE PITTSBURG, CA. 94565</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>NATIONAL CAB CO.</u>	Business Address of Taxi Company (Street Address, City, State, Zip) <u>2270 McALLISTER AVE S.F., CA. 94124</u>		
Business Phone <u>(415) 698-4444</u>	Medallion Number <u>?</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 use the color scheme for the above named taxi company (attach additional pages if necessary):

BECAUSE I HAVE DRIVEN AT NATIONAL SINCE
MARCH OF 2007 AND I LIKE IT HERE

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 SEPTEMBER 19, 20 08 at San Francisco, California.

CHARLES JOHNSON
Print Name of Applicant

[Signature]
Signature of Applicant

*****TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY*****	
Name of person authorized to sign for Color Scheme Holder: <u>DAN HINDS</u>	Title: <u>PRESIDENT</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>NATIONAL VETERANS CAB</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>9/19/08</u> Date

*****OFFICE USE ONLY*****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date <u>SEP 24 2008</u>

RECEIVED

SEP 24 2008

SAN FRANCISCO
TAXI COMMISSION

INTERIM DRIVER LICENSE

C5924424

CLASS C & M1

ISSUED: 09-18-08 523 D5/ EXPIRES: 11-16-08


CHARLES LUVERNE JOHNSON

SEX: M HAIR: GRY EYES: BLU

HT: 6-00 WT: 200 DOB: --

PITTSBURG CA 94565

THIS LICENSE IS ISSUED AS A LICENSE TO DRIVE A MOTOR VEHICLE;
IT DOES NOT ESTABLISH ELIGIBILITY FOR EMPLOYMENT, VOTER
REGISTRATION, OR PUBLIC BENEFITS.

X 
523 09-18-08 D5/5019



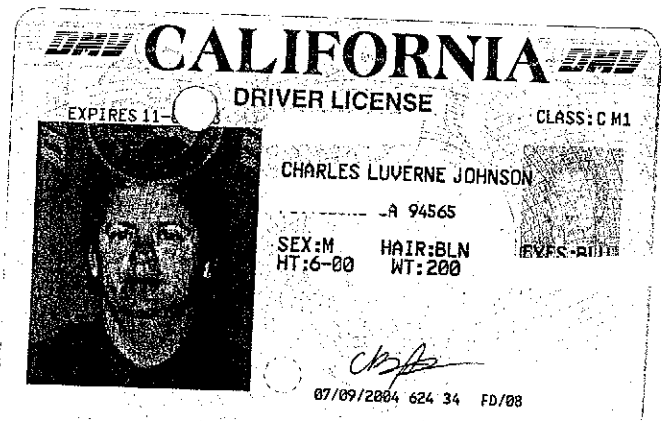
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

CHARLES L. JOHNSON

P44-045318

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) Radwan M. Rashid					Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) San Francisco, CA 94112						
Mailing Address (If different than residence address)						
Residence Phone Number:				Alternate Phone Number:		
Hours Available at this Number: AnyTime				Hours Available at this Number: AnyTime		
Social Security Number: Other name(s) used						
California Driver's License Number / Expiration Year				Date of Birth		Place of Birth KUWAIT
Race (Optional)	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height 5-07	Weight 220	Eye Color HZL	Hair Color AUB	
Color Scheme / Business Name Royal Taxi DEVELOPMENT CAB CO.					Business Number (415) 643-9500	
Color Scheme / Business Address (Street Address, City, State, Zip) 2121 EVANS AVE. SUITE G S.F., CA						
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 #: P44-052171			
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:						
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary):						
<p>Because I will provide more service to the public in the city and county of San Francisco ensure that the operation of this Medallion will served The public "24" Hours, Any-Time, Any-Where. Plus over 20 year's Driving Experience</p>						

OFFICE USE ONLY

RECEIVED

Danielle

Receipt No.

404266

Amount

\$1267-

Date

SEP 22 2008

Hearing Date

10/31/08

10/14/08

SAN FRANCISCO

TAXI COMMISSION Page 1 of 3

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
8/96	Present	San Francisco, CA 94112
10/07	Present	Antelope, CA 95843
9/04	9/07	Antelope, CA 95843

How long have you lived within a 30 mile radius of San Francisco? 21 years 2 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
6/05	Present	DE SOTO Cab Co 555 Selby	S.F., CA	Driving
03	10/05	Black & White Checker	999 Pennsylvania, S.F., CA 94107	Driving

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
Please look AT My Record.			

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)

Royal TAXI in business for a long-time, and they
provide 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.

RR 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.

RR 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.

RR 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: 12th day of September, 20 08 at San Francisco, California:

Radwan
Signature of Applicant

RECEIVED

SEP 22 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>Radwan M. Rashid</u>		Phone <u>(415) --- --</u>
Residence Address (Street Address, City, State, Zip) <u>San Francisco, CA 94112</u>		
Mailing Address, if different from above (Street Address, City, State, Zip)		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:		
Name of Taxi Company <u>ROYAL TAXI</u>	Business Address of Taxi Company (Street Address, City, State, Zip) <u>2121 EVANS AVE SUITE G</u>	
Business Phone <u>(415) 643 9500</u>	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):

PERSONAL
I think Royal Taxi Have great service, have
been in business for a long-time and
I like their color.

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 San Francisco, CA, 12th of September, 2008 at San Francisco, California.

Radwan M. Rashid
 Print Name of Applicant

[Signature]
 Signature of Applicant

*****TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY*****	
Name of person authorized to sign for Color Scheme Holder: <u>CHRISTOPHER SWETS</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>ROYAL TAXI</u> , hereby give consent to the applicant named to use my color scheme. 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>9/10/08</u> Date

*****OFFICE USE ONLY*****				RECEIVED SEP 22 2008 SAN FRANCISCO TAXI COMMISSION
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

SEP 22 2008

SAN FRANCISCO
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2008

RADWAN RASHID

P44-052171

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




CALIFORNIA
DRIVER LICENSE

EXPIRES: [REDACTED] CLASS: C

RADWAN M RASHID
SAN FRANCISCO CA 94112

SEX: M HAIR: AUB EYES: HZL
HT: 5-07 WT: 200 DOB: [REDACTED]

Radwan M Rashid
10/03/2003 599 B1 FD/08



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

Applicant's Name (First, Middle, Last) Kalesilassie Belay Gebresilassie		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) San Francisco CA. 94102			
Mailing Address (if different than residence address) The Same			
Residence Phone Number: (415) _____		Alternate Phone Number: (415) _____	
Hours Available at this Number: Any time		Hours Available at this Number: _____	
Social Security Number _____		Other name(s) used _____	
California Driver's License Number / Expiration Year 6.		Date of Birth _____	
Place of Birth Ethiopia			
Race (Optional) Black	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 5'8"	Weight 180
Eye Color Brown	Hair Color Black		
Color Scheme / Business Name American Taxi Cab Inc.		Business Number (415) 614 2000	
Color Scheme / Business Address (Street Address, City, State, Zip) 120 Willow San Francisco CA. 94109			

Are you a U.S. Citizen? ☒ Yes ☐ No, If No, write the Alien Resident Card Number:

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? ☒ Yes ☐ No

If Yes -Date permit was issued: **1994** Permit #: **63977**

Has this permit ever been revoked? ☐ Yes ☒ No If yes, explain:

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

Thankyou for giving me this chance. I would like to say that I'm one of the most experienced taxi driver with a lot of patience, courage and honesty. I never argue with customers, always trying to make them happy. I help them with everything when they need help also choosing a restaurant, entertainment, sight seeing explaining what we drive past if they are new to the city. I came to San Francisco from Ethiopia in 1993 and started driving a cab 1994 while, also going to SF city college. I have been driving ever since 1994 and have decided to be a cab driver for the rest of my life. That's why I applied for a medallion. I have been waiting for this moment for long time. also my livelihood depends on a taxi business. I quit school in 1996 and have driven full time ever since. Every year I have had my A-Card renewed, I never miss any year. I also didn't have enough knowledge about new regulation.

OFFICE USE ONLY				RECEIVED
Received by: Danielle	Receipt No. _____	Amount \$1207	Date _____	
Notice Date: 10/14/08	Hearing Date: 10/31/08			SEP 24 2008

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 *p/s see Attachment. If you have any question on Attachment document fill free to contact me at any time. 415 422 991*

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)
2003	present	San Francisco CA 94102

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

How many years driving experience do you have in San Francisco? 14 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
2005	present	American Taxi Cab	120 Willow San Francisco CA 94109	Car & Gate
2002	2004	Yellow Cab	1200 Mississippi San Francisco CA 94109	Long Term

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)

American Taxi Cab Inc 24 hour dispatch service

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

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

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

B 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.

B 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.

B 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 23rd day of September, 20 08 at San Francisco, California.

B
Signature of Applicant

RECEIVED

SEP 24 2008

SAN FRANCISCO
TAXI COMMISSION

Kalesilassie Gebresilassie

(1)

I know the city very well. I don't refuse or discriminate against any one or any neighborhood in the city to pick up and drop off customers like some cabbies. Some cab drivers won't go to bad neighborhoods or difficult places to get to. I always from some cabbies because I don't want the customers to get upset or disappointed. I pay special attention to older citizens some times I do my best to disabled customers to fit them in regular cab. to make sure they feel safe and comfortable because my culture gives priority to respecting those people. While I was driving for yellow cab, for two years in a row in the late 1990s I was awarded a bonus for being such a safe driver. Passengers tell me they like the way I drive, the way I talk to them, the way I explain, the knowledge I have about San Francisco and they always ask for my name so they can request me when they need a cab. most of the time, I don't like sitting at hotel waiting for airport fares. I like to work radio calls and on the street. now I'm driving with American taxicab inc.

Also even though I have passed through a lot of bad experiences while driving I'm still very dedicated to it. I was robbed about nine years ago and some other time I was beaten because I didn't have enough money for the robbery. I didn't get paid by some customers, some of them run away and some of the said, "let me get the money from my apartment or home" and they don't come back. so I leave and I call it a bad day. But I already decided before this happened that this job is for the rest of my life. because I was thinking that after all this I'll get a medal one day. so I'm willing to take whatever happens with me on duty. I'm also don't want to bring from any where illegal way bills and show you. like other cabbies. I'm very very honest and try my best to do the right thing as a cab driver and on my personal life.

~~signature~~

if you have any question feel free to contact me Tel (415)

The most powerfull thing on the word is Court. that why I'm attaching all document to show you how hard is to be hear till I finished the Case.

my family has a business in Ethiopia and I own shares in it and I'm a financial advisor and manager to the business. I help them from here by giving them direction and ideas from here by calling e-mailing. But I gave my brother power of attorney to run the business in Ethiopia and he almost ruined the jobs of many employees and family. This started big federal Court Cases in Ethiopia starting in 2005 and finished just recently. It was my responsibility to be present at the Court to represent my family and employees. to prepare documents for evidence, to hire lawyers, and to follow out the Case closely because it's again my responsible. so I had to return to Ethiopia in late 2005 families and employees livelihood.

After I finished the Case, I came back to San Francisco and started driving a cab permanently. I was happy and surprised to get the letter from the Taxi Commission about a medallion. Because this was unexpected, I did not think to bring proof of why I have been away for a couple of years. I have now requested documents from the federal Court of Ethiopia certified by the foreign minister, and appreciation letter I got from lawyer & company employees & family, explaining that it was vital for me to be there during this time. I have now finished all the Court Cases and I don't have to go back again for them. I put someone else in charge of the company so I don't have to go back for any court or other reasons again, except visiting a family.

The city of San Francisco public and tourist needs every polite, hospitable, and cosmopolitan cab driver. I can fulfill every request for taxi business to the public. I believe I deserve to get the pending medallion because I'm one of the most honest, reliable and dedicated driver for the city of San Francisco. The city needs to keep a cab driver like me. ~~that~~ with this medallion I'll do more than your expectation.

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>Kalesilassie Belay Gebresilassie</u>		Phone <u>(415)</u>
Residence Address (Street Address, City, State, Zip) <u>San Francisco CA. 94102</u>		
Mailing Address, if different from above (Street Address, City, State, Zip) <u>The Same</u>		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company <u>American Taxicab Inc</u>		Business Address of Taxi Company (Street Address, City, State, Zip) <u>120 Willow St. San Francisco CA. 94102</u>	
Business Phone <u>(415) 614 2000</u>		Medallion Number <u>Pending</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 use the color scheme for the above named taxi company (attach additional pages if necessary):

It's very convenient for me because I live a few blocks away from 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 09-23, 2008 at San Francisco, California.

Kalesilassie Gebresilassie
Print Name of Applicant

Kg
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: <u>PHILIP ACHILLE</u>	Title: <u>PRESIDENT</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>S.F. AMERICAN TAXICAB INC</u> Color Scheme Name	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>9-22-08</u> Date

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

RECEIVED

SEP 24 2008

SAN FRANCISCO
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2008

KALSILASSIE B. GEBRESILASSIE

P44-063977

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

EXPIRES CLASS: C M1

KALESILASSIE BELAY
GEBRESILASSIE

SAN FRANCISCO CA 94102

SEX: M HAIR: BLK EYES: BRN
HT: 5-08 WT: 180 DOB:

K. B. G.

07/05/2005 239 RB FD/10

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) ROBERT ALLEN DUNCANSON		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 201 OAKLAND, CALIF. 94607			
Mailing Address (If different than residence address) 415. 3			
Residence Phone Number: (510) 444-8956 #528		Alternate Phone Number: (415)	
Hours Available at this Number: Between 7am and 11pm		Hours Available at this Number: N/A	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth SAN LOUIS OBISPO			
Color Scheme / Business Name EUROPEAN REGION	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height 5'10"	Weight 175
Color Scheme / Business Address (Street Address, City, State, Zip) YELLOW CAB CO-OP 1200 MISSISSIPPI SAN FRANCISCO, CA 94107	Eye Color BROWN	Hair Color BLK & GRAY	Business Number (415) 282-3737
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 6-21-99 Permit #: P49-052566			
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'm a full time honest working knowledgeable cab driver. I work the streets not just sit at STD. I am a valuable part of the city and citizens of San Francisco.			

OFFICE USE ONLY			
Received by: [Signature]	Receipt No: 404275	Amount: 1185	Date: SEP 22 2008
Notice Date: 10/14/08	Hearing Date: 10/31/08		

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)
1995	2008	1 SF #309 OAKLAND CA 94607

How long have you lived within a 30 mile radius of San Francisco? 33 years months

How many years driving experience do you have in San Francisco? 12 years 3 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
JUNE 21, 1996		YELLOW CAB	1200 MISSISSIPPI	CAB DRIVER
		CO-OP S.F.	SAN FRANCISCO, CA	

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:

30 percent hearing
right ear

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-op S.F.

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.

RAH 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.

RAH 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.

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

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

Executed on this 22 day of September, 20 2008 at San Francisco, California.

Robert Huncayon
Signature of Applicant

RECEIVED

SEP 22 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>Robert Duncan</u>		Phone ---
Residence Address (Street Address, City, State, Zip) <u>1412 ST OAKLAND, CA 94607</u>		
Mailing Address, if different from above (Street Address, City, State, Zip) <u>Same</u>		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company <u>Yellow Cab Co-op</u>		Business Address of Taxi Company (Street Address, City, State, Zip) <u>1200 MISSISSIPPI</u>	
Business Phone <u>415 282-3737</u>		Medallion Number	<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):

Good 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 9/21, 20 08 at San Francisco, California.

Robert Allen Duncan
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>Hal Mellegard</u>	Title: <u>GM</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow Cab Co-op</u> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Hal Mellegard</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>9/21/08</u> Date

***** OFFICE USE ONLY *****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <u>SEP 22 2008</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>SAN FRANCISCO</u>
Received by:	Receipt No.	Amount	Date <u>9/22/08</u>

RECEIVED

SEP 22 2008

SAN FRANCISCO
TAX COLLECTOR



CALIFORNIA
DRIVER LICENSE

EXPIRES: 12/31/2008 CLASS: C

ROBERT ALLEN DUNCANSON

OAKLAND CA Y4007

SEX: M HAIR: BLK EYES: BRN
HT: 5-10 WT: 200 DOB: 01/16/2004 504 A1 FD/09



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

EXPIRES: DECEMBER 31, 2008

ROBERT A. DUNCANSON

P44-052566


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) GETAHUN ASSEFA				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) RD., WALNUT CREEK, CA., 94598					
Mailing Address (If different than residence address) SAME					
Residence Phone Number: (925)			Alternate Phone Number: (415) 2-		
Hours Available at this Number: 7:00 A.M. - 1:00 P.M.			Hours Available at this Number: 10:00 A.M. - 12:00 A.M.		
Social Security Number		Other name(s) used N/A			
California Driver's License Number / Expiration Year			Date of Birth		Place of Birth ETHIOPIA
Race (Optional) BLACK	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height 5-08	Weight 156	Eye Color BROWN	Hair Color BLACK
Color Scheme / Business Name DeSoto Cab Co.				Business Number (415) 970-1300	
Color Scheme / Business Address (Street Address, City, State, Zip) 555 SELBY ST., S.F., 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: Dec. 2007 Permit #: P44-045655					
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): More cabs in the city will translate people will tend to leave their cars behind and will be less of traffic & pollution. After SFO expansion & the moscone Addition there are a lot of tourists & business coming to S.F.					

OFFICE USE ONLY			
Received by: 	Receipt No. 404288	Amount \$1185.00 (-\$82 TXO Finger Print Fee)	Date OCT 03 2008
Notice Date: 10/14/08	Hearing Date: 10/31/08		

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)
6/03	Current	Walnut Creek, CA. 94598

How long have you lived within a 30 mile radius of San Francisco? 29 years _____ months

How many years driving experience do you have in San Francisco? 29 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
12/2005	Current	Desoto Cab Co.	555 Selby St. SF. CA. 94124	Driver
5/2005	12/2005	Yellow Cab Co-op.	1200 Mississippi St SF. CA 94102	Driver
1998	5/2005	Luxor Cab Co	2230 Jerrold St. SF. CA 94124	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 RAMP #9064

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 DeSoto Cab Radio 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.

G.A. 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.

G.A. 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.

G.A. 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 2nd day of October, 20 08 at San Francisco, California.

Gefahyu Asseff
Signature of Applicant

RECEIVED
OCT 03 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) GETAHUN ASSEFA		Phone (415)
Residence Address (Street Address, City, State, Zip) ALNUT CREEK CA. 94598		
Mailing Address, if different from above (Street Address, City, State, Zip) SAME		

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 ST. S.F. 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):

Good radio, been with Desoto for a long time.

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

Executed on 10/02, 2008 at San Francisco, California.

GETAHUN ASSEFA
Print Name of Applicant

Getahun Assefa
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 MANAGER
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>DESOTO CAB COMPANY</u> Color Scheme Name	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Cindy L. Ward</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>10/2/08</u> Date

RECEIVED

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

OCT 03 2008

RECEIVED

OCT 03 2008

5/11/08, 10:00
TAXI - SIGN



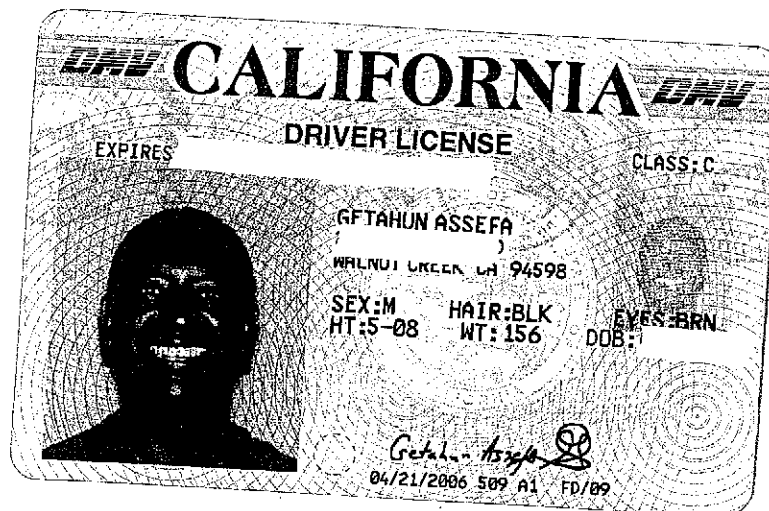
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

GETAHUN ASSEFA

P44-045655

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) JOHN DENNIS GOULD		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SF CA 94109-5032			
Mailing Address (If different than residence address)			
Residence Phone Number:		Alternate Phone Number: ()	
Hours Available at this Number: 7 AM - 7 PM		Hours Available at this Number:	
Social Security Number:		Other name(s) used	
California Driver's License Number / Expiration Year 2013		Date of Birth	
Place of Birth LOS ANGELES			
Face (Optional) CAUCASIAN	Sex M / F	Height 6'2"	Weight 250
Color Scheme / Business Name NATEDNIAL CAB CO.	Eye Color BROWN	Hair Color BLONDE	Business Number (415) 648-4444
Color Scheme / Business Address (Street Address, City, State, Zip) 2970 MCKENNON SF 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: 1983		Permit #: P44-051348	
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <p><i>I have been driving a taxi-cab in SF for 25 years (since 1983). I've had my ups and downs, but I enjoy seeing the whole city and meeting people. I believe that I have few if any complaints against me.</i></p> <p><i>I think that I am above average in terms of knowing the city and being polite and courteous to the passengers.</i></p>			

RECEIVED

OFFICE USE ONLY			
Received by: Danell	Receipt No: 404290	Amount: \$1267 -	Date: OCT 07 2008
Notice Date: 10/14/08	Hearing Date: 10/31/08	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)
1981	PRESENT	SF CA 94109-5032

How long have you lived within a 30 mile radius of San Francisco? 41 years _____ months

How many years driving experience do you have in San Francisco? 41 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
1983	PRESENT	NATIONAL CAB		

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)

National Cab has good radio, many calls all parts of the city.

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.

JSJ 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.

JSJ 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.

JSJ 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 Oct 6th day of October, 20 08 at San Francisco, California.

John D. Gould
Signature of Applicant

RECEIVED

OCT 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) JOHN DENNIS GOULD		Phone (415) 648-4444
Residence Address (Street Address, City, State, Zip) 1675 DUNSTON ST SF CA 94109-5032		
Mailing Address, if different from above (Street Address, City, State, Zip) 2270 MCKINNON - SF - CA - 94124		

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 MCKINNON - SF - 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 have been driving for National Cab since 1991. I know the personnel and the inner and outer workings of the company. The equipment and radio are pretty good. When the cars break down the mechanics do a good job of putting them back together.

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 **10-7-08**, 20 **08**, at San Francisco, California.

JOHN DENNIS GOULD
Print Name of Applicant

John D. Gould
Signature of Applicant

*****TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY*****	
Name of person authorized to sign for Color Scheme Holder: Don Norris	Title: President
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for NATIONAL VETERANS CAB 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>Don Norris</i>	Date 10/8/08

*****OFFICE USE ONLY*****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed OCT 08 2008
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date SAN FRANCISCO TAXI COMMISSION

RECEIVED

OCT 07 2008

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE

EXPIRES: CLASS: C

JOHN DENNIS GOULD

SAN FRANCISCO CA 94109

SEX: M HAIR: BLN EYES: BLU
HT: 6-02 WT: 240

RSTR: CORR LENS

John Gould
02/25/2008 503 L2 FD/13



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

EXPIRES: DECEMBER 31, 2008

JOHN GOULD

P44-051348

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

Name (First, Middle, Last) ZUHAIK M. SINADA		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) SF, CA 94116			
Residence Phone Number: (415) " "		Alternate Phone Number: (415) " "	
Hours Available at this Number: 5 to 10 PM		Hours Available at this Number: 24 HR	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth SUDAN			
Race (Optional) BLACK	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 5'11"	Weight 175
Eye Color Brown		Hair Color Black	
Color Scheme / Business Name YELLOW CAB		Business Number (415) 282-3737	
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI ST SF, CA 94107			
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: 1995		Permit #: P44-06031	
Has this permit ever been revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:			
Per MPC §1081(a)(3), do you holds or have you ever held any other permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere? <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 live in San Francisco for the last 20 years, been driving a cab for 15 years I love the city and serving the people of San Francisco.			

RECEIVED

OCT 09 2008

SAN FRANCISCO

OFFICE USE ONLY			
Received by: T.O.	Receipt No: 404295	Amount: \$1185.00	Date: 10.9.08
Notice Date: 10/14/08	Hearing Date: 10/31/08		

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)
1980	2008	54 SF, CA 94116

How long have you lived within a 30 mile radius of San Francisco? 0 years 0 months

How many years driving experience do you have in San Francisco? 19 years 6 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1995	2008	YELLOW CAB	1200 MISSISSIPPI, SF, CA 94104	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 with yellow cabs, so, they will provide
GPS and computer system 24-7.

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.

JS 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.

JS 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.

JS 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 10 day of 2, 2008 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

OCT 09 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) ZUHAI SINADA		Phone (415)
Residence Address (Street Address, City, State, Zip) 1200 MISSISSIPPI ST SF, CA 94116		
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 YELLOW CAB	Business Address of Taxi Company (Street Address, City, State, Zip) 1200 MISSISSIPPI ST, SF, CA 94107		
Business Phone (415) 282-3737	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):

YELLOW CAB HAS BEEN HOME TO ME AND I WILL STAY HOME "YELLOW CAB"

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 **10 1 2**, 20**08** at San Francisco, California.

ZUHAI M. SINADA
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: NATHAN DWIRI	Title: President
---	----------------------------

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____ 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

Oct 1, 2008
Date

*****OFFICE USE ONLY*****

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed DECLINED
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted 09 09 2008
Received by:	Receipt No.	Amount	Date 10/15/2008



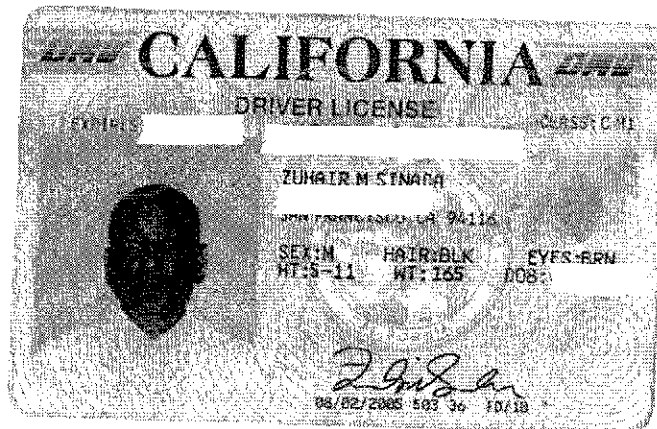
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

ZUHAIR M. SINADA

P44-060310

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



RECEIVED


OCT 09 2008

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	
		Azerbaijan, Baku	
Race (Optional) white	Sex M/F	Height 5-7	Weight 200
Color Scheme / Business Name yellow cab		Eye Color brn	Hair Color black
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 mississippi, San Francisco, CA, 94124		Business Number (415) 333-3333	
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: 12/9/04		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: 376082	Amount: 638-	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	Avr, 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	IHSS	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.

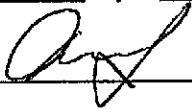
SA I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, 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) Seyran Amzayan		Phone (415) 333-3333
Residence Address (Street Address, City, State, Zip) Pacific 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 Yellow	Business Address of Taxi Company (Street Address, City, State, Zip) 1200 Mississippi St, SF, CA, 94124	
Business Phone (415) 333-3333	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 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.

Seyran Amzayan [Signature]
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: Hal Mellegard	Title: Gen Mgr
the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow Cab Co?</u> 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.	
<u>Hal Mellegard</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>7/28/08</u> Date

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



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
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

50 3 JUL 17 2008 L2

I.D. Card or
Driver License No. [REDACTED]

Enter your new address below:

Seyran Amzayan
Pacifica, CA 94044-3714

[Barcode]

license or ID.

DMV
A Division of the State of California

Consent: Item D

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

Medallion Holder Name:	Medallion #:	Change:
1. Scott Van Leuven	675	Luxor to Metro
2. Manoch Amirehsani	9062	Yellow to Bay
3. Marwan Deisieh	1030	DeSoto to Yellow
4. Elias Negash	9069	DeSoto to Comfort

TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: LUXOR To: METRO 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>SCOTT VAN LEUVEN</u>		Phone <u>415-555-1111</u>
Residence Address (Street Address, City, State, Zip) <u>1111 BAYVIEW BLVD SAN FRANCISCO CA 94134</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>Metro Cab</u>	Business Address (Street Address, City, State, Zip) <u>2121 Evans Ave</u>		
Business Phone () <u>648-8500</u>	Medallion Number(s) <u>675</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):

BETTER SUPERVISION OF MY
MEDALLION

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 19 day of SEPTEMBER 2008 at San Francisco, California

SCOTT VAN LEUVEN
Print Name of Applicant

[Signature]
Signature of Applicant

*****TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY*****	
Name of person authorized to sign for Color Scheme Holder <u>Richard Hylles</u>	Title: <u>Prop.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Metro Cab</u> hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>9.24.08</u> Date

*****OFFICE USE ONLY*****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Danella</u>	Receipt No. <u>404285</u>	Amount <u>\$416 -</u>	Date <u>SEP 29 2008</u>

San Francisco Taxicab Commission
BCC 11/1/08

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? more supervision of medallion
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, SCOTT VAN LUGEN, acknowledge that in making this color scheme transfer to METDOCAG, I will operate my medallion # 675 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. SV
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). SV
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. SV
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. SV
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. SV
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code. _____
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. SV

I have read and understood all of the above. I declare that I will operate my taxicab permit number 675 in full compliance with the above stipulations.

Signature: [Signature]

Department Witness: _____

Date: 9-19-08

Date: _____

RECEIVED

SEP 20 2008

SAN FRANCISCO

11/11

METRO CAB LLC.
2121-E EVANS AVE.
SAN FRANCISCO, CA. 94124
415-648-8500
FAX 415-642-3799

RECEIVED

SEP 29 2008

SAN FRANCISCO
2008 SEP 29 PM 4:00

Agreement

It is agreed between Metro Cab LLC and the below signed San Francisco medallion holder that Metro Cab LLC will manage the medallion in accordance with all rules and regulations promulgated by the City and County of San Francisco and its' representatives and designees.

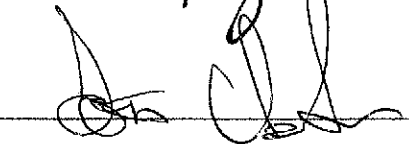
For consideration of \$2400 per month the medallion holder will allow Metro Cab LLC to use the medallion at all times. Gates for the medallion holder will be no more than \$85.

Each party will give the other 30 days notice of cancellation of the agreement.

Metro Cab



Medallion Holder



Dated:

9.19.08



REGISTRATION CARD VALID FROM: 11/30/2007 TO: 11/30/2008

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2005	2004	AM	2008	32X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
TX	Q	PV	2	C	03520		
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC	USE TAX	STICKER ISSUED
COMMERCIAL	08/13/08		38	08/13/08	3	153	N3499777
PR/HIST: SALVAGED				PR EXP DATE: 11/20/2008		AMOUNT PAID	
						\$ 369.00	

REGISTERED OWNER
METRO CAB LLC
2121 EVANS AVE

AMOUNT DUE	AMOUNT RECVD
\$ 369.00	CASH :
	CHCK :
	CRDT : 369.00

SAN FRANCISCO
CA 94124

LIENHOLDER

Signature









F01 503 L1 0036900 0041 CS F01 081308 31 8K44302 750

RECEIVED

SEP 29 2008

SAN FRANCISCO
TAXI & LIMOUSINE

For Personal Use Only

 CARFAX® Vehicle History Report™ <small>An independent company established in 1986</small>		carfax.com
Vehicle Information: 2005 FORD ESCAPE HEV 4 DR. WAGON/SPORT UTILITY 2.3L I4 FI FRONT WHEEL DRIVE <u>Standard Equipment Safety Options</u> Search for other <u>2005 FORD ESCAPE</u> <u>vehicles in San Francisco, CA</u>	 DOES NOT qualify for the CARFAX Buyback Guarantee  Branded Title: Salvage  Accident / Damage reported  CARFAX 1-Owner vehicle  10 Detailed records available  47,955 Last reported odometer reading	

SUMMARY

A CARFAX Vehicle History Report is based only on information supplied to CARFAX. Other information about this vehicle, including problems, may not have been reported to CARFAX. Use this report as one important tool, along with a vehicle inspection and test drive, to make a better decision about your next used car.

OWNERSHIP HISTORY	OWNER 1
The number of owners is estimated by CARFAX	
Year purchased	2004
Type of owner	Personal
Estimated length of ownership	3 yrs. 3 mo.
Owned in the following states/provinces	California
Estimated miles driven per year	13,870/yr
Last reported odometer reading	47,955

TITLE PROBLEMS	OWNER 1
CARFAX guarantees the information in this section	
<u>Salvage Junk Rebuilt</u> <u>Fire/Flood Hail Damage Buyback/Lemon</u> <u>Not Actual Mileage Exceeds Mechanical Limits</u> Alert! Severe problems were reported by a state Department of Motor Vehicles (DMV). This vehicle does not qualify for the CARFAX Buyback Guarantee.	Alert! Problem Found No Problem No Problem

OTHER INFORMATION	OWNER 1
Not all accidents or other issues are reported to CARFAX	
<u>Total Loss Check</u> Total loss reported on 02/19/2008. <u>Structural / Frame Damage Check</u> No structural / frame damage reported to CARFAX.	Total Loss <input checked="" type="checkbox"/> No Issues Reported

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SEP 29 2008

SAN FRANCISCO
EVIDENCE DIVISION

Airbag Deployment Check

No airbag deployment reported to CARFAX.

Odometer Rollback Check

No indication of an odometer rollback.

Accident Check

See State DMV-reported Title Problems above. Accident reported on 12/24/2007.

Manufacturer Recall CheckAvailable directly from Ford. A current list of recalls is available at www.ford.com.**Basic Warranty Check**

Original manufacturer warranty likely voided by manufacturer after vehicle was severely damaged.

☒ No Issues Reported☒ No Issues IndicatedAlert!
Problem Found☒ No Recalls ReportedWarranty
Voided

Tell us what you know about this vehicle

CARFAX Hot Listings®

Still looking? Find similar cars just listed for sale in your area.

2005 FORD ESCAPE HEV

Listed 2 hours ago

Body Style: 4 Dr. Wagon/Sport Utility**Engine Type:** 2.3L I4 FI**Standard Equipment:** Power Windows, Power Steering, Air Conditioning, AM/FM CASS/CD, Power Brakes, Tilt Wheel, 6-digit Odometer**CARFAX** Free CARFAX Report**Sunnyvale Ford**
1-800-651-3630Distance: 32.49 mi
[View Dealer Inventory](#)
[Contact Dealer](#)**2006 FORD ESCAPE XLS****Body Style:** 4 Dr. Wagon/Sport Utility**Engine Type:** 2.3L I4 FI**Standard Equipment:** Power Windows, Power Steering, Air Conditioning, AM / FM CD, Power Brakes, Tilt Wheel, 6-digit Odometer**CARFAX** Free CARFAX Report**Fremont Toyota**
510-252-5100Distance: 27.44 mi
[View Dealer Inventory](#)
[Contact Dealer](#)**2006 FORD ESCAPE HEV****Body Style:** 4 Dr. Wagon/Sport Utility**Engine Type:** 2.3L I4 SFI 4V**Standard Equipment:** Power Windows, Power Steering, Air Conditioning, AM / FM CD, Power Brakes, Tilt Wheel, 6-digit Odometer**CARFAX** Free CARFAX Report**Capitol Expressway Ford**
408-265-6000Distance: 43.14 mi
[View Dealer Inventory](#)
[Contact Dealer](#)

FEATURING...

SecureSTOP

BRAKE SERVICE

CLICK FOR DETAILS

DETAILS[Glossary](#)

A CARFAX Vehicle History Report is based only on information supplied to CARFAX. CARFAX checked over 5 billion vehicle history events and found 10 record(s) for this 2005 FORD ESCAPE HEV (1FMYU95H45KB95750).

OWNER 1Purchased: 2004
Type: Personal
Where: California
Est. miles/year: 13,870/yr**Date:**

11/09/2004

Mileage:**Source:**

NICB

Comments:Vehicle manufactured
and shipped to original dealer

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SEP 29 2008

9/20/2008 4:09 PM

Est. length owned: 11/18/04 - 2/19/08 (3 yrs. 3 mo.)	11/18/2004	17	California Motor Vehicle Dept. Diamond Bar, CA	Title issued or updated First owner reported Registered as personal vehicle Loan or lien reported
	04/08/2005		California Motor Vehicle Dept. Diamond Bar, CA	Title issued or updated Loan or lien reported
	12/24/2007		California Police Report	Accident reported in El Monte Involving rear impact Vehicle towed
	02/15/2008	47,107	California Motor Vehicle Dept. Fairfield, CA	Odometer reading reported
	02/19/2008		California Motor Vehicle Dept.	TOTAL LOSS VEHICLE Title or registration issued to insurance company
	02/19/2008		California Motor Vehicle Dept. Fairfield, CA	SALVAGE TITLE/CERTIFICATE ISSUED
	04/04/2008	47,955	California Motor Vehicle Dept.	Odometer reading reported
	Not Reported		California Police Report Reference #95255815587	Accident reported
				Police accident reports are required in California when the estimated damage exceeds \$500. The date of this particular accident was not reported to CARFAX, but it likely occurred between Jul. 2007 and Jul. 2008.
	08/13/2008		California Motor Vehicle Dept.	SALVAGE TITLE/CERTIFICATE ISSUED

RECEIVED

SEP 29 2008

SAVING FINANCIAL
TAXES

Tell us what you know about this vehicle

Have Questions? Please visit our Help Center at www.carfax.com**GLOSSARY**[View Full Glossary](#)

- **Accident Indicator**

CARFAX receives information about accidents in all 50 states, the District of Columbia and Canada. Various events in a vehicle's history can indicate an accident, such as: salvage auction, fire damage, police-reported accident, crash test vehicle, damage disclosure, collision repair facility and automotive recycler records. Not every accident is reported and not all reported accidents are provided to CARFAX. Details about the accident (e.g. severity, impact location, airbag deployment) vary depending on the source of the accident indicator. CARFAX recommends you obtain a vehicle inspection from your dealer or an independent mechanic.

- According to the National Safety Council, Injury Facts, 2007 edition, 7% of the 245 million registered vehicles in

ACORDTM**CERTIFICATE OF INSURANCE**

ISSUE DATE

09/29/2008

PRODUCER

MSW Insurance Services, Inc.
19100 Von Karman Ave. Suite 900
Irvine, CA 92612
License #0E55346

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

COMPANIES AFFORDING COVERAGE

Company
A Delos Insurance Co.

Company
B

Company
C

Company
D

Company
E

INSURED

Metro Cab LLC (A Corp)
2121 E. Evans Avenue
San Francisco, CA 94124

This is to certify that the policies of insurance described herein have been issued to the Insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.

CO LT	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE EXPIRATION	LIMITS OF LIABILITY	
	GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Owners' and Contractors' Protection <input type="checkbox"/> General Aggregate Limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location			EACH OCCURRENCE	\$
				FIRE DAMAGE	\$
				MEDICAL EXPENSE	\$
				PERS. AND ADVERTISING INJURY	\$
				GENERAL AGGREGATE	\$
				PRODUCTS AND COMP. OPER. AGG.	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> Any Automobile <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Scheduled Automobiles <input type="checkbox"/> Hired Automobiles <input type="checkbox"/> Non-owned Automobiles <input type="checkbox"/>			COMBINED SINGLE LIMIT	\$
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
				COMPREHENSIVE COLLISION	
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY		07/15/2008 07/15/2009	WC Statutory Limit <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
				EL EACH ACCIDENT	\$ 1,000,000
				EL DISEASE (Each employee)	\$ 1,000,000
				EL DISEASE (Policy Limit)	\$ 1,000,000
	EXCESS LIABILITY <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made			EACH OCCURRENCE	\$
				AGGREGATE	\$
					\$
					\$
					\$
					\$
					\$

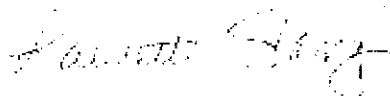
RECEIVED
SEP 29 2008
SAN FRANCISCO
TAXICAB COMMISSION

CERTIFICATE HOLDER

San Francisco Taxicab Commission
25 Van Ness Avenue
San Francisco, CA 94102-6033

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

Authorized Representative



Main Identity

From: "Bob Mickey" <Bob.Mickey@i-car.com>
To: <metrocab@pacbell.net>
Sent: Tuesday, September 23, 2008 3:47 PM
Subject: Re: Help needed

RECEIVED

SEP 29 2008

SAN FRANCISCO
 TEL: 415.398.1000

No. I have not heard of such a report.

----- Original Message -----

From: Richard Hybels <metrocab@pacbell.net>
To: western
Sent: Tue Sep 23 17:33:09 2008
Subject: Help needed

Howdy,

I'm in the cab business in San Francisco and we occasionally buy salvage title cars to use as cabs. Now the city fathers want us to get what they think is an "I-Car Report." from a "AAA approved body shop"

So far nobody at such a shop knows what I'm talking about. Any idea? Can an I-car certified bodyman give such a report for a salvaged car?

Thanks in advance.

Richard Hybels
 San Francisco

Bob Mickey
 I-CAR Western Zone Manager
 425.346.4227 - Direct
 425.356.2764 - Fax
 Bob.Mickey@i-car.com



This e-mail and any files transmitted with it are confidential and intended solely for the individual named. If you have received this e-mail in error, please notify the sender by reply e-mail and delete the original e-mail and any attachments from your system, without forwarding. Any dissemination, distribution or provision of this communication is strictly prohibited and may be a violation of applicable laws.

9/25/2008

ATTN: Dan Borg -GTU

see notes below re: ICAR report

METRO CAB
2121-G EVANS AVE.
SAN FRANCISCO, CA. 94124
415-648-8500
FAX 415-642-3799

RECEIVED

SEP 29 2008

SAN FRANCISCO
TAXI COMMISSION

Jordanna Thigpen
Executive Director
SF taxi Commission

Dear Jordanna,

Enclosed please find color scheme change application for Scott Van Leueven med.
number 675.

Also enclosed please find:

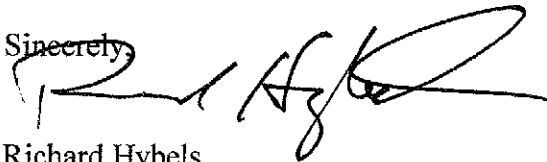
1. Questionnaire
2. Contract between med. holder and Metro
3. Registration
4. Carfax report
5. Vehicle introduction, GTU forms
6. Workers comp. papers and I believe they are on file with your office as well.

After having spent considerable time on it, I have been unable to find any source for
the I-car report. The CSAA inspection people know nothing of it nor does the
Western Zone Manager for I-CAR. (see enclosed e-mail)

The vehicle I will use for cab 675 was bought and titled to Metro months ago and I
believe the fact that it is titled as a salvaged vehicle as opposed to a salvage vehicle
means that a salvage certificate was issued but I am not in possession of it. The
salvage cert. is mention in the Carfax.

I won't be able to get the liability insurance certificate until the day of inspection but
rest assured it will be insured at the proper time.

Sincerely,



Richard Hybels
Prop.

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

☐ *CHANGE OF COLOR SCHEME - From: yellow CAB
(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>MANOCH AMIREHSANI</u>		Phone <u>(415) 859-1088</u>
Residence Address (Street Address, City, State, Zip) <u>SAN RAFAEL CA. 94903</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>BAG CAB</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AV. S.F.</u>	Business Phone <u>(415) 859-1088</u>
Medallion Number(s) <u>9062</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:

① Newly Raised Monthly Fees do not Fit My Budget
 ② they don't cash any longer more than \$150⁰⁰ over credit
 card per shift
 Good FRIENDLY service by new co.

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 24 day of Sep., 2008 at San Francisco, California

MANOCH AMIREHSANI Mant Amireh
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>Roger Cardenas</u>		Title: <u>MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAG CAB</u> hereby give consent to the applicant named to use my color scheme.		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>Roger Cardenas</u>		Date <u>9-24-08</u>

OFFICE USE ONLY			
Agenda Notice Date <u>10/14/08</u>	Hearing Date <u>10/31/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. <u>404279</u>	Amount <u>416.00</u>	Date <u>SEP 25 2008</u>

Taxi Comm.

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

POLICY NUMBER

NATIONAL INTERSTATE INSURANCE COMPANY

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2006

DODGE

1*

AGENCY/COMPANY ISSUING CARD

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

INSURED

MANOCH AMIREHSANI DBA: YELLOW CAB #9062
1200 MISSISSIPPI ST
SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURE
VEHICLE AND PRESENTED UPON D

IN CASE OF ACCIDENT: Report
To your Agent/Company as soon as pc
Obtain the following information:

1. Name and address of each dri
passenger and witness.

2. Name of Insurance Company and policy
number for each vehicle invol

ACORD 50 (1/83)

REGISTRATION CARD VALID FROM: 05/12/2008 TO: 05/31/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
DODG	2006	0000	EF	2008	33X	31	

BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
TX	G	PS	2	D	04120	

TYPE VEHICLE USE
COMMERCIAL

DATE ISSUED
05/23/08

CC/ALCO
21

DT FEE RECVD
05/23/08

PTC
5

STICKER ISSUED
R5533509

PR/HIST: TAXI

REGISTERED OWNER

MANOCH AMIREHSANI

R

AMOUNT PAID
\$ 269.00

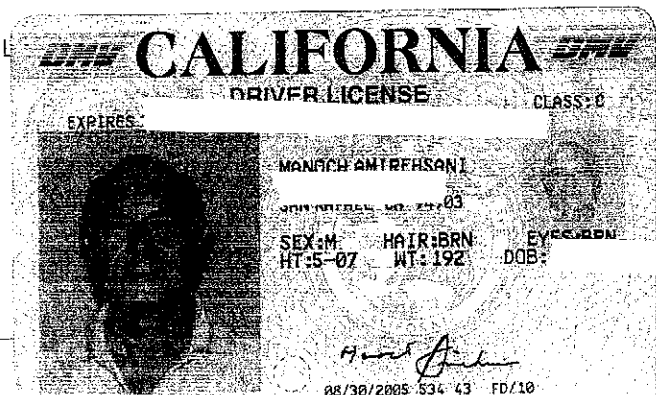
AMOUNT DUE
\$ 269.00

AMOUNT RECVD

CASH :
CHCK :
CRDT :

SAN RAFAEL
CA

94903



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

EXPIRES: DECEMBER 31, 2008
MANOCH AMIREHSANI

269 P44-058576

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



1 437



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

RECEIVED

SEP 26 2008

SAN FRANCISCO
TAXI COMMISSION

24 September 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion #9062 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 large, stylized handwritten signature in black ink, appearing to read "Dmitry Erenkov".

Dmitry Erenkov
Agent/Broker

DIE/ece

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME

(Complete both sides)

☒ *CHANGE OF COLOR SCHEME - From:

(Complete front side only)

Desoto

*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) MARWAN MOHAMMAD DEISIEH		Phone (415) - - - -
Residence Address (Street Address, City, State, Zip) E - - - - - So. SF. CA 94080		
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 Yellow CAB	Business Address (Street Address, City, State, Zip) 1200 Mississippi St SF	Business Phone (415) 282-3737
Medallion Number(s) 1030		<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:

for better Radio sistime

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 29 day of Sept, 2008 at San Francisco, CaliforniaMARWAN DEISIEH

Print Name of Applicant

Marwan Deisieh

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder. Hal Mellegard	Title: GM
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow</u> hereby give consent to the applicant named to use my color scheme. Taxicab 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>Hal Mellegard</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>9/29/08</u> Date

RECEIVED

OFFICE USE ONLY

Agenda Notice Date <u>10/14/08</u>	Hearing Date <u>10/31/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>SEP 29 2008</u>
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted
Received by: <u>Danielle</u>	Receipt No. <u>404283</u>	Amount <u>\$4116 -</u>	SAN FRANCISCO TAXI COMMISSION (Rev. 11/30/05)

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? Because the have apater Reides
Service
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? Day Shift

I, Marwan Deisid, acknowledge that in making this color scheme transfer to YELLOW CAB, I will operate my medallion # 1030 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 m
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). ✓m
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. ✓m
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. ✓m
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. ✓m
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. ✓m
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. ✓m

I have read and understood all of the above. I declare that I will operate my taxicab permit number 1030 in full compliance with the above stipulations.

Signature: Marwan Deisid

Date: 9/29/08

Department Witness: [Signature]

Date: 9/29/08

INSURANCE IDENTIFICATION CARD

(STATE) CA
COMPANY NUMBER

POLICY NUMBER

YEAR
2004
EFFECTIVE DATE
10/12/07
MAKE/MODEL
MERC

AGENCY/COMPANY ISSUING CARD

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

INSURED

DESOTO CAB # 1030
SETTA & AUTOS FOR HIRE
555 SELBY ST
SAN FRANCISCO, CA 94124

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

(STATE) CA
COMPANY NUMBER

POLICY NUMBER

YEAR
2004
EFFECTIVE DATE
10/12/07
MAKE/MODEL
MERC

AGENCY/COMPANY ISSUING CARD

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

INSURED

DESOTO CAB # 1030
SETTA & AUTOS FOR HIRE
85 555 SELBY ST
SAN FRANCISCO, CA 94124

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

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

ACORD 50 (1/83)

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

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

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

ACORD 50 (1/83)

RECEIVED

SEP 29 2008

SAN FRANCISCO
TAXI COMMISSION

COML 11/30/2007 TO 11/30/2008 31
TAXI

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL

TX

DATE ISSUED

10/26/2007

CYLS.	DATE FIRST SOLD	CLASS	MAKE	Yr. Model
00/00/0000	BZ	MERC	2006	2004
TYPE VEH.	MP	AX	WC	UNLADEN/GCW
37X	G	2	D	04020
TOTAL FEES PAID				\$197
				4100

REGISTERED
OWNER

DEISIEH MARWAN M
DBA DESOTO CAB CO
2635 TIPPERARY AVE
S SN FRANCISCO CA 94080-5357

LIENHOLDER

0



W0080
R0041
L0050

141101820075317

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

O4853279

RECEIVED

SEP 29 2008

SAN FRANCISCO
TAXI COMMISSION

Med 1030

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

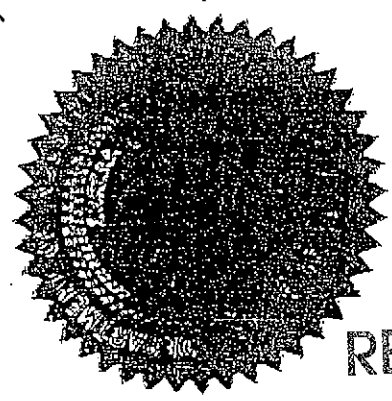
NUMBER 2282

CERTIFICATE OF CONSENT TO SELF-INSURE

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That (a California corporation) has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

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



EFFECTIVE:

THE 16th DAY OF June 19 2003

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

Chuck Cake

CHUCK CAKE

DIRECTOR

Mark B. Ashcraft

MANAGER

MARK B. ASHCRAFT

RECEIVED

SEP 29 2008

*Revocation of Certificate.—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of obligation against the employer to secure the compensation due; (b) Discharging his compensation obligations due or making it necessary for them to resort to proceedings obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

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) ELIAS NEGASH		Phone (510)
Residence Address (Street Address, City, State, Zip) OAKLAND, CA. 94605		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip) THE SAME		
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 COMFORT CAB	Business Address (Street Address, City, State, Zip) 999 PENNSYLVANIA AVE SAN FRANCISCO CA, 94107		
Business Phone (415) 641-1611	Medallion Number(s) 9069	<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):

GATE INCREASE AT DESOTO.

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 10th day of SEPTEMBER 22, 2008 at San Francisco, California

ELIAS NEGASH
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: JILCHA DURA SAMBI	Title: MANAGER
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 [Signature]	Date 09/22/08

*****OFFICE USE ONLY*****			
Agenda Notice Date 10.14.08	Hearing Date 10.28.08	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted SEP 22 2008
Received by: T.O	Receipt No. 404267	Amount 410. -	Date SEP 22 2008 SAN FRANCISCO TAXI COMMISSION

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? GATE INCREASE TO \$1050.

2. How have you been operating your medallion at your current color scheme? Circle one:

- a. Gas and Gates
☒ b. Color Scheme Only
c. Single Shift operated

3. How will you operate your medallion at the new color scheme? Circle one:

- a. Gas and Gates
☒ b. Color Scheme Only
c. Single shift operated

4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?

☐ Yes ☒ No

If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.

5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K? MONDAY THROUGH SATURDAY 11:30 A.M. TO

9 P.M.

I, ELIA NEGASH, acknowledge that in making this color scheme transfer to

COMFORT CAB, I will operate my medallion # 9069 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. E.N.
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). E.N.
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. E.N.
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. E.N.
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. E.N.
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. E.N.
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. E.N.

I have read and understood all of the above. I declare that I will operate my taxicab permit number 9069 in full compliance with the above stipulations.

Signature: Elia Negash

Date: 9/22/08

Department Witness: Jamara Eshale

Date: _____

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY

POLICY NUMBER

PLS000

YEAR

2005

AGENCY/COMPANY ISSUING CARD

NATIONAL INTERSTATE INSURANCE COMPANY

EFFECTIVE DATE

10/12/07

MAKE/MODEL

DODGE

EXPIRATION DATE

10/12/08

VEHICLE IDENTIFICATION NUMBER

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

INSURED

DESOTO CAB # 9069

SEITA & AUTOS FOR HIRE

555 SELBY ST

SAN FRANCISCO, CA 94124

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

POLICY NUMBER

PLS000

YEAR

2005

AGENCY/COMPANY ISSUING CARD

COMPANY

NATIONAL INTERSTATE INSURANCE COMPANY

EFFECTIVE DATE

10/12/07

MAKE/MODEL

DODGE

EXPIRATION DATE

10/12/08

VEHICLE IDENTIFICATION NUMBER

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

INSURED

DESOTO CAB # 9069

SEITA & AUTOS FOR HIRE

555 SELBY ST

SAN FRANCISCO, CA 94124

SEE IMPORTANT NOTICE ON REVERSE SIDE

RECEIVED

SEP 22 2008

SAN FRANCISCO
TAXI COMMISSION



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
DODG	2005	2004	DK	2005	32Y	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
VA	G	NX	2	D	04280		
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC			STICKER ISSUED
COMMERCIAL	10/11/07	01	10/11/07	8			L9573790
REGISTERED OWNER							PR EXP DATE: 10/31/2007
NEGASH ELIAS							AMOUNT PAID
							\$ 219.00

AMOUNT DUE	AMOUNT RECVD
\$ 219.00	CASH :
	CHCK : 219.00
	CRDT :

OAKLAND
CA 94605

LIENHOLDER
DAIMLERCHRYSLER SVCS NA LLC
PO BX 977

ROANOKE
TX 76262

I05 B02 5K 0021900 0037 CS I05 101107 31 7Y67035 483

Consent: Item E

Consideration of the Taxi Commission to grant a Time Waiver to:

Applicant Name:	List Number:	Type of Medallion:
1. Masoud Charsoughi	6-587	Ramp



SAN FRANCISCO POLICE DEPARTMENT

TAXICAB DETAIL

June 9, 2003

Masoud A. Charsoughi

Burlingame, CA 94010

List #: 6857 Position #: 626

Subject: Taxicab Permit Application

Dear Applicant:

Pursuant to Taxicab Commission Resolution #2000-29, you are now eligible to file an application for a "Ramped Taxicab Permit".

All persons accepting a "Ramped Taxicab Permit" will be required to personally drive and operate that permit for a minimum of three years.

If you are still interested in obtaining and operating a "Ramped Taxicab", please contact the Taxicab Detail by **July 9, 2003**. You may contact the detail by responding to the Hall of Justice, 850 Bryant Street, Room 458 or by calling the Detail at (415) 553-9844. You will then be given or sent the application package along with the appropriate reference materials.

Please note that current Municipal Police Code sections give a preference to those applicants who have been full-time drivers for the one year period immediately preceding the date of application. Under current Taxicab Commission guidelines, a "Full-time Driver" is defined as someone who has driven a minimum of 156 shifts of at least four hours in length in individual calendar days during the one year period immediately preceding the date of application. Additionally, as of April 2001, for those persons applying for a "Ramped Taxicab Medallion" the six months immediately preceding their application the driving requirement shall be met by driving a "Ramped Taxicab". The full-time driving requirement for the "Ramped Taxicab Medallion" would be a total of 156 shifts of which the 78 shifts of at least four hours for each shift during the six month period immediately preceding the filing of their application are in a Ramped taxicab. All ramp medallion applicants must be certified and provide the Ramp Taxi Operators Training Certificate. As with the Taxicab Medallion application, Ramped Taxicab Medallion applicants may file a "time-waiver" until such time the requirement is met.

Those persons who do not respond by filing an application or returning this form will be removed from the "Ramped Taxicab" waiting list thirty days after the date on this letter.

Sincerely,

Insp. Farrel Stelow
Taxicab Detail

I, _____, am not interested in obtaining a "Ramped Taxicab Permit". Please remove me from the "Ramped Taxicab Permit" waiting list.

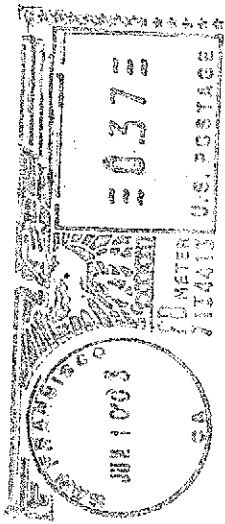
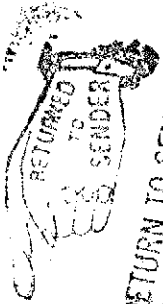
Signature _____ Date Signed _____

850 Bryant Street, Room 458, San Francisco, CA 94103

Phone No. (415) 553-9844 Fax No. (415) 553-7969

City and County of San Francisco
Chief of Police
Thomas J. Cahill Hall of Justice
850 Bryant Street
San Francisco, CA 94103

TAXI DETAIL



Moved 2 years ago

Masoud A. Charsoughi

Burlingame, CA 94010

94010+AT&A 029/4503

CITY AND COUNTY OF
SAN FRANCISCO



TAXI COMMISSION
MAYOR GAVIN NEWSOM

COMMISSIONERS TELEPHONE (415) 554-7737

PAUL GILLESPIE, PRESIDENT, ext. 3
PATRICIA BRESLIN, VICE PRESIDENT
RICHARD BENJAMIN, COMMISSIONER, ext. 1
MALCOLM HEINICKE, COMMISSIONER, ext. 4
BRUCE OKA, COMMISSIONER, ext. 5
TOM ONETO, COMMISSIONER, ext. 6
MIN PAEK, COMMISSIONER, ext. 7

HEIDI MACHEN, EXECUTIVE DIRECTOR

Masoud A. Charsoughi

Burlingame, CA 94401

October 15, 2007

Subject: Notice of Ineligibility for a Ramped Taxicab Medallion Permit, List# 6-857

Dear Masoud A. Charsoughi,

As of the date on this letter, you have not responded to the ramped taxicab medallion permit offer letter.

The San Francisco Taxicab Commission has recommended to declare you ineligible for a Ramp Taxicab Medallion in accordance with Municipal Police Code Section 1080(c)(2) for failure to respond and/or submit an application for a Ramped Taxicab Medallion Permit.

Please note that this does not change your position number on the waiting list for a regular medallion.

A hearing on this matter will be held in City Hall, Room 400, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA at 6:30 PM on Tuesday, November 13, 2007.

If you wish to contest this decision, please submit documents in advance to the Taxi Commission Office and/or plan to speak at the scheduled hearing.


If you have any further questions regarding this matter, please contact us at (415) 503-2180.

Sincerely,

A handwritten signature in black ink, appearing to read "Heidi Machen", written over a horizontal line.

Heidi Machen
Executive Director

cc: Taxi Detail

UNITED STATES POSTAGE

 PERMIT NO. 1000 NEW YORK, NY
 POSTAL SERVICE
 02 1M \$00.410
 0004236051 OCT 12 2007
 MAILED FROM ZIP CODE 94103

NIXIE
SAT DE 1 00 10/18/07

BG: 24102603530
 * 1040-1091-13-41

Country	Year	Value
Algeria	1990	0.0000
Algeria	1991	0.0000
Algeria	1992	0.0000
Algeria	1993	0.0000
Algeria	1994	0.0000
Algeria	1995	0.0000
Algeria	1996	0.0000
Algeria	1997	0.0000
Algeria	1998	0.0000
Algeria	1999	0.0000
Algeria	2000	0.0000
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Algeria	2005	0.0000
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Algeria	2007	0.0000
Algeria	2008	0.0000
Algeria	2009	0.0000
Algeria	2010	0.0000
Algeria	2011	0.0000
Algeria	2012	0.0000
Algeria	2013	0.0000
Algeria	2014	0.0000
Algeria	2015	0.0000
Algeria	2016	0.0000
Algeria	2017	0.0000
Algeria	2018	0.0000
Algeria	2019	0.0000
Algeria	2020	0.0000
Algeria	2021	0.0000
Algeria	2022	0.0000
Algeria	2023	0.0000
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Algeria	2025	0.0000
Algeria	2026	0.0000
Algeria	2027	0.0000
Algeria	2028	0.0000
Algeria	2029	0.0000
Algeria	2030	0.0000
Algeria	2031	0.0000
Algeria	2032	0.0000
Algeria	2033	0.0000
Algeria	2034	0.0000
Algeria	2035	0.0000
Algeria	2036	0.0000
Algeria	2037	0.0000
Algeria	2038	0.0000
Algeria	2039	0.0000
Algeria	2040	0.0000
Algeria	2041	0.0000
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CITY AND COUNTY OF
SAN FRANCISCO



TAXI COMMISSION
MAYOR GAVIN C. NEWSOM

COMMISSIONERS TELEPHONE (415) 554-7737

PAUL GILLESPIE, PRESIDENT, ext. 3
PATRICIA BRESLIN, VICE PRESIDENT
RICHARD BENJAMIN, COMMISSIONER, ext. 1
MALCOLM HEINICKE, COMMISSIONER, ext. 4
BRUCE OKA, COMMISSIONER, ext. 5
TOM ONETO, COMMISSIONER, ext. 6
MIN PAEK, COMMISSIONER, ext. 7

HEIDI MACHEN, EXECUTIVE DIRECTOR

Masoud A. Charsoughi

Burlingame, CA 94401

September 21, 2007

Subject: Ramped Taxicab Permit Application, List# 6-857

Dear Masoud A. Charsoughi,

Pursuant to Taxicab Commission Resolution# 2000-29, you may now be eligible to file an application for a "Ramped Taxicab Permit". All persons accepting a "Ramped Taxicab Permit" will be required to personally drive and operate that permit for a minimum of three years before requesting to leave the program.

If you are still interested in obtaining and operating a "Ramped Taxicab", please contact the Taxi Commission Office by **October 12, 2007**. **THIS LETTER IS YOUR ONLY NOTIFICATION.** Applicants must respond by choosing one of the two options:

1.) If you are interested, contact the Taxi Commission Office and file an application for a Ramped Taxicab Permit at: 25 Van Ness Avenue, Suite 420, San Francisco, CA or call (415) 503-2180. You will then be given or mailed an application package along with the appropriate reference materials if you are eligible.

2.) If you are *not* interested, print your name and sign below and return this form to the Taxi Commission Office: 25 Van Ness Avenue, Suite 420, San Francisco, CA 94102.

I, _____, am not interested in obtaining a "Ramped Taxicab Permit". Please
Print Name
consider me ineligible for a "Ramped Taxicab Permit".

Signature _____ Date Signed _____

Applicants who do not respond by complying with one of the above will be considered ineligible for a "Ramped Taxicab" permit.

Please note that current Municipal Police Code sections give a preference to those applicants who are full-time drivers. **If you are heard by the Commission in the year 2007, you will need to have been a full-time driver for three (3) of the following calendar years: 2004, 2005, 2006 or 2007. Your application must be turned in no later than November 1, 2007 to be heard this year.** Under current Taxicab Commission guidelines, a "Full-time Driver" is defined as someone who has driven a minimum of 156 shifts, of at least four hours in length, in individual calendar days or at least 800 hours in a calendar year. **In addition to the above full-time driving requirement, applicants are required to have a total of 78 shifts (of the 156 shifts) or at least 400 hours (of the 800 hours) and 100 wheelchair pickups in a Ramped taxicab during the six months immediately preceding the filing of the application. All ramp taxicab medallion applicants must be certified and provide the Ramp Taxi Operators Training Certificate.**

If Ramped Taxicab Medallion applicants do not meet the requirements, they may request a "time waiver" with

the Taxi Commission at 25 Van Ness Avenue, Suite 420, San Francisco, CA 94102. The "time waiver" is good for up to one year only and will hold your position until you have completed the requirements. It does not guarantee a ramped taxicab permit. If you do not complete the requirements, you will be considered ineligible for the "Ramped Taxicab" permit.

Below is a list of what you can expect once you have replied to this offer letter:

1. Applications and Verification of the Driving Requirement

After you have responded to this letter by the given deadline, go to the Taxi Commission office to pick up your packet. Staff will explain the process to you and you will be given 30 days to complete the necessary applications and turn in your verification of the driving requirement (waybills).

2. Turn in Waybills!!

Contact your company to obtain all original waybills for three of the following four years: 2004, 2005, 2006 or 2007. It is very important that you turn in your waybills before your appointment for your test.

3. Taxi Driver Test

After you have turned in your waybills, call the Taxi Commission office to schedule an appointment to take your taxi driver test. You must have an appointment to take the test, no exceptions.

4. Paratransit Coordinating Council Interview

In addition to the requirements listed above, once your application process has been completed you will be required to schedule an interview with the Paratransit Coordinating Council. The Paratransit Coordinating Council, Muni's community advisory body on paratransit-related issues, will provide the Taxi Commission with a recommendation on your application. The Taxi Commission will schedule you for an appointment on one of the three dates listed below. The appointment will last approximately ½ hour and will be scheduled on a first come first serve basis.

Paratransit Coordinating Council Interview Dates:

- October 19, 2007 from 10:30 – 12:30pm
- October 26, 2007 from 10:30 – 12:30pm
- November 9, 2007 from 10:30 – 12:30pm

The location of the interview will be at: Paratransit Office, 68 – 12th Street, San Francisco.

***If you are able to provide references from up to three of your regular paratransit users, please do so.**

Note that your inability to provide these references will not negatively affect your recommendation from the PCC but could be a good source of additional information.

Notice and Hearing

After all the above has been completed, you will be noticed on the next available Taxi Commission meeting and scheduled for a hearing. A Taxi Commission staff member will provide you with the date and time of the hearing. Note: Taxi Commission meetings are held every 2nd and 4th Tuesday of each month at 6:30pm in City Hall, Room 400 unless otherwise posted.

Pick Up Medallion

If the Commissioners vote to grant you a medallion, you may pick up the medallion the day after the meeting at the Taxi Commission office, 25 Van Ness Ave., Ste. 420, San Francisco.

Sincerely,



Heidi Machen
Executive Director
cc: Taxi Detail

San Francisco Taxi Commission
25 Van Ness Ave #420
San Francisco, CA 94102

Masoud A. Charsoughi
Burlingame, CA 94401

9401 2405205205

PRESORTED
FIRST CLASS



U.S. POSTAGE
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METERZ16251

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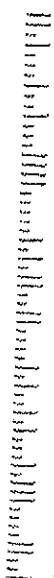
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RETURN TO SENDER
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UNABLE TO FORWARD

BC: 9410240520

*0740-05618-29-31



Consent: Item F

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



Request to Shift Change/Park at Alternate Location

Today's Date: 6/14/08 Medallion Number: 7 Rudy 9 paces
Medallion Holder: _____ Manager: Keith Faskin
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

RECEIVED

JUN 19 2008

SAN FRANCISCO
TAXI COMMISSION

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: Scott Leon

☐ Other: _____

**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

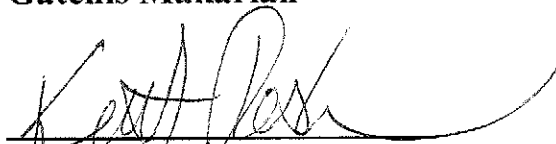
RE: Request for alternative parking

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

RECEIVED

JUN 19 2008

**SAN FRANCISCO
TAXI COMMISSION**

COMMERCIAL LEASE AND DEPOSIT RECEIPT

RECEIVED FROM Keith RASKIN, AND MARCINE RASKIN, hereinafter referred to as LESSEE, the sum of \$ 500.00 (Five Hundred & No/100) dollars), evidenced by _____, as a deposit which shall belong to Lessor and shall be applied as follows:

	TOTAL	RECEIVED	BALANCE DUE PRIOR TO OCCUPANCY
Rent for the period from <u>FEB 5</u> to <u>MARCH 4, 2004</u>	\$ <u>500.00</u>	\$ <u>500.00</u>	\$ <u>—</u>
Security deposit (not applicable toward last month's rent)	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
Other	\$ <u>—</u>	\$ <u>—</u>	\$ <u>—</u>
TOTAL	\$ <u>500.00</u>	\$ <u>500.00</u>	\$ <u>—</u>

In the event this Lease is not accepted by the Lessor within 0 days, the total deposit received will be refunded.

Lessee offers to lease from Lessor the premises situated in the City of SAN FRANCISCO County of SAN FRANCISCO, State of CALIF, described as 2560 MARIN STREET - SPACE A upon the following terms and conditions:

- TERM:** The term will commence on FEB 5 2004, and end on FEB 4 2005.
- RENT:** The total rent will be \$ 6,000.00, payable as follows: 500.00 per month for SPACE A and (4) FOUR PARKING SPACES: (1) SPACE FOR TRAILER, 3 SPACES FOR CARS. (See Schedule)

All rents will be paid to Lessor or his/her authorized agent, at the following address:

2560 MARIN STREET, SAN FRANCISCO, CA 94124

or at such other places as may be designated by Lessor from time to time. In the event rent is not paid within 5 days after due date, Lessee agrees to pay a late charge of \$ 50.00 plus interest at 10 % per annum on the delinquent amount. Lessee further agrees to pay \$ 100.00 for each dishonored bank check. The late charge period is not a grace period, and Lessor is entitled to make written demand for any rent if not paid when due.

- USE:** The premises are to be used for the operation of OFFICE OF W.W.C. NATIONAL CORP. DBA World Wide and for no other purpose, without prior written consent of Lessor. Lessee will not commit any waste upon the premises, or any nuisance or act which may disturb the quiet enjoyment of any tenant in the building.

- USES PROHIBITED:** Lessee will not use any portion of the premises for purposes other than those specified. No use will be made or permitted to be made upon the premises, nor acts done, which will increase the existing rate of insurance upon the property, or cause cancellation of insurance policies covering the property. Lessee will not conduct or permit any sale by auction on the premises.

- ASSIGNMENT AND SUBLETTING:** Lessee will not assign this Lease or sublet any portion of the premises without prior written consent of the Lessor, which will not be unreasonably withheld. Any such assignment or subletting without consent will be void and, at the option of the Lessor, will terminate this Lease.

- ORDINANCES AND STATUTES:** Lessee will comply with all statutes, ordinances, and requirements of all municipal, state and federal authorities now in force, or which may later be in force, regarding the use of the premises. The commencement or pendency of any state or federal court abatement proceeding affecting the use of the premises will, at the option of the Lessor, be deemed a breach of this Lease.

- MAINTENANCE, REPAIRS, ALTERATIONS:** Unless otherwise indicated, Lessee acknowledges that the premises are in good order and repair. Lessee shall, at his/her own expense, maintain the premises in a good and safe condition, including plate glass, electrical wiring, plumbing and heating and air conditioning installations, and any other system or equipment. The premises will be surrendered, at termination of the Lease, in as good condition as received, normal wear and tear excepted. Lessee will be responsible for all repairs required, except the following which will be maintained by Lessor: roof, exterior walls, structural foundations (including any retrofitting required by governmental authorities) and: ALL work to be done BETWEEN HOURS OF 10:00 PM thru 6:00 AM

Lessee will also maintain in good condition property adjacent to the premises, such as sidewalks, driveways, lawns, and shrubbery, which would otherwise be maintained by Lessor.

No improvement or alteration of the premises will be made without the prior written consent of the Lessor. Prior to the commencement of any substantial repair, improvement, or alteration, Lessee will give Lessor at least two (2) days written notice in order that Lessor may post appropriate notices to avoid any liability for liens.

- ENTRY AND INSPECTION:** Lessee will permit Lessor or Lessor's agents to enter the premises at reasonable times and upon reasonable notice for the purpose of inspecting the premises, and will permit Lessor, at any time within sixty (60) days prior to the expiration of this Lease, to place upon the premises any usual "For Lease" signs, and permit persons desiring to lease the premises to inspect the premises at reasonable times.

- INDEMNIFICATION OF LESSOR:** Lessor will not be liable for any damage or injury to Lessee, or any other person, or to any property, occurring on the premises. Lessee agrees to hold Lessor harmless from any claims for damages arising out of Lessee's use of the premises, and to indemnify Lessor for any expense incurred by Lessor in defending any such claims.

- POSSESSION:** If Lessor is unable to deliver possession of the premises at the commencement date set forth above, Lessor will not be liable for any damage caused by the delay, nor will this Lease be void or voidable, but Lessee will not be liable for any rent until possession is delivered. Lessee may terminate this Lease if possession is not delivered within 7 days of the commencement term in Item 1.

- LESSEE'S INSURANCE:** Lessee, at his/her expense, will maintain plate glass, public liability, and property damage insurance insuring Lessee and Lessor with minimum coverage as follows: Wes Schenkel - \$1,000,000.00

Lessee will provide Lessor with a Certificate of Insurance showing Lessor as additional insured. The policy will require ten (10) day's written notice to Lessor prior to cancellation or material change of coverage.

- LESSOR'S INSURANCE:** Lessor will maintain hazard insurance covering one hundred percent (100%) actual cash value of the improvements throughout the Lease term. Lessor's insurance will not insure Lessee's personal property, leasehold improvements, or trade fixtures.

- SUBROGATION:** To the maximum extent permitted by insurance policies which may be owned by the parties, Lessor and Lessee waive any and all rights of subrogation which might otherwise exist.

- UTILITIES:** Lessee agrees that he/she will be responsible for the payment of all utilities, including water, gas, electricity, heat and other services delivered to the premises, except: Electric Charge will be determined to Schedule 1

- SIGNS:** Lessee will not place, maintain, nor permit any sign or awning on any exterior door, wall, or window of the premises without the express written consent of Lessor, which will not be unreasonably withheld.

- ABANDONMENT OF PREMISES:** Lessee will not vacate or abandon the premises at any time during the term of this Lease. If Lessee does abandon or vacate the premises, or is dispossessed by process of law, or otherwise, any personal property belonging to Lessee left on the premises will be deemed to be abandoned, at the option of Lessor.

- CONDEMNATION:** If any part of the premises is condemned for public use, and a part remains which is susceptible of occupation by Lessee, this Lease will, as to the part taken, terminate as of the date the condemnor acquires possession. Lessee will be required to pay such proportion of the rent for the remaining term as the value of the premises remaining bears to the total value of the premises at the date of condemnation; provided, however, that Lessor may at his/her option, terminate this Lease as of the date the condemnor acquires possession. In the event that the premises are condemned in whole, or the remainder is not susceptible for use by the Lessee, this Lease will terminate upon the date which the

Quiet Time Only in Sign Area 10' MINIMUM.

6. **ORDINANCES AND STATUTES:** Lessee will comply with all statutes, ordinances, and requirements of all municipal, state and federal authorities now in force, or which may later be in force, regarding the use of the premises. The commencement or pendency of any state or federal court abatement proceeding affecting the use of the premises will, at the option of the Lessor, be deemed a breach of this Lease.
7. **MAINTENANCE, REPAIRS, ALTERATIONS:** Unless otherwise indicated, Lessee acknowledges that the premises are in good order and repair. Lessee shall, at his/her own expense, maintain the premises in a good and safe condition, including plate glass, electrical wiring, plumbing and heating and air conditioning installations, and any other system or equipment. The premises will be surrendered, at termination of the Lease, in as good condition as received, normal wear and tear excepted. Lessee will be responsible for all repairs required, except the following which will be maintained by Lessor: roof, exterior walls, structural foundations (including any retrofitting required by governmental authorities) and: ALL work to be done between hours of 10:00 PM thru 6:00 AM
- Lessee will also maintain in good condition property adjacent to the premises, such as sidewalks, driveways, lawns, and shrubbery, which would otherwise be maintained by Lessor.
- No improvement or alteration of the premises will be made without the prior written consent of the Lessor. Prior to the commencement of any substantial repair, improvement, or alteration, Lessee will give Lessor at least two (2) days written notice in order that Lessor may post appropriate notices to avoid any liability for liens.
8. **ENTRY AND INSPECTION:** Lessee will permit Lessor or Lessor's agents to enter the premises at reasonable times and upon reasonable notice for the purpose of inspecting the premises, and will permit Lessor, at any time within sixty (60) days prior to the expiration of this Lease, to place upon the premises any usual "For Lease" signs, and permit persons desiring to lease the premises to inspect the premises at reasonable times.
9. **INDEMNIFICATION OF LESSOR:** Lessor will not be liable for any damage or injury to Lessee, or any other person, or to any property, occurring on the premises. Lessee agrees to hold Lessor harmless from any claims for damages arising out of Lessee's use of the premises, and to indemnify Lessor for any expense incurred by Lessor in defending any such claims.
10. **POSSESSION:** If Lessor is unable to deliver possession of the premises at the commencement date set forth above, Lessor will not be liable for any damage caused by the delay, nor will this Lease be void or voidable, but Lessee will not be liable for any rent until possession is delivered. Lessee may terminate this Lease if possession is not delivered within 7 days of the commencement term in Item 1.
11. **LESSEE'S INSURANCE:** Lessee, at his/her expense, will maintain plate glass, public liability, and property damage insurance insuring Lessee and Lessor with minimum coverage as follows: Kross Schedule - \$1,000,000.00
- Lessee will provide Lessor with a Certificate of Insurance showing Lessor as additional insured. The policy will require ten (10) day's written notice to Lessor prior to cancellation or material change of coverage.
12. **LESSOR'S INSURANCE:** Lessor will maintain hazard insurance covering one hundred percent (100%) actual cash value of the improvements throughout the Lease term. Lessor's insurance will not insure Lessee's personal property, leasehold improvements, or trade fixtures.
13. **SUBROGATION:** To the maximum extent permitted by insurance policies which may be owned by the parties, Lessor and Lessee waive any and all rights of subrogation which might otherwise exist.
14. **UTILITIES:** Lessee agrees that he/she will be responsible for the payment of all utilities, including water, gas, electricity, heat and other services delivered to the premises, except: Electric Charge will be determined in Schedule 1
15. **SIGNS:** Lessee will not place, maintain, nor permit any sign or awning on any exterior door, wall, or window of the premises without the express written consent of Lessor, which will not be unreasonably withheld.
16. **ABANDONMENT OF PREMISES:** Lessee will not vacate or abandon the premises at any time during the term of this Lease. If Lessee does abandon or vacate the premises, or is dispossessed by process of law, or otherwise, any personal property belonging to Lessee left on the premises will be deemed to be abandoned, at the option of Lessor.
17. **CONDEMNATION:** If any part of the premises is condemned for public use, and a part remains which is susceptible of occupation by Lessee, this Lease will, as to the part taken, terminate as of the date the condemnor acquires possession. Lessee will be required to pay such proportion of the rent for the remaining term as the value of the premises remaining bears to the total value of the premises at the date of condemnation; provided, however, that Lessor may at his/her option, terminate this Lease as of the date the condemnor acquires possession. In the event that the premises are condemned in whole, or the remainder is not susceptible for use by the Lessee, this Lease will terminate upon the date which the condemnor acquires possession. All sums which may be payable on account of any condemnation will belong solely to the Lessor; except that Lessee will be entitled to retain any amount awarded to him/her for his/her trade fixtures or moving expenses.
18. **TRADE FIXTURES:** Any and all improvements made to the premises during the term will belong to the Lessor, except trade fixtures of the Lessee. Lessee may, upon termination, remove all his/her trade fixtures, but will pay for all costs necessary to repair any damage to the premises occasioned by the removal.
19. **DESTRUCTION OF PREMISES:** In the event of a partial destruction of the premises during the term, from any cause, Lessor will promptly repair the premises, provided that such repairs can be reasonably made within sixty (60) days. Such partial destruction will not terminate this Lease, except that Lessee will be entitled to a proportionate reduction of rent while such repairs are being made, based upon the extent to which the making of such repairs interferes with the business of Lessee on the premises. If the repairs cannot be made within sixty (60) days, this Lease may be terminated at the option of either party by giving written notice to the other party within the sixty (60) day period.
20. **HAZARDOUS MATERIALS:** Lessee will not use, store, or dispose of any hazardous substances upon the premises, except the use and storage of such substances that are customarily used in Lessee's business, and are in compliance with all environmental laws. Hazardous substances means any hazardous waste, substance or toxic materials regulated under any environmental laws or regulations applicable to the property. Lessee will be responsible for the cost of removal of any toxic contamination caused by lessee's use of the premises.
21. **INSOLVENCY:** The appointment of a receiver, an assignment for the benefits of creditors, or the filing of a petition in bankruptcy by or against Lessee, will constitute a breach of this Lease by Lessee.

- 22. DEFAULT:** In the event of any breach of this Lease by Lessee, Lessor may, at his/her option, terminate the Lease and recover from Lessor the amount of the unpaid rent which has been earned at the time of termination; (b) the worth at the time of award of the unpaid rent which would have been earned after termination until the time of the award exceeds the amount of such rent; (c) the worth at the time of award of the amount by which the unpaid rent for the term after the time of award exceeds the amount of such rental loss that the Lessee proves could be reasonably avoided; and (d) any amount necessary to compensate Lessor for all the detriment proximately caused by the Lessee's failure to perform his/her obligations under the Lease or which in the ordinary course of things would be likely to result therefrom.
- Lessor may, in the alternative, continue this Lease in effect, as long as Lessor does not terminate Lessee's right to possession, and Lessor may enforce all of Lessor's rights and remedies under the Lease, including the right to recover the rent as it becomes due under the Lease. If said breach of Lease continues, Lessor may, at any time thereafter, elect to terminate the Lease.
- These provisions will not limit any other rights or remedies which Lessor may have.
- 23. SECURITY:** The security deposit will secure the performance of the Lessee's obligations. Lessor may, but will not be obligated to, apply all or portions of the deposit on account of Lessee's obligations. Any balance remaining upon termination will be returned to Lessee. Lessee will not have the right to apply the security deposit in payment of the last month's rent.
- 24. DEPOSIT REFUNDS:** The balance of all deposits will be refunded within three weeks (or as otherwise required by law), from date possession is delivered to Lessor or his/her authorized agent, together with a statement showing any charges made against the deposits by Lessor.
- 25. ATTORNEY FEES:** In any action or proceeding involving a dispute between Lessor and Lessee arising out of this Lease, the prevailing party will be entitled to reasonable attorney fees.
- 26. WAIVER:** No failure of Lessor to enforce any term of this Lease will be deemed to be a waiver.
- 27. NOTICES:** Any notice which either party may or is required to give, will be given by mailing the notice, postage prepaid, to Lessee at the premises, or to Lessor at the address shown in Item 2, or at such other places as may be designated in writing by the parties from time to time. Notice will be effective five days after mailing, or on personal delivery, or when receipt is acknowledged in writing.
- 28. HOLDING OVER:** Any holding over after the expiration of this Lease, with the consent of Owner, will be a month-to-month tenancy at a monthly rent of \$ 225.00, payable in advance and otherwise subject to the terms of this Lease, as applicable, until either party will terminate the tenancy by giving the other party thirty (30) days written notice.
- 29. TIME:** Time is of the essence of this Lease.
- 30. HEIRS, ASSIGNS, SUCCESSORS:** This Lease is binding upon and inures to the benefit of the heirs, assigns, and successors of the parties.
- 31. TAX INCREASE:** In the event there is any increase during any year of the term of this Lease in real estate taxes over and above the amount of such taxes assessed for the tax year during which the term of this Lease commences, Lessee will pay to Lessor an amount equal to 10 % of the increase in taxes upon the land and building in which the leased premises are situated. In the event that such taxes are assessed for a tax year extending beyond the term of the Lease, the obligation of Lessee will be prorated. Lessee will not be responsible for any tax increase occasioned solely by a sale or transfer of the premises by Lessor.
- 32. COST OF LIVING INCREASE:** The rent provided for in Item 2 will be adjusted effective upon the first day of the month immediately following the expiration of 12 months from date of commencement of the term, and upon the expiration of each 12 months thereafter, in accordance with changes in the U.S. Consumer Price Index for All Urban Consumers (1982-84 = 100) ("CPI"). The monthly rent will be increased to an amount equal to the monthly rent set forth in Item 2, multiplied by a fraction the numerator of which is the CPI for the second calendar month immediately preceding the adjustment date, and the denominator of which is the CPI for the second calendar month preceding the commencement of the Lease term; provided, however, that the monthly rent will not be less than the amount set forth in Item 2.
- 33. OPTION TO RENEW:** Provided that Lessee is not in default in the performance of this Lease, Lessee will have the option to renew the Lease for an additional term of 12 months commencing at the expiration of the initial Lease term. All of the terms and conditions of the Lease will apply during the renewal term, except that the monthly rent will be the sum of \$ 325.00 which will be adjusted in accordance with the cost of living increase provision set forth in Item 32.
- The option will be exercised by written notice given to Lessor not less than 60 days prior to the expiration of the initial Lease term. If notice is not given within the time specified, this Option will expire.
- 34. AMERICANS WITH DISABILITIES ACT:** The parties are alerted to the existence of the Americans With Disabilities Act, which may require costly structural modifications. The parties are advised to consult with a professional familiar with the requirements of the Act.
- 35. LESSOR'S LIABILITY:** In the event of a transfer of Lessor's title or interest to the property during the term of this Lease, Lessee agrees that the grantee of such title or interest will be substituted as the Lessor under this Lease, and the original Lessor will be released of all further liability; provided, that all deposits will be transferred to the grantee.
- 36. ESTOPPEL CERTIFICATE:**
- (a) On ten (10) days prior written notice from Lessor, Lessee will execute, acknowledge, and deliver to Lessor a statement in writing: [1] certifying that this Lease is unmodified and in full force and effect (or, if modified, stating the nature of such modification and certifying that this Lease, as so modified, is in full force and effect), the amount of any security deposit, and the date to which the rent and other charges are paid in advance, if any; and [2] acknowledging that there are not, to Lessee's knowledge, any uncured defaults on the part of Lessor, or specifying such defaults if any are claimed. Any such statement may be conclusively relied upon by any prospective buyer or encumbrancer of the premises.
- (b) At Lessor's option, Lessee's failure to deliver such statement within such time will be a material breach of this Lease or will be conclusive upon Lessee: [1] that this Lease is in full force and effect, without modification except as may be represented by Lessor; [2] that there are no uncured defaults in Lessor's performance; and [3] that not more than one month's rent has been paid in advance.
- (c) If Lessor desires to finance, refinance, or sell the premises, or any part thereof, Lessee agrees to deliver to any lender or buyer designated by Lessor such financial statements of Lessee as may be reasonably required by such lender or buyer. All financial statements will be received by the Lessor or the lender or buyer in confidence and will be used only for the purposes set forth.
- 37. ENTIRE AGREEMENT:** The foregoing constitutes the entire agreement between the parties and may be modified only in writing signed by all parties. The following exhibits are a part of this Lease:
- Exhibit A: Monthly Billing for Electricity \$59.00 min
- Exhibit B: Parking for one (1) Trailer and (3) Three Cars
- Exhibit C: _____

The undersigned Lessee acknowledges that he/she has thoroughly read and approved each of the provisions contained in this Offer, and agrees to the terms and conditions specified.

Lessee [Signature] Date 2/1/04 Lessee _____ Date _____

Receipt for deposit acknowledged by: _____ Date _____

ACCEPTANCE

The undersigned Lessor accepts the foregoing Offer and agrees to lease the premises on the terms and conditions set forth above.

NOTICE: The amount or rate of real estate commissions is not fixed by law. They are set by each broker individually and may be negotiable between the owner and broker.

The Lessor agrees to pay to _____, the Broker in this transaction, the sum of \$ _____ for services rendered and authorizes Broker to deduct said sum from the deposit received from Lessee.

be effective five days after mailing, or on personal delivery, or when receipt is acknowledged in writing.

28. **HOLDING OVER:** Any holding over after the expiration of this Lease, with the consent of Owner, will be a month-to-month tenancy at a monthly rent of \$ 325.00, payable in advance and otherwise subject to the terms of this Lease, as applicable, until either party will terminate the tenancy by giving the other party thirty (30) days written notice.

29. **TIME:** Time is of the essence of this Lease.

30. **HEIRS, ASSIGNS, SUCCESSORS:** This Lease is binding upon and inures to the benefit of the heirs, assigns, and successors of the parties.

31. **TAX INCREASE:** In the event there is any increase during any year of the term of this Lease in real estate taxes over and above the amount of such taxes assessed for the tax year during which the term of this Lease commences, Lessee will pay to Lessor an amount equal to 10 % of the increase in taxes upon the land and building in which the leased premises are situated. In the event that such taxes are assessed for a tax year extending beyond the term of the Lease, the obligation of Lessee will be prorated. Lessee will not be responsible for any tax increase occasioned solely by a sale or transfer of the premises by Lessor.

32. **COST OF LIVING INCREASE:** The rent provided for in Item 2 will be adjusted effective upon the first day of the month immediately following the expiration of 12 months from date of commencement of the term, and upon the expiration of each 12 months thereafter, in accordance with changes in the U.S. Consumer Price Index for All Urban Consumers (1982-84 = 100) ("CPI"). The monthly rent will be increased to an amount equal to the monthly rent set forth in Item 2, multiplied by a fraction the numerator of which is the CPI for the second calendar month immediately preceding the adjustment date, and the denominator of which is the CPI for the second calendar month preceding the commencement of the Lease term; provided, however, that the monthly rent will not be less than the amount set forth in Item 2.

33. **OPTION TO RENEW:** Provided that Lessee is not in default in the performance of this Lease, Lessee will have the option to renew the Lease for an additional term of 12 months commencing at the expiration of the initial Lease term. All of the terms and conditions of the Lease will apply during the renewal term, except that the monthly rent will be the sum of \$ 325.00 which will be adjusted in accordance with the cost of living increase provision set forth in Item 32.

The option will be exercised by written notice given to Lessor not less than 60 days prior to the expiration of the initial Lease term. If notice is not given within the time specified, this Option will expire.

34. **AMERICANS WITH DISABILITIES ACT:** The parties are alerted to the existence of the Americans With Disabilities Act, which may require costly structural modifications. The parties are advised to consult with a professional familiar with the requirements of the Act.

35. **LESSOR'S LIABILITY:** In the event of a transfer of Lessor's title or interest to the property during the term of this Lease, Lessee agrees that the grantee of such title or interest will be substituted as the Lessor under this Lease, and the original Lessor will be released of all further liability; provided, that all deposits will be transferred to the grantee.

36. **ESTOPPEL CERTIFICATE:**

(a) On ten (10) days prior written notice from Lessor, Lessee will execute, acknowledge, and deliver to Lessor a statement in writing: [1] certifying that this Lease is unmodified and in full force and effect (or, if modified, stating the nature of such modification and certifying that this Lease, as so modified, is in full force and effect), the amount of any security deposit, and the date to which the rent and other charges are paid in advance, if any; and [2] acknowledging that there are not, to Lessee's knowledge, any uncured defaults on the part of Lessor, or specifying such defaults if any are claimed. Any such statement may be conclusively relied upon by any prospective buyer or encumbrancer of the premises.

(b) At Lessor's option, Lessee's failure to deliver such statement within such time will be a material breach of this Lease or will be conclusive upon Lessee: [1] that this Lease is in full force and effect, without modification except as may be represented by Lessor; [2] that there are no uncured defaults in Lessor's performance; and [3] that not more than one month's rent has been paid in advance.

(c) If Lessor desires to finance, refinance, or sell the premises, or any part thereof, Lessee agrees to deliver to any lender or buyer designated by Lessor such financial statements of Lessee as may be reasonably required by such lender or buyer. All financial statements will be received by the Lessor or the lender or buyer in confidence and will be used only for the purposes set forth.

37. **ENTIRE AGREEMENT:** The foregoing constitutes the entire agreement between the parties and may be modified only in writing signed by all parties. The following exhibits are a part of this Lease:

Exhibit A: Monthly Billing for Electricity \$59.00 min

Exhibit B: Parking for one (1) Trailer and (3) Three Cars

Exhibit C: _____

The undersigned Lessee acknowledges that he/she has thoroughly read and approved each of the provisions contained in this Offer, and agrees to the terms and conditions specified.

Lessee [Signature] Date 2/1/04

Lessee _____ Date _____

Receipt for deposit acknowledged by: _____ Date _____

ACCEPTANCE

The undersigned Lessor accepts the foregoing Offer and agrees to lease the premises on the terms and conditions set forth above.

NOTICE: The amount or rate of real estate commissions is not fixed by law. They are set by each broker individually and may be negotiable between the owner and broker.

The Lessor agrees to pay to _____, the Broker in this transaction, the sum of \$ _____ for services rendered and authorizes Broker to deduct said sum from the deposit received from Lessee.

In the event the Lease is extended for a definite period of time or on a month-to-month basis after expiration of the original term, Lessor will pay to Broker an additional commission of _____ % of the total rental for the extended period. This commission will be due and payable at the commencement of the extended period if for a fixed term, or if on a month-to-month basis, at the termination of Lessee's occupancy or one year, whichever is earlier.

In any action for commission, the prevailing party will be entitled to reasonable attorney fees.

Lessor [Signature] Date 2/1/04

Lessor _____ Date _____

Lessee acknowledges receipt of a copy of the accepted Lease.

Lessee _____ Date _____

Lessee _____ Date _____

Rev. by _____
Date _____