

# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>HERBERT GEE</b>		Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address City State Zip) <b>SAN FRANCISCO, CA. 94115</b>			
Mailing Address (if different than residence address)			
Residence Phone Number: <b>(415)</b>		Alternate Phone Number: <b>(415)</b>	
Hours Available at this Number: <b>6 PM - 7 AM 7 DAYS A WK</b>		Hours Available at this Number: <b>ALWAYS</b>	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth <b>ST. LOUIS, MISSOURI.</b>			
Race (Optional)	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height <b>6'5"</b>	Weight <b>249</b>
		Eye Color <b>BROWN</b>	Hair Color <b>BLACK.</b>
Color Scheme / Business Name <b>LUXOR CAB Co.</b>		Business Number <b>(415) 282-1224</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>2230 JERROLD AVENUE, SAN FRANCISCO, CA 94124.</b>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes -Date permit was issued: <b>CURRENT EXP. DATE 12/31/08</b> Permit #: <b>P44-050741</b>			
Has this permit ever been revoked?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): <b>SEE ATTACHED</b>			

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OFFICE USE ONLY			
Received by <b>Danella</b>	Receipt No. <b>404320</b>	Amount <b>4523-</b>	Date <b>OCT 30 2008</b>
Notice Date: <b>11/25/08</b>	Hearing Date: <b>12/09/08</b>		<b>SAN FRANCISCO</b>

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
8.98	CURRENT	SAN FRANCISCO, CA 94115

How long have you lived within a 30 mile radius of San Francisco? 34 years 3 months

How many years driving experience do you have in San Francisco? 34 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
11.07	CURRENT	LUXOR CAB Co.	2230 JERROLD AVE., S.F.	TAXICAB DRIVER
09.07	11.07.	METRO CAB	2121 EVANS, SF, CA, 94124.	TAXI CAB DRIVER.
05.06	09.07	LUXOR CAB	2230 JERROLD AVE, SF, CA 94124	TAXICAB DRIVER.
04.93	05.06	DESOTO CAB Co.	555 SHELBY, S.F., CA. 94124	TAXICAB 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

As a taxicab driver for the past seventeen years, I have demonstrated a concern for public safety. In particular, I have driven a ramp taxi for the last three years assisting the disabled and elderly. Customers have relied on my services to attend work, medical appointments; dialysis centers, hospitals and life sustaining activities. Often I have waited for customers so that were able to shop for groceries.

The public will not adequately be served if I am not granted a taxicab permit for the following reasons:

- Cab drivers tend not to pick up the elderly or disabled for fear of an inadequate gratuity. I have driven a ramp taxi for three years with patience and the understanding that these persons are living on a fixed income.
- Most disabled and elderly require assistance especially with wheelchair and walkers. At 6'5 and 252 pounds I have strength and stamina to assist these customers.
- Many cab drivers will not pick-up customers in low-income areas of the city for fear of their personal safety. These low-income areas are where many disabled and elderly reside. In 1996, the Board of Supervisors recognized me with a Certificate of Honor in recognition of my apprehension of the suspected "Taxi Bandit" who was victimizing as many as twelve San Francisco taxi drivers. The story reached national attention as I reenacted the apprehension for the show "America's Most Wanted". By putting my personal fears behind me the "Taxi Bandit", was convicted of these robberies. This action restored confidence in the taxi cab drivers as well as the customers in San Francisco. I have demonstrated that I am unafraid of these low-income areas.

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TAXI COMMISSION

NOV 20 2007

SAN FRANCISCO  
TAXI COMMISSION

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)

LUXOR RADIO DISPATCH.  
(LUXOR)

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.

RG 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.

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

RG 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 16 day of OCTOBER, 20 08 at San Francisco, California.

Herbert Gee  
Signature of Applicant

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OCT 30 2008

SAN FRANCISCO  
TAXI COMMISSION

# COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

## PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <b>HERBERT GEE</b>		Phone <b>(415)</b>
Residence Address (Street Address, City, State, Zip) <b>SAN FRANCISCO, CA. 94115</b>		
Mailing Address, if different from above (Street Address, City, State, Zip)		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company <b>LUXOR CAB CO</b>		Business Address of Taxi Company (Street Address, City, State, Zip) <b>2230 JEFFERSON AVE, SF CA 94124</b>	
Business Phone <b>(415) 282-1224</b>		Medallion Number <b>NEW MEDALLION</b>	<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):

**LUXOR CAB COMPANY PROVIDES RELIABLE SERVICE TO THE PUBLIC.**

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

Executed on **OCTOBER 20,** 20 **08** at San Francisco, California.

Print Name of Applicant **HERBERT GEE** Signature of Applicant *Herbert Gee*

*****TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY*****	
Name of person authorized to sign for Color Scheme Holder: <b>JOHN LAZAR</b>	Title: <b>President</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <b>LUXOR CAB CO</b> Color Scheme Name	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <i>[Signature]</i>	Date <b>10-20-08</b>

*****OFFICE USE ONLY*****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <b>OCT 30 2008</b>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date <b>SAN FRANCISCO TAXI COMMISSION</b>

Gavin Newsom | Mayor

Rev. Dr. James McCray Jr. | Chairman

Tom Nolan | Vice-Chairman

Cameron Beach | Director

Shirley Breyer Black | Director

Malcolm Harnicke | Director

Jerry Lee | Director

Bruce Oka | Director

Nathaniel P. Ford, Sr. | Executive Director/CEO

November 20, 2008

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

Dear Ms. Thigpen:

On November 19, 2008, the PCC Advisory committee to the SF Taxi Commission interviewed Herbert Gee.

**Summary of Review Categories:**

Knowledge/experience with methods of facilitating safe  
taxi transport of disabled passengers:

Satisfactory

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

Commitment to use the ramp taxi medallion in a manner that will  
serve the disabled community:

Satisfactory

**Comments/Concerns:**

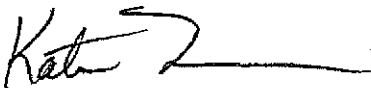
It is noted by the committee that Mr. Gee demonstrated an excellent understanding of the 4-point tie down method for wheelchairs.

**Recommendation:**

The PCC Advisory committee is recommending Mr. Gee for the ramp taxi medallion based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-4440.

Sincerely,



Kate Toran, Paratransit Coordinator

cc: Dee Ann Hendrix, PCC Advisory Committee Vice Chair

# RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

**HERBERT GEE**

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OCT 30 2008

SAN FRANCISCO  
TAXI COMMISSION

has successfully completed the requirements for Sensitivity/

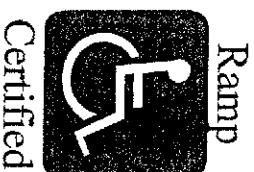
Ramp Taxi Operators Training on this date

**MARCH 18, 2006**

---

Mark Powell

Certified Ramp Taxi/Sensitivity Trainer  
certificate expires 3 yrs from above date



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SAN FRANCISCO  
TAXI COMMISSION

**CALIFORNIA**  
DRIVER LICENSE

EXPIRES: CLASS: C

HERBERT GEE

SAN FRANCISCO CA 94115

SEX: M HAIR: BLK EYES: BRN  
HT: 6-05 WT: 252 DOB:

RSTR: CORR LENS

*Herbert Gee*  
09/05/2007 503 39 FD/12



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

EXPIRES: DECEMBER 31, 2008

**HERBERT GEE**

**P44-050741**

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





# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>Sohel Rahman</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>DAILY CITY, CA 94015</b>			
Mailing Address (if different than residence address) /			
Residence Phone Num		Alternate Phone Number	
Hours Available at this Number: <b>Anytime Before 9PM.</b>		Hours Available at this Number: <b>Any Time</b>	
Social Security Number		Other name(s) used <b>A.S.M. JAKEL</b>	
California Driver's License Number / Expiration Year		Date of Birth	
Race (Optional) <b>ASIAN</b>		Place of Birth <b>BANGLADESH</b>	
Sex <input checked="" type="radio"/> M <input type="radio"/> F		Height <b>5'6"</b>	
Weight <b>185 LB</b>		Eye Color <b>BRN</b>	
Color Scheme / Business Name <b>LUXOR CAB COMP.</b>		Business Number <b>(415) 282-1224</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>2230 Jerrico Avenue. San Francisco, CA 94124</b>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes -Date permit was issued: <b>APRX 1993</b> Permit #: <b>P 44-053587</b>			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary):  <b>I have been driving at Luxor Cab Company since 1994. I'm taking the public at their destination safely since then. Thus far, allowing this medallion on street of San Francisco, more people will be served and it will improve the taxi service faster &amp; eloquently.</b>			

OFFICE USE ONLY			
Received by: <b>kg</b>	Receipt No: <b>4104347</b>	Amount: <b>\$1267.00</b>	Date: <b>NOV 13 2008</b>
Notice Date: <b>Nov 25<sup>th</sup> 2008</b>	Hearing Date: <b>Dec 9, 08</b>		

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

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

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

03-01-1996 11-06-2008

Daly City, CA 94015

[Same address for long period of time]

How long have you lived within a 30 mile radius of San Francisco? 20 years 01 months

How many years driving experience do you have in San Francisco? 18 years 06 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

Feb 1994 11-06-2008

Luxor Cab Corp.

2230 Jerrard Ave  
San Francisco, CA 94124

DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, If yes, was the medallion permit ever revoked? ☐ No ☐ Yes  
If yes, it was revoked, explain for what cause:

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

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

Accepting customer service requests through computerized dispatch.

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

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

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

SR 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.

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

SR 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 NOV 06 day of 11 (NOV), 20 08 at San Francisco, California.

Sahy Rahman  
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) <b>SOHEL RAHMAN</b>		Phone <b>415 284 1140</b>
Residence Address (Street Address, City, State, Zip) <b>510 Hill Street, Daly City, CA 94015</b>		
Mailing Address, if different from above (Street Address, City, State, Zip)		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company <b>LUXOR CAB</b>	Business Address of Taxi Company (Street Address, City, State, Zip) <b>2230 Terrold Ave, SFO 94124</b>		
Business Phone <b>(415) 284 1140</b>	Medallion Number <b>284</b>	<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):

Excellent Computer dispatched Company. Also I've been with Luxor Cab Company long-time. Luxor has the best customer service in my opinion. Therefore, I would like to stay with luxor 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 **NOV 06,** 20**08** at San Francisco, California.



**SOHEL RAHMAN**  
Print Name of Applicant

**Sohel Rahman**  
Signature of Applicant


***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <b>JOHN LAZAR</b>	Title: <b>President</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <b>Luxor Cab Co.</b> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <b>[Signature]</b>	Date <b>11-6-08</b>


***** OFFICE USE ONLY *****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <b>11-6-08</b>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date


NOV 10 2008  
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**CALIFORNIA**

**DRIVER LICENSE**CLASS: C

**EXPIRES**

**SOHEL RAHMAN**  
ONLY CITY CH 94015  
SEX: M    HAIR: BLK  
HT: 5-06    WT: 185    DOB: 

  
10/30/2007 593 17 FD/13



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

EXPIRES: DECEMBER 31, 2008

**SOHEL RAHMAN**

**P44-053587**

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



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NOV 10 2008  
SAN FRANCISCO  
TAXATION

# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>YOUNG KYU Yi</b>				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp			
Residence Address (Street Address, City, State, Zip) <b>Vacaville CA.95688</b>							
Mailing Address (If different than residence address) <b>same as above</b>							
Residence Phone Number: / - - - - <b>7pm-3am</b>				Alternate Phone Number: <b>1</b>			
Hours Available at this Number: <b>7pm-3am</b>				Hours Available at this Number: <b>7am-6pm</b>			
Social Security Number			Other name(s) used <b>none</b>				
California Driver's License Number / Expiration Year <b>C</b>				Date of Birth		Place of Birth <b>So. KOREA</b>	
Race (Optional) <b>Asian</b>	Sex <b>(M) / F</b>	Height <b>5'5"</b>	Weight <b>125</b>	Eye Color <b>Brown</b>	Hair Color <b>Black</b>		
Color Scheme / Business Name <b>Regents Cab (Yellow/Blue)</b>					Business Number <b>(415) 487-1004</b>		
Color Scheme / Business Address (Street Address, City, State, Zip) <b>(Yellow/Blue) 98 Pennsylvania Ave. San Francisco, CA 94107</b>							
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, If No, write the Alien Resident Card Number: <b>A#036-680-321</b>							
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes -Date permit was issued: <b>Jan. 1982</b> Permit #: <b>P44-041191</b>							
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:							
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <b>I am a taxi cab driver with almost 20 years of experience</b> <b>and an excellent driving record. I have been on the waiting list</b> <b>for about 15 years. I have not caused any accidents or received</b> <b>passenger complaints. Both my experience and service as a taxi</b> <b>cab driver contributes to holding up a good reputation for San</b> <b>Francisco taxi cab drivers. I have been providing a service to</b> <b>the public and the city of San Francisco by making sure that I</b> <b>provide excellent quality services and safe experiences.</b>							

OFFICE USE ONLY				RECEIVED
Received by: <b>Danellu</b>	Receipt No. <b>904318</b>	Amount <b>\$12007</b>	Date <b>OCT 29 2008</b>	
Notice Date		Hearing Date		

SAN FRANCISCO  
TAXI COMMISSION

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
7/6/07	PRESENT	VACAVILLE, CA 95688
5/6/04	7/5/07	FOSTER CITY, CA 94404
6/1/98	5/5/04	MILLBRAE, CA 94030

How long have you lived within a 30 mile radius of San Francisco? 26 years 7 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
9/1/06	PRESENT	REGENTS CAB	98 PENNSYLVANIA AVE. SF, CA	DRIVER
5/10/02	PRESENT	CACTUS CAFE	2010 CROW CANYON PL. SAN RAMON, CA 94583	PART TIME

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ No ☐ Yes, 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? ☐ No ☒ Yes, if yes describe the impairment: POLIO ON RIGHT ARM

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

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

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

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.

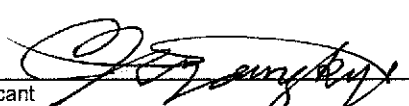
YKy I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab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

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

YKy 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 28th day of OCTOBER, 20 08 at San Francisco, California.

Signature of Applicant 

RECEIVED

OCT 29 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) YOUNG KYU YI		Phone
Residence Address (Street Address, City, State, Zip) VACAVILLE, CA 95688		
Mailing Address, if different from above (Street Address, City, State, Zip) same as above		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company Regents Cab		Business Address of Taxi Company (Street Address, City, State, Zip) 98 Pennsylvania, San Francisco, CA 94107	
Business Phone (415) 487-1004		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):

When I went back to driving a cab full time, I chose Regents because they gave me the opportunity to drive and the location was safe and convenient. Because I have been with them for more than 2 years now with good experiences, I have decided to stay with them long term.

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 October 28th, 2008 at San Francisco, California.

YOUNG KYU YI

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: Steven Anton	Title: General Manager
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Regents Cab hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Date: 10-27-08

RECEIVED  
OCT 29 2008

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

SAN FRANCISCO  
TAXI COMMISSION

RECEIVED

OCT 29 2008

SAN FRANCISCO  
TAXI COMMISSION



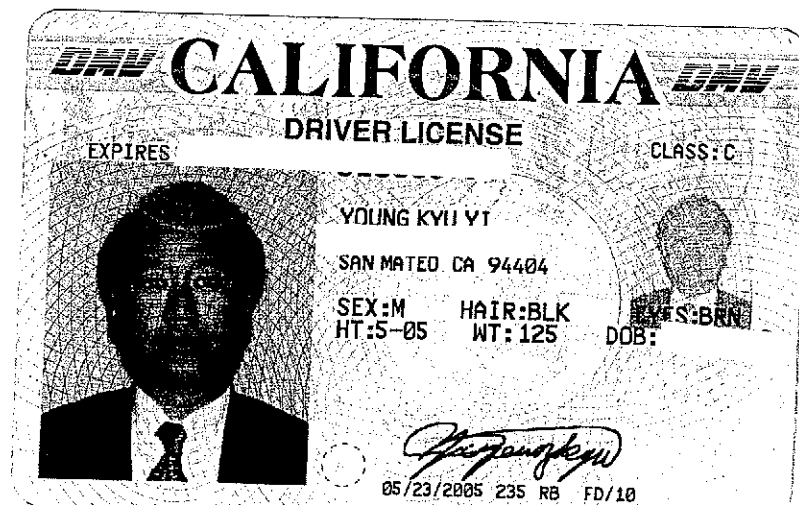
ISSUED BY  
OFFICE OF THE TREASURER & TAX COLLECTOR  
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

**YOUNG KYU YI**

**P44-041191**

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



# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>ALEKSANDR GEYLER</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>San Francisco, CA 94116</b>			
Mailing Address (If different than residence address) <b>SAME</b>			
Residence Phone Number: (415)		Alternate Phone Number: (415)	
Hours Available at this Number: <b>ANY TIME</b>		Hours Available at this Number: <b>8:00 AM - 9:00 PM</b>	
Social Security Number		Other name(s) used <b>N/A</b>	
California Driver's License Number / Expiration Year		Date of Birth	
		<b>UKRAINE</b>	
Race (Optional) <b>WHITE</b>	Sex <b>(M) F</b>	Height <b>5-05</b>	Weight <b>165</b>
Color Scheme / Business Name <b>S.F. TAXI - CAB. CO</b>		Eye Color <b>BRN</b>	Hair Color <b>BRN</b>
Color Scheme / Business Address (Street Address, City, State, Zip) <b>2121 EVANS ST. San Francisco, CA 94124</b>		Business Number <b>(415) 920-0715</b>	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes -Date permit was issued: Permit #: <b>P44-045573</b>			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <b>I have been a taxicab driver for 15 years and I think I can improve service in the city by serving public. I have been presented with awards by S.F.P.D and City Wide Dispatch Service in recognition and sincere appreciation for outstanding services I provided. The public need more taxis and if this permit will be issued, we will get closer in providing more timely service, especially in peak time.</b>			

OFFICE USE ONLY			
Received by: <b>DANIELLE</b>	Receipt No: <b>404338</b>	Amount: <b>\$12.07</b>	RECEIVED NOV 05 2008
Notice Date: <b>11/25/08</b>	Hearing Date: <b>12/09/08</b>		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
03/17/98	present	S.F. CA 94116

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

How many years driving experience do you have in San Francisco? 15 years 8 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
1998	present	S.F. TAXI - CAB CO	2121 EVANS ST. S.F. CA 94124	Taxi-driver

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, If yes, was the medallion permit ever revoked? ☐ No ☐ Yes  
If yes, it was revoked, explain for what cause:

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

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

City Wide Dispatch

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

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

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

A.G. 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.

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

A.G. 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 3 day of NOVEMBER, 20 08 at San Francisco, California.



Signature of Applicant

RECEIVED

NOV 05 2008

SAN FRANCISCO  
TAXI COMMISSION

# COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

## PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <b>ALEKSANDR GEYLER</b>		Phone <b>(415) 920-0709</b>
Residence Address (Street Address, City, State, Zip) <b>San Francisco, CA 94116</b>		
Mailing Address, if different from above (Street Address, City, State, Zip) <b>Same</b>		

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

Name of Taxi Company <b>S.F. TAXI-CAB CO</b>	Business Address of Taxi Company (Street Address, City, State, Zip) <b>2121 EVANS ST, S.F., CA 94124</b>	
Business Phone <b>(415) 920-0709</b>	Medallion Number	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

**I work for S.F. TAXI-CAB CO for the last 10 years.**

**I have a great experience working with people in this company.**

RECEIVED

NOV 05 2008

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 **3 November**, 20**08** at San Francisco, California.

**ALEKSANDR GEYLER**

Print Name of Applicant

Signature of Applicant

## TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <b>JACK G. TRAD</b>	Title: <b>PRESIDENT</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <b>S.F. TAXICAB CO.</b> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <b>[Signature]</b>	Date <b>11-03-08</b>

## 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


RECORDED

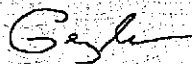
NOV 03 2008

RECEIVED  
SAN FRANCISCO  
CALIFORNIA

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

EXPIRES

 **ALEKSANDR GEYLER**  
SAN FRANCISCO CA 94116  
SEX: M HAIR: BRN EYES: BRN  
HT: 5-05 WT: 165 DOB: 09/08/2005 503 36 FD/10

  
09/08/2005 503 36 FD/10



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

EXPIRES: DECEMBER 31, 2008

**ALEKSANDR GEYLER**

**P44-045573**


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



# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>MAHMOOD BAGHAI RUDSARI</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>SAN FRANCISCO CA 94114</b>			
Mailing Address (If different than residence address)			
Residence Phone Number: <b>(415) 401-8900</b>		Alternate Phone Number: <b>(415) 401-8900</b>	
Hours Available at this Number:		Hours Available at this Number:	
Social Security Number		Other name(s) used <b>MICHAEL</b>	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth <b>IRAN</b>		Race (Optional) <b>W</b>	
Sex <input checked="" type="radio"/> M <input type="radio"/> F		Height <b>6-00</b>	
Weight <b>205</b>		Eye Color <b>BRN</b>	
Hair Color <b>GRAY</b>		Color Scheme / Business Name <b>TOWN TAXI / TOWN TAXI INC.</b>	
Business Number <b>(415) 401-8900</b>		Color Scheme / Business Address (Street Address, City, State, Zip) <b>TOWN TAXI / 999 PENNSYLVANIA AVE. SAN FRANCISCO, CA 94107</b>	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes -Date permit was issued: <b>10/23/08</b>		Permit #: <b>REVOKED PERMIT WAS P44-052617</b>	
Has this permit ever been revoked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: <b>FAILED TO PAY A PERMIT FEE</b>			
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): <b>I HAVE A FIFTEEN YEARS HISTORY OF WORKING IN A TAXICAB WITH THE PUBLIC. OVER THE YEARS, I HAVE MAINTAINED A CLEAN RECORD, WITH NO ACCIDENTS OR COMPLAINTS WITH MY DRIVING RECORD. MY EDUCATION AT THE PHD LEVEL IS IN ARCHITECTURE AND URBAN PLANNING WHICH DEMONSTRATES MY ABILITY TO WORK WITH THE PUBLIC. MY LONG TERM GOAL IS TO STAY IN THE CITY AND CONTINUE TO PROVIDE A SAFE, DEPENDABLE SERVICE TO THE GENERAL PUBLIC, TO PROMOTE COMMERCE IN THE CITY OF SAN FRANCISCO. I HAVE BEEN A CITIZEN OF SAN FRANCISCO, FOR 20 YEARS AND FIND THIS CITY TO HAVE THE MOST DIVERS, EXCITING AND DYNAMIC PEOPLE THAN ANYWHERE ELSE ON EARTH.</b>			

OFFICE USE ONLY			
Received by: 	Receipt No: <b>404315</b>	Amount: <b>\$1267.00</b>	Date: <b>OCT 28 2008</b>
Notice Date:	Hearing Date:		



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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1996	PRESENT	SF, CA 94114

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

How many years driving experience do you have in San Francisco? 15 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
1998 10/2008		TOWN TAXI INC.	999 PENNSYLVANIA SF, CA 94107	DRIVER

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

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

RADIO DISPATCH OF TOWN TAXI

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.

MR 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.

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

MR 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 25, 2008 at San Francisco, California.

M. B. Rudrac  
Signature of Applicant

RECEIVED  
OCT 28 2008  
SFPD

# COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

## PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <b>MAHMOOD BAGHA RUDSARI</b>		Phone <b>(415) 401-8900</b>
Residence Address (Street Address, City, State, Zip) <b>1114 14th St, SF, CA 94114</b>		
Mailing Address, if different from above (Street Address, City, State, Zip)		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company <b>SF Town Taxi, Inc.</b>		Business Address of Taxi Company (Street Address, City, State, Zip) <b>999 Pennsylvania Ave, SF, CA 94107</b>	
Business Phone <b>(415) 401-8900</b>		Medallion Number <b>N/A</b>	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

**I am working with Town Taxi for the past ten years, and I would like to remain with the company for a future.**

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 **10/27/08**, 20 **08** at San Francisco, California.

**MAHMOOD BAGHA RUDSARI** **M.B. Rudhari**  
Print Name of Applicant Signature of Applicant

***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <b>Jacob Mayzel</b>	Title: <b>Manager</b>
I, the Color Scheme Holder <b>(Signature)</b> authorized to sign for the Color Scheme Holder for <b>SF Town Taxi</b> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<b>(Signature)</b> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<b>10/27/08</b> 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

From: Mahmood Baghai Rudsari, A-card #: P44- 052617 until 05/01/2008  
Temp A-card until January 30, 2009

To: San Francisco Taxi Commission  
25 Van Ness Avenue Suite # 420  
San Francisco, CA 94102

Attn: Jordanna Thigpen, Executive Director

Dear Executive Director,

My name is Mahmood Rudsari, and I am a full time cab driver for the past 14 years. The reason for me to write this letter is to explain myself in regard to the expiration of my A-card as of 05/01/2008.

I let my taxi license (A-card) expire due to the circumstances that in no way should exonerate me from My sloppiness to keep the things that are so important to me in order. I can say that I am a very busy man with a lot of responsibilities but that does not mean much in our days.

When I received an application for my medallion from the Taxi Commission I pulled my A-card from my wallet, I realized that it's expired in 2007. I thought that I probably lost one for 2008. I immediately went to the City Hall, Tax Collector office to get a replacement when they told me that my A-card was revoked due to non payment in 05/01/2008 based on the Article 16 Section 1090, Paragraph (II) of the Taxi Cab Rules and Regulations.

I was told that I have to go through the process of obtaining a new A-card all over again and that is exactly what I did, finishing the Taxi school and taking a test. My new temporary A-card was issued to me on October 23, 2008.

Without shifting responsibilities of my failure to renew my A-card on time, I asked San Francisco Taxi Commission staff member why was not I notified by the Taxi Commission office or Tax Collector office in regard to such an important matter as my A-card, which is my lifeline, that I depend on so much when it is going to be revoked.

I was told by the Taxi Commission staff member (based on their computerized records), that the courtesy letter was sent and returned back to sender as undeliverable even though I have the same address for the past 12 years.

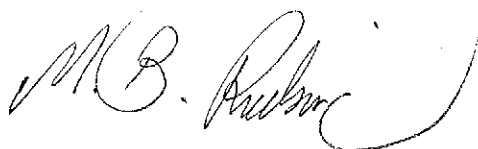
This is only true for the waybills in 2008 and has no connection to the waybills that I submitted for the years of 2005, 2006 and 2007.

I am still a full-time cab driver and based on the grace period that is granted by the San Francisco Tax Collector office to renew our A-cards, I am asking you to consider my waybills from January 1, 2008 until April 30, 2008 as valid. Even though I was working all this time, I do not contest that the waybills for the period between May 1, 2008 and October 23, 2008 should be counted due the fact that I was driving with an expired A-card.

Thank you for giving this matter your kind attention,

Respectfully,

Mahmood Rudsari.



RECEIVED

OCT 28 2008

SAFETY & SECURITY  
DIVISION

TLA2 ACCT. NO: P44 052617 TAX ID	-	CENSUS	OLD#
DBA CHECKER CAB	CERTIF NBR	DATE STARTED 03-23-00	
SITUS 0000 VARIOUS LOCATIONS	0000	DATE INACTIVATED 05-01-08	
OWNER RUDSARI, MAHMOOD B.	CARE OF		
ADDRESS	SAN FRANCISCO, CA	94110	
CONDOMINIUM DISTRICT CODE	NON-MATCHING ADDRESS	UNIT COUNT	
PERMIT NO. 093212 SUB-CLASS	DESC. DRIVER-PUB.PASS.VEH.	ACCOUNT TYPE A	
COMMENT: REVOKED NONPAYMENT			
EXPIRE DTE	- - - -	12-31-07	12-31-06 12-31-05
DATE PAID	- - - -	12-18-06	12-08-05 12-13-04
BATCH NO		0025	0257 0501
ISSUE DT 00-00-00 00-00-00		12-22-06	12-09-05 12-17-04
DUE: FEE		52.00	51.00 50.75
SURCHRG		3.00	9.00
MISC.			
PENALTY			
TOTAL		55.00	60.00 50.75
PAID: FEE		52.00	51.00 50.75
SURCHRG		3.00	9.00
MISC.			
PENALTY			
TOTAL		55.00	60.00 50.75
BALANCE		0.00	0.00 0.00
P44 052617 RECORD RETRIEVED - ENTER CLASS-ACCOUNT FOR NEXT RECORD			

RECEIVED

OCT 28 2008

ST. J. - 100  
TOL. - 100

TLA2 ACCT. NO: P44 052617 TAX ID	-	CENSUS	OLD#
DBA CHECKER CAB	CERTIF NBR	DATE STARTED 03-23-00	
SITUS 0000 VARIOUS LOCATIONS	0000	DATE INACTIVATED 05-01-08	
OWNER RUDSARI, MAHMOOD B.	CARE OF		
ADDRESS	SAN FRANCISCO, CA	94110	
CONDOMINIUM DISTRICT CODE	NON-MATCHING ADDRESS	UNIT COUNT	
PERMIT NO. 093212 SUB-CLASS	DESC. DRIVER-PUB.PASS.VEH.	ACCOUNT TYPE A	
COMMENT: REVOKED NONPAYMENT			
EXPIRE DTE - - - -	12-31-07	12-31-06	12-31-05
DATE PAID - - - -	12-18-06	12-08-05	12-13-04
BATCH NO	0025	0257	0501
ISSUE DT 00-00-00 00-00-00	12-22-06	12-09-05	12-17-04
DUE: FEE	52.00	51.00	50.75
SURCHRG	3.00	9.00	
MISC.			
PENALTY			
TOTAL	55.00	60.00	50.75
PAID: FEE	52.00	51.00	50.75
SURCHRG	3.00	9.00	
MISC.			
PENALTY			
TOTAL	55.00	60.00	50.75
BALANCE	0.00	0.00	0.00

P44 052617 RECORD RETRIEVED - ENTER CLASS-ACCOUNT FOR NEXT RECORD

TLA2 ACCT. NO: P44 048607 TAX ID	-	CENSUS	OLD#
DBA DE SOTO CAB CO.	CERTIF NBR	DATE STARTED 01-01-97	
SITUS 0000 VARIOUS LOCATIONS	0000	DATE INACTIVATED 02-22-00	
OWNER RUDSARI, MAHMOOD B.	CARE OF		
ADDRESS	SAN FRANCISCO, CA	94122	
CONDOMINIUM DISTRICT CODE	NON-MATCHING ADDRESS	UNIT COUNT	
PERMIT NO. 082861 SUB-CLASS	DESC. DRIVER-PUB.PASS.VEH.	ACCOUNT TYPE A	
COMMENT: REVOKED			
EXPIRE DTE	- -	- -	- -
DATE PAID	- -	- -	- -
BATCH NO			
ISSUE DT	00-00-00	00-00-00	00-00-00
DUE: FEE			
SURCHRG			
MISC.			
PENALTY			
TOTAL			
PAID: FEE			
SURCHRG			
MISC.			
PENALTY			
TOTAL			
BALANCE			
P44 048607 RECORD RETRIEVED - ENTER CLASS-ACCOUNT FOR NEXT RECORD			

TLA2 ACCT. NO: P44 046994 TAX ID	-	CENSUS	OLD# 046528
DBA DESOTO CAB CO	CERTIF NBR	DATE STARTED 03-15-95	
SITUS 0000 VARIOUS LOCATIONS	0000	DATE INACTIVATED 10-27-98	
OWNER RUDSARI. MAHMOOD B.	CARE OF		
ADDRESS	SAN FRANCISCO, CA	94122	
CONDOMINIUM DISTRICT CODE	NON-MATCHING ADDRESS	UNIT COUNT	
PERMIT NO. 082861 SUB-CLASS	DESC. DRIVER-PUB.PASS.VEH.	ACCOUNT TYPE A	
COMMENT: REVOKED NONPAYMENT			
EXPIRE DTE	- -	- -	- -
DATE PAID	- -	- -	- -
BATCH NO			
ISSUE DT	00-00-00	00-00-00	00-00-00
DUE: FEE			
SURCHRG			
MISC.			
PENALTY			
TOTAL			
PAID: FEE			
SURCHRG			
MISC.			
PENALTY			
TOTAL			
BALANCE			
P44 046994 RECORD RETRIEVED - ENTER CLASS-ACCOUNT FOR NEXT RECORD			



TLA2 ACCT. NO: P44 046528 TAX ID	-	CENSUS	OLD#
DBA DE SOTO CAB CO	CERTIF NBR	DATE STARTED 10-05-94	
SITUS 0000 VARIOUS LOCATIONS	0000	DATE INACTIVATED 03-15-95	
OWNER RUDSARI, MAHMOOD B.	CARE OF		
ADDRESS	SAN FRANCISCO, CA	94122	
CONDOMINIUM DISTRICT CODE	NON-MATCHING ADDRESS	UNIT COUNT	
PERMIT NO. 082861 SUB-CLASS	DESC. DRIVER-PUB.PASS.VEH.	ACCOUNT TYPE A	

COMMENT:

EXPIRE DTE	- -	- -	- -	- -	- -
DATE PAID	- -	- -	- -	- -	- -
BATCH NO					
ISSUE DT	00-00-00	00-00-00	00-00-00	00-00-00	00-00-00

DUE: FEE  
 SURCHRG  
 MISC.  
 PENALTY  
 TOTAL

PAID: FEE  
 SURCHRG  
 MISC.  
 PENALTY  
 TOTAL

BALANCE

P44 046528 RECORD RETRIEVED - ENTER CLASS-ACCOUNT FOR NEXT RECORD

RECEIVED

OCT 28 2008

SAN FRANCISCO  
TAXI COMMISSION

**CALIFORNIA**  
DRIVER LICENSE

EXPIRES: [REDACTED] CLASS: C

MAHMOOD BAGHAI RUDSARI  
SAN FRANCISCO CA 94114

SEX: M HAIR: BLK EYES: BRN  
HT: 6-00 WT: 205 DOB: [REDACTED]

RSTR: CORR LENS

*M. B. Rudhari*  
09/09/2004 503 A1 FD/09

# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>ARKADY DVOSKIN</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>NOVATO, CA 94949</b>			
Mailing Address (If different than residence address)			
Residence Phone Number: <b>(415) 382-0337</b>		Alternate Phone Number: <b>(415)</b>	
Hours Available at this Number:		Hours Available at this Number: <b>9 AM - 9 PM</b>	
Social Security Number		Other name(s) used <b>N/A</b>	
California Driver's License Number / Expiration Year		Date of Birth	
Race (Optional)		Place of Birth <b>USSR</b>	
Sex <b>(M) F</b>	Height <b>6-01</b>	Weight <b>180</b>	Eye Color <b>BRN.</b>
Color Scheme / Business Name <b>SF TOWN TAXI, INC.</b>		Business Number <b>(415) 401-8900</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>999 PENNSYLVANIA AVE., SAN FRANCISCO, CA 94107</b>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes -Date permit was issued: <b>1987</b> Permit #: <b>39333</b>			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <b>I HAVE BEEN A RESIDENT OF SAN FRANCISCO SINCE 1981. DRIVING A CAB IN THIS CITY FOR MANY YEARS, I HAVE LEARNED A LOT ABOUT THE HISTORY OF SAN FRANCISCO. WITH THIS SKILL, I COULD GUIDE PEOPLE TO WHERE THEY NEED TO GO. I AM ALSO A CAREFUL DRIVER AND FRIENDLY. DRIVING A TAXI CAB AND MEETING NEW PEOPLE SUCH AS RESIDENTS OR TOURISTS IS A GREAT EXPERIENCE FOR ME. I BELIEVE I HAVE A SKILL TO BENEFIT TAXI SERVICE AND PEOPLE WHO REQUEST IT. FOR THE ABOVE REASONS, I SHOULD BE GRANTED THE MEDALLION.</b>			

OFFICE USE ONLY				RECEIVED
Received by <b>Danette</b>	Receipt No. <b>404343</b>	Amount <b>\$1267.00</b>	Date <b>NOV 10 2008</b>	
Notice Date		Hearing Date		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
05/01	PRESENT	NOVATO, CA 94949

How long have you lived within a 30 mile radius of San Francisco? 27 years 4 months

How many years driving experience do you have in San Francisco? 27 years 4 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
08/2006	PRESENT	UNITED CAB CO.	20 HERON ST. SAN FRANCISCO, CA 94103	CAB DRIVER
10/2003	PRESENT	A & M DRIVING SCHOOL	4224 CALIFORNIA ST. SAN FRAN. CA 94118	PART TIME DRIV. INSTRUCTOR
01/2006	05/2007	TOWN TAXI	999 PENNSYLVANIA AVE. S.F. CA 94017	CAB DRIVER
10/2003	03/2005	UNITED CAB CO.	20 HERON ST. S.F. CA 94103	CAB DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, If yes, was the medallion permit ever revoked? ☐ No ☐ Yes  
If yes, it was revoked, explain for what cause:

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

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

I WILL BE OPERATING MY MEDALLION AS A "GAS AND CATE"  
OPERATION.

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.

A.D. 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.

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

A.D. 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 05 day of NOVEMBER, 20 08 at San Francisco, California.

A. D. Watson

Signature of Applicant

RECEIVED

NOV 10 2008

SAN FRANCISCO  
TAXI COMMISSION

# COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) <b>ARKADY DVOSKIN</b>	Phone ( )
Residence Address (Street Address, City, State, Zip) <b>NOVATO, CA 94949</b>	
Mailing Address, if different from above (Street Address, City, State, Zip)	

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:		
Name of Taxi Company <b>SF TOWN TAXI, INC.</b>	Business Address of Taxi Company (Street Address, City, State, Zip) <b>999 PENNSYLVANIA AVE, SAN FRANCISCO, CA 94017</b>	
Business Phone <b>(415) 401-8900</b>	Medallion Number <b>N/A</b>	<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):

**PREVIOUS WORKING EXPERIENCE WITH THIS COMPANY AND FAMILIARITY WITH THE PEOPLE WHO WORK THERE.**

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 **NOVEMBER 05**, 20**08** at San Francisco, California.

**ARKADY DVOSKIN**  
Print Name of Applicant

**A. Dvoskin**  
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: <b>Jacob Mayze</b>	Title: <b>Manager</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <b>SF Town Taxi, Inc.</b> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <b>[Signature]</b>	Date <b>11/05/08</b>

**RECEIVED**

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

NOV 10 2008

SAN FRANCISCO TAXI COMMISSION

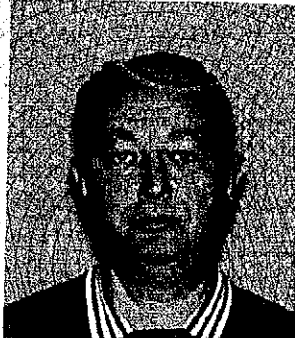
RECEIVED

NOV 10 2008

SAN FRANCISCO  
TAXI COMMISSION

**DMV CALIFORNIA DMV**  
**DRIVER LICENSE**

EXPIRES CLASS: C

 **ARKADY S DVOSKIN**  
NOVATO CA 94949  
SEX: M HAIR: BRN EYES: GRN  
HT: 6-01 WT: 180 DOB:   
*A. Dvoskin*  
03/23/2006 686 25 FD/11



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

EXPIRES: DECEMBER 31, 2008

**ARKADY DVOSKIN**

**P44-039333**

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) <i>Val Nikoff</i>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <i>San Francisco, CA 94121</i>			
Mailing Address (If different than residence address)			
Residence Phone Number: (415)		Alternate Phone Number: (415)	
Hours Available at this Number: <i>AFTER 7 P.M.</i>		Hours Available at this Number: <i>24 HR.</i>	
Social Security Number		Other name(s) used <i>VALERiy NASI/NIKOV</i>	
California Driver's License Number / Expiration Year		Date of Birth	
		Place of Birth <i>UKRAINE</i>	
Race (Optional) <i>white</i>	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height <i>5'10"</i>	Weight <i>200</i>
		Eye Color <i>Blue</i>	Hair Color <i>BROWN</i>
Color Scheme / Business Name <i>SF Town Taxi, Inc.</i>		Business Number <i>(415) 401-8900</i>	
Color Scheme / Business Address (Street Address, City, State, Zip) <i>999 Pennsylvania Ave, San Francisco CA 94107</i>			
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes --Date permit was issued: <i>August 1994</i> Permit #: <i>P44-046408</i>			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, 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>I live in San Francisco for 16 years and drive a cab for 14 years. Many times I saw angry people on the streets waiting for a taxi for a long time. I want people to get to all of their destinations on time and whenever needed. I want the city of San Francisco to have outstanding taxi cab service and a great reputation.</i>			

RECEIVED

OFFICE USE ONLY			
Received by <i>Jeg</i>	Receipt No. <i>404347</i>	Amount <i>1267.00</i>	Date <i>NOV 12 2008</i>
Notice Date <i>Nov. 25, 08</i>	Hearing Date <i>Dec. 9, 08</i>		



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)
08, 22, 92	Present	San Francisco, CA 94121

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

How many years driving experience do you have in San Francisco? 16 years 2 months

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
DEC, 2003	Present	Town Taxi	999 Pennsylvania Ave S.F. CA	driver
Aug 2003	Present	Morddian Plumbing	1245 27th Ave S.F. CA 94122	plumber
FEB, 1998	DEC, 2003	Luxor Cab	2230 Jernold Ave S.F. CA 94124	driver

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, If yes, was the medallion permit ever revoked? ☐ No ☐ Yes  
If yes, it was revoked, explain for what cause:

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

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

*Will use existing radio cab company.*

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

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

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

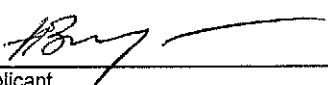
VN I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit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

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

VN 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 06 day of November, 20 08 at San Francisco, California.

  
Signature of Applicant

RECEIVED

NOV 12 2008

SAN FRANCISCO  
TAXI & LIMOUSINE

# 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) <i>Val Nikoff</i>		Phone (415)
Residence Address (Street Address, City, State, Zip) <i>San Francisco, CA 94121</i>		
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 <i>SF Town Taxi, Inc.</i>	Business Address of Taxi Company (Street Address, City, State, Zip) <i>999 Pennsylvania Ave, San Francisco CA 94107</i>	
Business Phone (415) 401-8900	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):

*Long term relationship with the company.  
The front office is responsive & reliable.*

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 *November 5, 2008* at San Francisco, California.

*Val Nikoff*  
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: <i>Jacob Mayzel</i>	Title: <i>Manager</i>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <i>SF Town Taxi</i> 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.	
<i>[Signature]</i> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<i>11/05/08</i> 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 <i>NOV 12 2008</i>
Received by: <i>[Signature]</i>	Receipt No. <i>404 344</i>	Amount	Date



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

EXPIRES: DECEMBER 31, 2008

**VAL NIKOFF**

**P44-046408**

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 CLASS: C

VAL NIKOFF  
SAN FRANCISCO CA 94121

SEX: M HAIR: BRN EYES: BRN  
HT: 6-00 WT: 190 DOB:

04/12/2005 599 16 FD/10

**RECEIVED**

NOV 12 2008

SAN FRANCISCO  
TAXI COMMISSION

# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <u>Leonid Leiner</u>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <u>San Francisco CA 94112</u>			
Mailing Address (If different than residence address)			
Residence Phone Number: <u>(415)</u>		Alternate Phone Number: <u>(415)</u>	
Hours Available at this Number: <u>After 6 P.m.</u>		Hours Available at this Number: <u>Before 6 P.m.</u>	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth <u>Belarus</u>			
Race (Optional)	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height <u>6'1"</u>	Weight <u>230</u>
		Eye Color <u>Brown</u>	Hair Color <u>Brown</u>
Color Scheme / Business Name <u>Yellow</u>		Business Number <u>(415) 333 3333</u>	
Color Scheme / Business Address (Street Address, City, State, Zip) <u>Yellow Cab Coop. 1200 mississippi, San Francisco, CA 94107</u>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes - Date permit was issued: <u>10.21.92</u> Permit #: <u>P44-044796</u>			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per MPC §1081(a)(3), do you holds or have you ever held any <u>other</u> permits issued to operate a motor vehicle for hire either in the City and County of San Francisco <u>or elsewhere</u> ? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <u>I am a diligent, professional, honest and courteous taxi driver. I strive to serve public in the best possible way. I take pride in my own appearance and in the appearance of my vehicle. I believe that public will be better served if I will become a medallion holder. In addition, I am particularly proud to be a San Francisco taxi driver and represent my city in the best possible way to San Francisco visitors and residents alike.</u>			

OFFICE USE ONLY			
Received by: <u>[Signature]</u>	Receipt No. <u>404339</u>	Amount <u>\$1267.00</u>	Date <u>NOV 05 2008</u>
Notice Date: <u>Nov 5, 2008</u>	Hearing Date: <u>Dec 9, 2008</u>		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
06.2003	present	San Francisco, CA 94112

How long have you lived within a 30 mile radius of San Francisco? 17 years  months

How many years driving experience do you have in San Francisco? 17 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
06.2008	present	Yellowcab Coop	1200 Mississippi, San Francisco, CA 94107	driver.
06.1999	06.2008	Metro Cab Co	2121 Evans Ave, San Francisco, CA 94107	driver

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, If yes, was the medallion permit ever revoked? ☐ No ☐ Yes  
If yes, it was revoked, explain for what cause:

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

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

state existing radio cab company

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

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

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

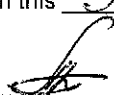
L.L. I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab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

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

L.L. 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 30<sup>th</sup> day of October, 20 08 at San Francisco, California.

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

RECEIVED

NOV 05 2008

NOV 05 2008

# 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) <i>Leonid Leinov</i>		Phone <i>(415) - - - - -</i>
Residence Address (Street Address, City, State, Zip) <i>San Francisco CA 94112</i>		
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 <i>Yellow cab Coop.</i>	Business Address of Taxi Company (Street Address, City, State, Zip) <i>1200 Mississippi San Francisco CA 94103</i>	
Business Phone <i>(415) 333 3333</i>	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've been working for Yellow for the past four month. I really like working for yellow. This company really serves the community. Most my passengers are locals. I don't have to stay downtown. Instead I stay in neighborhoods and pick up local passengers.*

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 *October 30<sup>th</sup>*, 20*08* at San Francisco, California.

*Leonid Leinov*

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: <i>NATHAN DWIRI</i>	Title: <i>President</i>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____, hereby give consent to the applicant named to use my color scheme.	
Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <i>[Signature]</i>	Date <i>10/30/2008</i>

## 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 <i>NOV 05 2008</i>



RECEIVED


NOV 05 2003


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

EXPIRES

 I LEONID LEINOV  
SAN FRANCISCO CA 94112  
SEX: M HAIR: BRN EYES: BRN  
HT: 6-01 WT: 225 DOB: 05-02-69  
RSTR: CORR LENS

  
01/10/2006 503 C7 FD/09



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

EXPIRES: DECEMBER 31, 2008

**LEONID LEINOV**

**P44-044796**

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



# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>Robert Harvey Groves</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>San Francisco, CA 94110</b>			
Mailing Address (if different than residence address)			
Residence Phone Number: <b>(415)</b>		Alternate Phone Number: ( )	
Hours Available at this Number: <b>Anytime - Answering Machine</b>		Hours Available at this Number:	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth <b>San Bernardino, CA</b>			
Race (Optional)	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height <b>6'0"</b>	Weight <b>160</b>
		Eye Color <b>Hazel</b>	Hair Color <b>Grey</b>
Color Scheme / Business Name <b>Yellow Cab Co-op</b>		Business Number <b>(415) 282-3737</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>1200 Mississippi St San Francisco, CA 94107</b>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, If No, write the Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If Yes - Date permit was issued: <b>Dec 2007</b> Permit #: <b>P44-030381</b>			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per MPC §1081(a)(3), do you hold 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <b>The streets of San Francisco are crowded with traffic. Parking space is hard to find and expensive. Both Muni and taxicabs offer the public alternative and necessary means of transportation. Seniors and people with disabilities often find it difficult to use Muni, so taxicabs are especially beneficial to them. This medallion, and the taxicab assigned to it, will provide a needed service for the people of San Francisco.</b>			

OFFICE USE ONLY			
Received by: <b>[Signature]</b>	Receipt No. <b>404340</b>	Amount <b>1267.00</b>	Date <b>NOV 06 2008</b>
Notice Date: <b>11/25/08</b>	Hearing Date: <b>12/9/08</b>		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
Oct 1970	Present	San Francisco, CA 94110

How long have you lived within a 30 mile radius of San Francisco? 38 years 1 months

How many years driving experience do you have in San Francisco? 28 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
Jul 1980	Present	Yellow Cab Co-op	1200 Mississippi SF, CA 94107	Cab Driver

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, If yes, was the medallion permit ever revoked? ☐ No ☐ Yes  
If yes, it was revoked, explain for what cause:

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

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

I would use the 24-hour cab dispatching service provided by  
Yellow Cab Co-op

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.

RH 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.

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

DAB 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 Fifth day of November, 20 08 at San Francisco, California.

D. H. Smith  
Signature of Applicant

RECEIVED

NOV 06 2008

SAN FRANCISCO  
TAXI COMMISSION

# COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

## PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Robert Harvey Groves</u>		Phone <u>1</u>
Residence Address (Street Address, City, State, Zip) <u>San Francisco, CA 94110</u>		
Mailing Address, if different from above (Street Address, City, State, Zip) <u>San Francisco, CA 94110</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 St San Francisco, CA 94107</u>	
Business Phone <u>(415) 282-3737</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):

I have been driving as a lessee at Yellow Cab Co-op for 28 years.  
They provide excellent service and equipment, and I would like  
to continue my association with them.

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 November 4, 2008 at San Francisco, California.

Robert H. Groves  
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>NATHAN DWIRI</u>		Title: <u>President</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.		
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>		Date <u>11/5/2008</u>

## OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>NOV 08 2008</u>
Received by:	Receipt No.	Amount	Date

RECEIVED

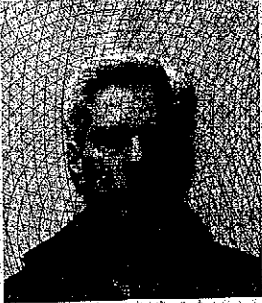
NOV 03 2008

RECEIVED  
NOV 03 2008

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

EXPIRES: 04/16/2008 239 RB FD/13

**ROBERT HARVEY GROVES**  
SAN FRANCISCO CA 94110  
SEX: M HAIR: GRY EYES: BLU  
HT: 6-00 WT: 160 DOB: 04/16/2008 239 RB FD/13



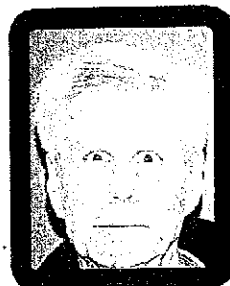
ISSUED BY  
OFFICE OF THE TREASURER & TAX COLLECTOR  
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

**ROBERT GROVES**

**P44-030381**

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  
NOV 03 2008

# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>Devin Courtney Walker</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>San Francisco, California 94114</b>			
Mailing Address (if different than residence address)			
Residence Phone Number: <b>(415)</b>		Alternate Phone Number: ( )	
Hours Available at this Number: <b>24/7</b>		Hours Available at this Number:	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	
C		Brooklyn, New York	
Race (Optional) <b>African-American</b>	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height <b>6'</b>	Weight <b>175</b>
Color Scheme / Business Name <b>Yellow Cab Co-op</b>		Eye Color <b>BROWN</b>	Hair Color <b>BLACK</b>
Business Number <b>(415) 282-3737</b>			
Color Scheme / Business Address (Street Address, City, State, Zip) <b>1200 Mississippi Street, San Francisco, CA 94107</b>			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If Yes - Date permit was issued: <b>010108</b> Permit #: <b>P44-062748</b>			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per MPC §1081(a)(3), do you hold 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <b>I have been a San Francisco Cab driver for over 16 years - I love my job as well as San Francisco. I am a professional driver that gives the greatest respect to all my passengers and provide excellent service regardless of the situation. This medallion will be my opportunity to help the city while providing a needed service for the community. I would be honored and grateful to the city and county of San Francisco if I was issued this medallion.</b>			

OFFICE USE ONLY			
Received by <b>Daniel</b>	Receipt No. <b>404361</b>	Amount <b>\$1207</b>	Date <b>NOV 14 2008</b>
Notice Date		Hearing Date	

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
Oct-06-1995	11-12-2008	San Francisco, CA-94114

How long have you lived within a 30 mile radius of San Francisco? 1978 years 01 months

How many years driving experience do you have in San Francisco? 1992 years 04 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
Apr-1-1992	Nov 2008	Yellow Cab Loop	1200 Mississippi Street, S.F. CA 94107	Taxi
Oct 1995 2008	Nov 2008	TCH PRODUCTIONS	3975 19th Street #9, S.F. CA-94114	ARTIST/MUSIC

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, If yes, was the medallion permit ever revoked? ☐ No ☐ Yes  
If yes, it was revoked, explain for what cause:



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

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

Yellow Cab co-op use a computerized dispatch system

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

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

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


DCW 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.

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

DCW 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 November day of 12th, 20 08 at San Francisco, California.

  
Signature of Applicant

RECEIVED

NOV 14 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>Devin Courtney Walker</u>		Phone ____
Residence Address (Street Address, City, State, Zip) <u>San Francisco, California, 94114</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>Yellow Cab Co-op</u>	Business Address of Taxi Company (Street Address, City, State, Zip) <u>1200 Mission Street SF CA</u>	
Business Phone <u>(415) 282-3737</u>	Medallion Number <u>to be Determine</u>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

I have worked for Yellow cab co-op since 1992 and plan on using there color scheme for my future self employment as a medallion holder.

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 11/12/08, 2008 at San Francisco, California.

Devin Courtney Walker  
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 W. Ewen</u>	Title: <u>Operations Manager</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.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date <u>NOV 12 2008</u>

RECEIVED

## OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <u>NOV 14 2008</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted SAN FRANCISCO TAXI COMMISSION
Received by:	Receipt No.	Amount	Date

RECEIVED

NOV 12 2008

SAN FRANCISCO  
TAXI COMMISSION



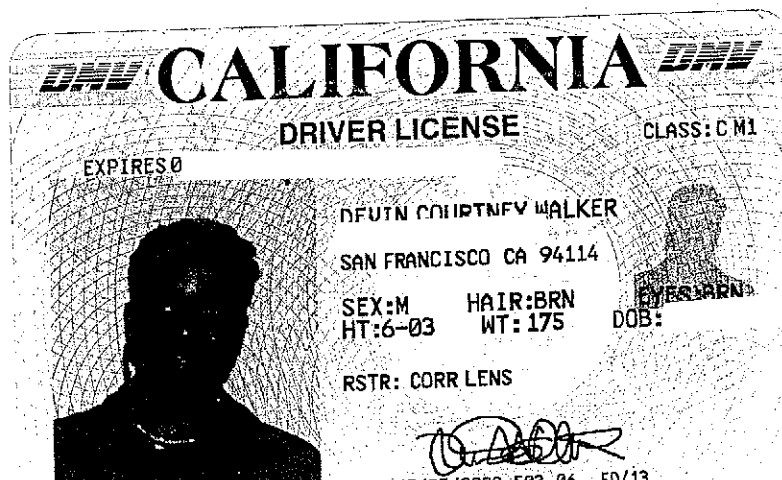
ISSUED BY  
OFFICE OF THE TREASURER & TAX COLLECTOR  
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2008

**DEVIN WALKER**

**P44-062748**

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



# PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) <b>FRANCIS MENCONERI</b>		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <b>S.F., Ca. 94115</b>			
Mailing Address (If different than residence address)			
Residence Phone Number: (415) 931-1922		Alternate Phone Number: (415) <b>CELL Phone ONLY</b>	
Hours Available at this Number: <b>24 hrs.</b>		Hours Available at this Number: <b>24 hrs.</b>	
Social Security Number		Other name(s) used <b>NONE</b>	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth <b>ROUSHKEE PSIE, NEW YORK</b>			
Race (Optional) <b>CAUCASIAN</b>	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height <b>5'10"</b>	Weight <b>180</b>
Color Scheme / Business Name <b>YELLOW Cab</b>	Eye Color <b>BROWN</b>	Hair Color <b>BROWN</b>	
Color Scheme / Business Address (Street Address, City, State, Zip) <b>1600 MISSISSIPPI ST., S.F.</b>		Business Number <b>(415) 282-3727</b>	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes - Date permit was issued: <b>12-2007</b> Permit #: <b>P44-053723</b>			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per MPC §1081(a)(3), do you hold 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"/> No <input checked="" type="checkbox"/> Yes, if yes, explain: <b>POLO ALTO YELLOW, 1980-1981</b> <b>BEL AIR TAXI, MILL VALLEY CA. 1981-1986</b>			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): <b>The Public will NOT be served properly if this medallion is NOT granted because the city needs more cabs on the street, serving the public. San Franciscoans use cabs a lot, especially at night, and we are often overwhelmed with tourist and conventions. At times there are never enough cabs to serve the public.</b> <b>I am a full time driver, who has 22 years of cab driving experience in San Francisco. I enjoy my job, and serving the public is a great joy for me. I have an excellent driving record, and no customer complaints on file at the detail office.</b> <b>If this medallion is not granted yellow cab may not be the color scheme holder, and the public may not be served as well as yellow can provide. Yellow cab provides excellent equipment and their computer dispatch service serves the public very well.</b>			

OFFICE USE ONLY				RECEIVED NOV 19 2008
Received by: <b>Danielle</b>	Receipt No. <b>401367</b>	Amount <b>\$12.47</b>	Date <b>NOV 19 2008</b>	
Notice Date: <b>11/25/08</b>	Hearing Date: <b>12/07/08</b>			

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
11-1987	11-2008	S.F. CA 94115

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

How many years driving experience do you have in San Francisco? 21 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
1989	11-2008	YELLOW CAB	1600 MISSISSIPPI ST. S.F. CA	CAB DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ No ☒ Yes, 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? ☒ No ☐ Yes, 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? ☒ No ☐ Yes, If yes, was the medallion permit ever revoked? ☐ No ☐ Yes  
If yes, it was revoked, explain for what cause:

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

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

YELLOW CAB PROVIDES 24 hr. 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.

GM 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.

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

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

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

Executed on this 19 day of November, 20 08 at San Francisco, California.

Francis Menconeri  
Signature of Applicant

RECEIVED

NOV 19 2008

SAN FRANCISCO  
TAXI COMMISSION

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) <b>FRANCIS MENCONEA</b>	Phone _____
Residence Address (Street Address, City, State, Zip) <b>3 SF, CA 94115</b>	
Mailing Address, if different from above (Street Address, City, State, Zip)	

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company <b>YELLOW CAB COOP</b>	Business Address of Taxi Company (Street Address, City, State, Zip) <b>1600 MISSISSIPPI ST. S.F., CA.</b>		
Business Phone <b>(415) 282-3737</b>	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):

**I'VE DRIVEN FOR YELLOW CAB CO. S.F. FOR ALMOST 20 YEARS.**  
**IN MY OPINION YELLOW CAB CO. IS THE BEST CAB CO.**  
**IN SAN FRANCISCO. I DO NOT WANT TO CHANGE CAB CO.'S**

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 11-19-, 2008 at San Francisco, California.

**FRANCIS MENCONEA**  
Print Name of Applicant

*Francis Menconea*  
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: <b>NICHOLAS N. OLSON</b>	Title: <b>1st VICE-PRESIDENT</b>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <b>S.F. YELLOW CAB COOPERATIVE</b> hereby give consent to the applicant named to use my color scheme. <div style="text-align: right; font-size: small;">Color Scheme Name</div>	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<i>Nicholas N. Olson</i> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<div style="text-align: center;"> <b>11/19/08</b> Date         </div> <div style="text-align: right; font-size: large; font-weight: bold;">RECEIVED</div> <div style="text-align: right; font-size: small;">NOV 19 2008</div>

OFFICE USE ONLY				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

NOV 12 2008

SAN FRANCISCO  
TAXI COMMISSION

**CALIFORNIA** **DMV**  
**DRIVER LICENSE** **CLASS: C M1**

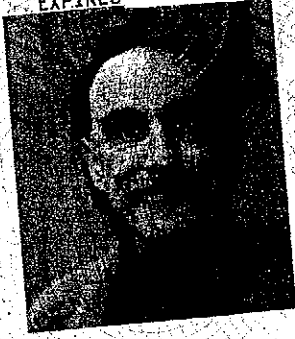
EXPIRES

**FRANCIS MENCONERI**  
SAN FRANCISCO CA 94115

SEX: M HAIR: BRN  
HT: 5-10 WT: 170 EYES: BRN

DOB

*Francis Menconeri*  
12/20/2005 235 RB FD/11



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

EXPIRES: DECEMBER 31, 2008

**FRANCIS MENCONERI**

**P44-053723**

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







## San Francisco Taxi Commission Time Waiver Request Form

Name of Driver/Applicant: LEONID SLOOFKY Today's Date: 11/06/2008  
Address: SAN FRAN CA 94114 List #: 6-633  
Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Reason for Time Waiver Request:

I HAVE Letter with Explanation  
SEE ATTACHED Letter

### Driving Requirement:

For 2009, you will need to turn in four (4) years proof of meeting the driving requirement (from 2005, 2006, 2007, 2008 and/or 2009) in order to qualify for a taxicab medallion. In order for your application to be heard in 2009, we recommend that your application and waybills are turned into the Taxi Commission office by **no later than October 1, 2009**. \*If you turn in your application and waybills after October 1, 2009, your application could be heard in 2010 which will require you to meet the 2010 driving requirement (5 years).

### Ramp Taxi Permit Driving Requirement:

An applicant for a ramp taxi permit must meet the same requirements above. 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. The applicant has the burden of showing that he/she has completed this requirement and shall keep records sufficient to document his/her performance.

**Note:** The Taxi Commission will only consider one time waiver per applicant and will not grant time waivers to applicants falling short of the driving requirement by one or more years. A **medallion may not be available once you have completed the time waiver. In this case, you should continue to maintain the full-time driving requirement each year.**

**Initial next to each statement if you agree and understand:**

LS Per Resolution 2004-25, I understand that I am allowed only one time waiver. Once the time waiver is granted, I understand that I will not be eligible for another time waiver in the future.

LS If I decide I am no longer interested in a medallion permit, I will notify the Taxi Commission by submitting a letter.

I hereby certify that I have carefully read and understand the above statements. I have completed the requested information and it is complete, true and correct to the best of my knowledge and belief.

Signature of Applicant

RECEIVED

NOV 06 2008

Leonid Slootsky,

San Francisco, CA 94121

11/06/2008

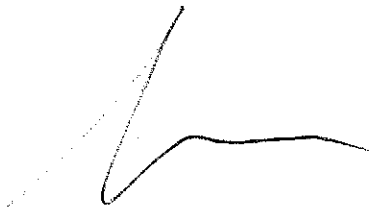
San Francisco Taxi Commission

To Whom It May Concern!

My name is Leonid Slootsky and I am a San Francisco Cab driver since 1990. My A-card # P44-053684. I received a letter from San Francisco Taxi Commission informing me of my eligibility to obtain the Taxicab permit (medallion). When I checked my records, I discovered that I may be short on the number of hours and shifts that I have worked in the year of 2006. I am continue driving in this 2008 year to fulfill my requirements and would like to ask you for one year extension for the year of 2009, so that I can fulfill my lifetime dream for the last 15 years and to finally get my medallion that I was waiting for such a long time.

Thank you for giving this matter your kind attention.

Sincerely,

A handwritten signature in black ink, appearing to be 'Leonid Slootsky', written over a horizontal line.

---

Leonid Slootsky, San Francisco cab driver; Badge # 53684

Consent: Item E

Taxi Commission to consider grant a new color scheme permit to:

<b>Applicant Name:</b>	<b>Medallion Number:</b>	<b>New Color Scheme:</b>
1. Tam Dinh Nguyen	1311	Vina Cab

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

☒ **NEW COLOR SCHEME (Complete both sides)** \*This form is not to be used for Color Scheme Changes.

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) <b>TAM DINH NGUYEN</b>	Phone <b>(415) - - - -</b>
Residence Address (Street Address, City, State, Zip) <b>SAN FRANCISCO, CA 94134</b>	
Joint Applicant's Name (First, Middle, Last)	Phone ( )
Residence Address for Joint Applicant (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 <b>VINA CAB</b>	Business Address (Street Address, City, State, Zip) <b>999 PENNSYLVANIA AVE S.F. CA 94107</b>		
Business Phone <b>(415) 305-6913</b>	Medallion Number(s) <b>1311</b>	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please describe why you would like to start your own taxi company (attach additional pages if necessary):

Because it is good opportunity to management My own  
color scheme . So I can choose a good Dispatch Service.

Thanks .

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 \_\_\_\_\_ day of 10 - 05, 2008 at San Francisco, California

TAM DINH NGUYEN  
Print Name of Applicant

[Signature]  
Signature of Applicant

Print Name of Joint Applicant

Signature of Applicant

**RECEIVED**

NOV 07 2008

TAXI COMMISSION

***** OFFICE USE ONLY *****					
Agenda Notice Date <u>11.25.08</u>	Hearing Date <u>12.9.08</u>	Decision of Taxicab Commission	New Declaration Signed		
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>yes</u>	Paint Chips Submitted	Photos Submitted		
Received by: <u>[Signature]</u>	Receipt No. <u>464341</u>	Amount <u>1226.00</u>	Date <u>11.1.08</u>		

Applicant's Name TAM DINH NGUYEN

Distinguishing color scheme of vehicle to be used in business: (Must include color rendering upon submission.)

Body WHITE Hood WHITE Top ~~GREEN~~ Gold Trunk WHITE Fenders WHITE

Logo shown on vehicles: VINA CAB Lettering Color ~~GREEN~~ Gold

Other markings \_\_\_\_\_

Dispatch Service: B&W CHECKER

Does the applicant understand that every person, firm or corporation operating a taxicab shall adopt and have approved by the Taxicab Commission a distinguishing color scheme and design for all such taxicabs and the operators thereof, and shall use the same on all such taxicabs operated; provided, however, that any person may, with the consent of another operator to whom a distinctive color scheme has been previously assigned, use said color scheme? ☒ Yes ☐ No

Does the applicant understand that it is unlawful to make or cause to be made any changes whatever in the color or distinguishing characteristics of taxicabs unless the permission of the Taxicab Commission has first been obtained? ☒ Yes ☐ No

\*\*\*\*\*TO BE COMPLETED BY THE ACCEPTING DISPATCH SERVICE ONLY\*\*\*\*\*

Name of Dispatch Service:

B&W CHECKER

Address:

999 PENNSYLVANIA AVE S.F. CA 94107

I, Gennady Epshteyn, the person authorized to sign for the Dispatch Service hereby give  
Print Name of Authorized Person of Dispatch Service  
consent to the applicant named to use the dispatch service.

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 Authorized Person

Title

Date

color schemeholder

8/19/08

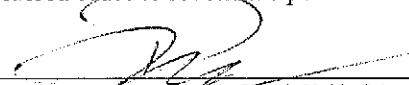
# COLOR SCHEME DECLARATION

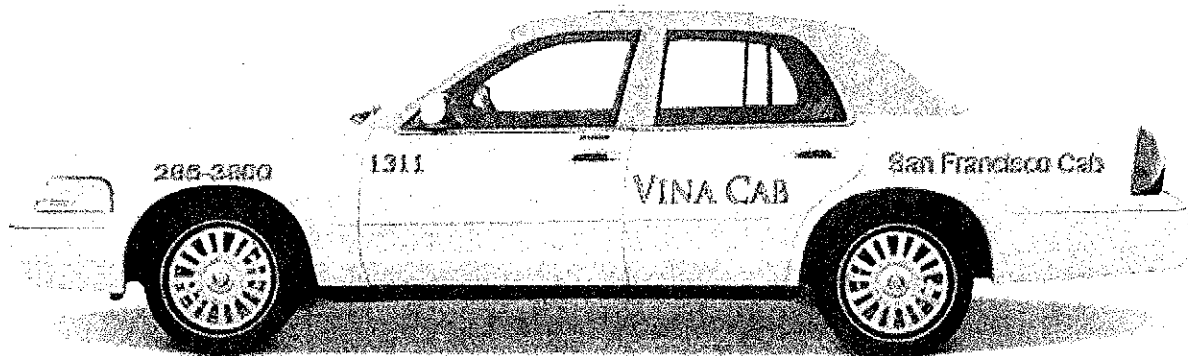
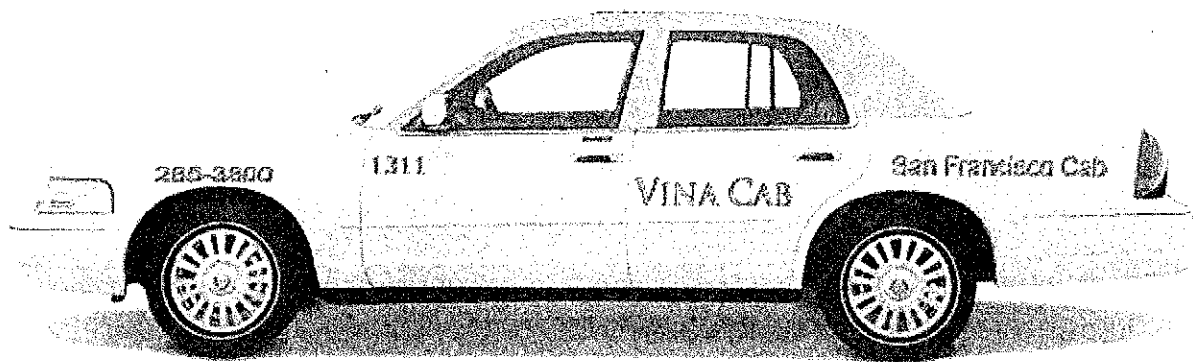
Business Name <b>VINACAB</b>		Business Phone <b>(415) 305-6913</b>
Business Address (Street, City, State, Zip) <b>999 PENNSYLVANIA AVE SF, CA 94107</b>		
No. of Regular Taxis <b># 1311</b>	No. of Ramp Taxis	Fax Number <b>(415) 285-3605</b>
Dispatch Service <b>B &amp; W CHECKER</b>		24-hr Dispatch Phone <b>(415) 285-3800</b>
Dispatch Service Address (Street, City, State, Zip) <b>999 PENNSYLVANIA AVE S.F CA 94107</b>		
Permit Holder's Name <b>TAM DINH NGUYEN</b>		Permit Holder's Phone <b>(415) 305-6913</b>
Other Manager/Company Representative Names		Manager/Representative's Phone <b>( )</b>

Please initial as acknowledgement of the following:

- T.N. **BUSINESS OFFICE** - The business office must be staffed Monday thru Friday, 9:00 a.m. to 5:00 p.m., no exceptions, no answering service, etc.. The business office must store lost property of passengers and current waybills that must be available within twenty-four (24) hour notification for inspection during business hours.
- T.N. **WAYBILL RETENTION** - Individual drivers, after each shift, operating under the Color Scheme must turn their waybill in at the business address. Color Schemes shall maintain and retain waybill records for no less than six (6) years. Color Schemes shall maintain, at minimum, the most recent twelve (12) months of waybills in traditional hard-copy format and prior years in a reasonably secure electronic form and/or on a computer storage diskette.
- T.N. **BUSINESS OFFICE PHONE** number must be published in the Classified Section of the San Francisco phone directory and be accessible through operator information. The number must be listed in the phonebook for service requests, accidents complaints and lost property.
- T.N. **DISPATCH SERVICE** - All taxicabs operating under a Color Scheme must be equipped with a working two-way radio under the same Dispatch Service. The two-way radio must be operational in the taxicab during all hours of operation.
- T.N. **DISPATCH SERVICE PHONE** number must be published in the Classified Section in the San Francisco phone directory and must be in operation twenty-four (24) hours a day, each day of the year.
- T.N. Changes in my principal place of business shall be made in writing within ten (10) days and is subject to approval by the Taxicab Detail.
- T.N. I will notify the Taxicab Detail within two (2) working days of any other changes in the Color Scheme business office information.
- T.N. Commission Approved Alternative Parking Location: \_\_\_\_\_

I declare under penalty of perjury that the information provided on this form is true and correct, executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this declaration, may be considered cause to revoke the permit that is granted.

 Permit Holder/Manager's Signature	<b>RECEIVED</b> DEC 04 2008	<b>12-2-08</b> Date
<b>TAM DINH NGUYEN</b> Print Name		<b>PERMIT Holder</b> Title



# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID UR  
DELTA12

DATE (MM/DD/YYYY)  
09/11/08

**PRODUCER**

(SF) Heffernan Insurance Brkrs  
120 Howard Street, Suite 550  
San Francisco CA 94105  
Phone: 415-778-0300 Fax: 415-778-0301

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

**INSURED**

Delta Cab Company  
David Van  
1340 25th Street  
San Francisco CA 94107

**INSURERS AFFORDING COVERAGE**

**NAIC #**

INSURER A: Delos Insurance Company  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**COVERAGES**

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

INSR ADVE LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NOT APPLICABLE			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	NO COVERAGE			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	NOT APPLICABLE			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		07/20/08	07/20/09	<input checked="" type="checkbox"/> WC STAT-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
		NOT APPLICABLE			

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

Evidence of Insurance. \*10 day notice of cancellation for non-payment of premium.

**CERTIFICATE HOLDER**

SANFRTA

San Francisco Taxi Commission  
25 Van Ness Avenue Ste 420  
San Francisco CA 94102

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE



RECEIVED  
DEC 03 2008  
SAN FRANCISCO  
FIRE COMMISSION

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER

COMPANY

CNA INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE

IN ISSUE

10/12/08

YEAR

MAKE/MODEL

2005

FORD

EXPIRATION DATE  
10/12/09

VEHICLE IDENTIFICATION NUMBER

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

AGENCY/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES  
32107 W. LINDERO CANYON RD #126  
WESTLAKE VILLAGE, CA 91361

INSURED

DELTA CAB # 1311

SAN FRANCISCO, CA 94107

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.

INSURANCE IDENTIFICATION CARD

# 1311

REGISTRATION VALID FROM  
**ONL 04/30/2008 TO 04/30/2009** TYPE **31** LICENSE NUMBER  
**TAXI**

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL

**TX**

DATE ISSUED

**03/08/2008**

DATE FIRST SOLD

**00/00/0000**

CLASS

**DW**

MAKE

**FORD**

Yr. Model

**2005**

TYPE VEH. MP AX WC UNLADEN/GCW

**37X**

**Q**

**2**

**C**

**03380**

TOTAL FEES PAID

**\$173**

**3800**

**DELTA CAB CO  
PO BX 425866  
SAN FRANCISCO CA 94142-5866**

**TAM NGUYEN  
PO BX 425866**

**SAN FRANCISCO**

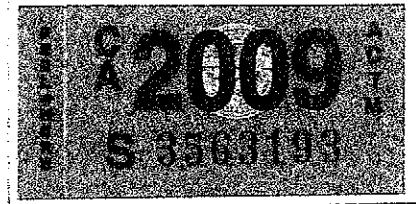


**W0024  
R0041  
L0098**

**94142  
142022920083226**

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

**S 3563193**



TO REMOVE THE STICKER  
FROM THE BACKING,  
BEND STICKER AT SLIT AND PEEL SLOWLY.

INSTRUCTIONS FOR  
APPLYING STICKER TO LICENSE PLATE

1. CLEAN SURFACE THOROUGHLY. SCRAPE OFF ACCUMULATED STICKERS (STICKER WILL NOT STICK IF WET OR DIRTY).
2. PUT STICKER ON REAR LICENSE PLATE AS SHOWN BELOW:

MOTORCYCLES:  
Right Half of This Well

ALL OTHERS:  
In Top Right Corner



EXCEPT:  
Truck Tractors And Commercial Vehicles With  
A Declared Gross Vehicle Weight of 10,001 lbs.  
or More—Must Apply Sticker To Front Plate

Consent: Item F

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

<b>Medallion Holder Name:</b>	<b>Medallion #:</b>	<b>Change:</b>
1. Mikail Lirisman	450	Yellow to B&W Checker
2. Michael Spain	1149	Yellow to Bay Cab
3. Jimmy Velez	1143	Arrow to Royal Taxi
4. Tesfaye Chuffa	9078	Luxor to Bay Cab

## TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: Yellow Cab To: BW Checker 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>Mikhail Y LIRIS man</u>		Phone <u>(415) . . . . .</u>
Residence Address (Street Address, City, State, Zip) <u>SF CA 94118</u>		
Joint Applicant's Name (First, Middle, Last)		Phone <u>( )</u>
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>BW checker</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107</u>	
Business Phone <u>(415) 285-3800</u>	Medallion Number(s) <u>450</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):

I am offered to drive hybrid vehicle.

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 27 day of October, 2008 at San Francisco, CaliforniaMIKHAIL LIRISMAN

Print Name of Applicant

M. Lirisman

Signature of Applicant

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

Name of person authorized to sign for Color Scheme Holder: <u>Gratchia MAKARIAN</u>	Title: <u>COLOR SCHEME HOLDER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BW checker</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Gratchia Makarian</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>10-27-08</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>Danelle</u>	Receipt No. <u>704317</u>	Amount <u>\$4116</u>	Date <u>OCT 28 2008</u>

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? I am offered to drive hybrid vehicle
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, Tuesday, Wednesday (pm-shifts)

Mikhail Kirisman acknowledge that in making this color scheme transfer to B&W Checker Cab, I will operate my medallion # 450 in compliance with the following stipulations:

- The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift. M.K.
- All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). M.K.
- 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.K.
- 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.K.
- 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.K.
- 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.K.
- 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.K.

I have read and understood all of the above. I declare that I will operate my taxicab permit number 450 in full compliance with the above stipulations.

Signature: M. Kirisman

Date: 10.27.08

Department Witness: Dall

Date: 10/28/08

***Black and White Checker Cab***

*999 Pennsylvania  
San Francisco, CA 94107  
Office 415-285-3800 Fax 415-285-3605*

*10/29/2008*

**To San Francisco Taxicab Commission:**

**This is to confirm that, Black & White Checker Cab will provide hybrid taxi cab for  
Mikhail Lirisman, permit holder of medallion #450 upon transfer approval from  
Taxicab Commission.**

**RECEIVED**

**OCT 29 2008**

**SAN FRANCISCO  
TAXI COMMISSION**

**Sincerely,**

  
**Gennady Epshteyn**

**Dmitry Erenkov Insurance Agency**

3450 Geary Blvd, Ste 100

San Francisco CA 94118

Tel (415) 752-4442

Fax (415) 752-4054

28 October 2008

**TO SAN FRANCISCO TAXICAB COMMISSION:**

This is to confirm that, upon transfer approval from the Taxicab Commission, Mikhail Lirlsman, permit holder of Medallion #450, will be joining Black & White Checker Cab Company. This is to further confirm that upon transfer approval, Medallion #450 will be added to Black & White Checker Cab Company's Auto Liability and Workers Compensation insurance policies. Coverage is provided by our Agency through CNA Insurance Company (Auto Liability) and ARCH Insurance Company (Workers Compensation).

Sincerely,



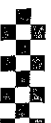
Dmitry Erenkov  
Agent/Broker

DIE/ece

**RECEIVED**

OCT 29 2008

SAN FRANCISCO  
TAXI COMMISSION



## San Francisco Taxicab Commission

(Complete both sides)

(Complete front side only)

4/22/07

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Agenda Notice Date 11/25/08	Hearing Date 12/9/08	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted n/a	Insurance Submitted n/a	Paint Chips Submitted	Photos Submitted NOV 14 2008
Received by: [Signature]	Receipt No. 404359	Amount \$460-	Date 11/25/08



## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? I will personally manage my own taxicab at Bay M3
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? FRIDAYS & SATURDAYS

I, Michael J. Spain, acknowledge that in making this color scheme transfer to Bay M3, I will operate my medallion # 1149 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. MS
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). MS
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. MS
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. MS
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. MS
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. MS
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. MS

I have read and understood all of the above. I declare that I will operate my taxicab permit number 1149 in full compliance with the above stipulations.

Signature: Michael J. Spain

Date: 11-14-08

Department Witness: [Signature]

Date: Nov. 14, 08

RECEIVED

NOV 14 2008



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

14 November 2008

RECEIVED

NOV 14 2008

SALES  
TAXI  
COMMISSION

**TO SAN FRANCISCO TAXICAB COMMISSION:**

This is to confirm that medallion #1149 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 CNA Insurance and Arch Insurance companies.

Sincerely,

Dmitry Erenkov  
Agent/Broker

DIE/ece



BAY CAB# 1149

REGISTRATION CARD VALID FROM: 02/28/2008 TO: 02/28/2009

MAKE FORD	YR MODEL 2003	YR 1ST SOLD 2003	VLF CLASS AN	*YR 2008	TYPE VEH 32X	TYPE LIC 31	LICENSE NUMBER
BODY TYPE MODEL TX	MP G	MO PN	AX 2	WC D	UNLADEN/G/CGW 04060	VEHICLE ID NUMBER	
TYPE VEHICLE USE COMMERCIAL	DATE ISSUED 02/22/08	CC/ALCO 38	DT FEE RECVD 02/22/08	PIC 3	STICKER ISSUED	PR EXP DATE: 12/31/1999	AMOUNT PAID \$ 187.00
REGISTERED OWNER BAY CAB CO 999 PENNSYLVANIA AVE SAN FRANCISCO CA 94107	PR/HIST: TAXI	AMOUNT DUE \$ 187.00	AMOUNT RECVD CASH : 187.00 CHECK : CRDT :				
LIENHOLDER							

INSURANCE IDENTIFICATION CARD  
CALIFORNIA

COMPANY NUMBER	COMPANY CNA INSURANCE COMPANY
POLICY NUMBER	EFFECTIVE DATE 10/12/08
IN ISSUE	EXPIRATION DATE 10/12/09
YEAR 2003	MAKE/MODEL FORD
AGENCY/COMPANY ISSUING CARD	VEHICLE IDENTIFICATION NUMBER

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

IN CASE OF ACCIDENT: R  
To your Agent/Company as soon  
Obtain the following informat

INSURED  
BAY CAB  
999 PENNSYLVANIA ST  
SAN FRANCISCO, CA 94107

1. Name and address of eac  
passenger and witness.
2. Name of 1  
number for each vehicle

SEE IMPORTANT NOTICE ON REVERSE SIDE

ACORD 50 (1/83)

RECEIVED

NOV 14 2008

BY: [signature]  
FOR: [signature]

## TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From: ARROW CAB To: ROYAL TAXI

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>JIMMY VELEZ</u>		Phone <u>(415) - - - -</u>
Residence Address (Street Address, City, State, Zip) <u>- - - - -</u>		
Joint Applicant's Name (First, Middle, Last)		Phone <u>( )</u>
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.			
Business Name <u>ROYAL TAXI</u>		Business Address (Street Address, City, State, Zip) <u>2121 EVANS AVE #G</u>	
Business Phone <u>(415) 643 9500</u>		Medallion Number(s) <u>1143</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):

PERSONAL REASON & RELATIONSHIP  
W/ COLOR SCHEME HOLDER

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 1st day of NOVEMBER, 20 08 at San Francisco, California

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>CHRISTOPHER SWEIS</u>	Title: <u>MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>ROYAL TAXI</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date <u>11/1/08</u>

*****OFFICE USE ONLY*****			
Agenda Notice Date <u>11/25/08</u>	Hearing Date <u>12/09/08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>Daniel</u>	Receipt No. <u>404333</u>	Amount <u>\$416-</u>	Date <u>NOV 03 2008</u>

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? I WANT TO JOIN NEW RADIO SERVICE (CITYWIDE) AND NEW VEHICLE
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 - THURSDAY DAY SHIFT

REC'D

NOV 18 2008

SAN FRANCISCO  
TAXI COMMISSION

I, Jimmy Velez, acknowledge that in making this color scheme transfer to ROYAL TAXI, I will operate my medallion # 1143 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. J.V.
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). J.V.
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. J.V.
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. J.V.
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. J.V.
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. J.V.
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. J.V.

I have read and understood all of the above. I declare that I will operate my taxicab permit number 1143 in full compliance with the above stipulations.

Signature: [Signature]

Date: 11/1/08

Department Witness: \_\_\_\_\_

Date: \_\_\_\_\_



Royal Taxi  
2121 Evans Ave.  
Suite G  
San Francisco, CA 94124  
Phone: 415-643-9500  
Fax: 415-643-9595

November 1, 2008

RECEIVED

NOV 03 2008

SAN FRANCISCO  
TAXI COMMISSION

SF Taxi Commission  
25 Van Ness Avenue Suite 420  
San Francisco, CA 94102

RE: Vehicle for Jimmy Velez

To whom it may concern:

Please know that as soon as the taxi commission grants Mr. Velez his medallion Royal Taxi will secure a vehicle to operate Mr. Velez's medallion and we will forward all registration and insurance information to the Taxi Commission.

Regards,

Chris Sweis  
Manager  
Royal Taxi

## TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME – From: Luxor To: Bay

\*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>TESFAYE D. CHUFFA</u>		Phone (415) <u>563-3285</u>
Residence Address (Street Address, City, State, Zip)		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

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

Business Name <u>BAY CAB</u>	Business Address (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AV. SF 94107</u>	
Business Phone <u>415 206-1908</u>	Medallion Number(s) <u>9078</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):

TO WORK WITH THE COMPANY I HAVE FRIENDS  
and when I worked also for long time in the  
past.

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 18<sup>th</sup> day of November, 2008 at San Francisco, California
CHUFFA TEFAYE  
 Print Name of Applicant

Chuffa  
 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>BAY CAB</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Roger Cardenas</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>11-18-08</u> Date

RECEIVED

OFFICE USE ONLY			
Agenda Notice Date <u>11/25/08</u>	Hearing Date <u>12/09/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>NOV 18 2008</u>
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chips Submitted	Photos Submitted <u>SAN FRANCISCO</u>
Received by: <u>Danella</u>	Receipt No. <u>404366</u>	Amount <u>\$416 -</u>	Date COMMISSION

## COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? To go back to the company I was working in before I received 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? Not Known Yet

I, Testayo Chuffa, acknowledge that in making this color scheme transfer to Bay Cab, I will operate my medallion # 9078 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. T.C.
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). T.C.
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. T.C.
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. T.C.
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. T.C.
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. T.C.
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. T.C.

I have read and understood all of the above. I declare that I will operate my taxicab permit number 9078 in full compliance with the above stipulations.

Signature: Chuffa

Date: 11-18-2008

Department Witness: Daniel

Date: 11/18/08





*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

17 November 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that medallion # 9078 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 CNA Insurance and Arch Insurance companies.

Sincerely,

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

Dmitry Erenkov  
Agent/Broker

DIE/ece

RECEIVED

NOV 18 2008

SAN FRANCISCO  
TAXI COMMISSION

BAY CAR # 9078



REGISTRATION CARD VALID FROM: 10/31/2008 TO: 10/31/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
DODG	2006	0000	EB	2007	37X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	G	PY	2	D	04340		
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED	
COMMERCIAL	11/10/08	38	10/31/08	8		T0409867	
	PR/HIST: TAXI					PR EXP DATE: 10/31/2008	

REGISTERED OWNER  
LUXOR CAB CO  
2230 JERROLD AVE

SAN FRANCISCO  
CA 94124

LIENHOLDER  
FORD MTR CRDT CO  
PO BX 105704

ATLANTA  
GA 30348

AMOUNT DUE  
\$ 258.00

MISC#: 9078  
AMOUNT RECVD  
CASH :  
CHCK :  
CRDT : 258.00

AMOUNT PAID  
\$ 258.00

H06 503 C8 0025800 0052 CS H06 111008 31 8N25340 037

RECEIVED

NOV 18 2008

SAN FRANCISCO  
TAXI COMMISSION