San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
HERBERT GEE	□ Regular 🖼 Ramp
Residence Address (Street Address City State Zin)	N FRANCISCO, CA. 94115
Mailing Address (if different than residence address)	
Residence Phone Number: (415) Alternate Phone Nu	•
Hours Available at this Number: CPM - 7AM 7DAYS A WH Hours Available at t Social Security Number Other name(s) used	his Number: ALWAYS
	Place of Birth
	ST. LOUIS, MISSOURI
Race (Optional) Rest (M) F Height 5 " Weight 49	BROWN BLACK.
Color Scheme / Business Name LVXOR CAB Co.	Business Number (+15) 282 122+
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 JERROLD AVENUE, SAN FR.	ANCISCO CA 94124
Are you a U.S. Citizen? Yes No, If No, write the Alien Resident Card Number:	
Are you a 0.5. Gluzen: Lines Line, it wo, write the Allen Resident Card Number:	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver	
If Yes -Date permit was issued: CLRRENT Permit #: PHH . 05	0741
Has this permit ever been revoked? ☐ Yes ☑ No if yes, explain:	
Per MPC §1081(a)(3), do you holds or have you ever held any other permits	•
either in the City and County of San Francisco <u>or elsewhere?</u> Yes M I	no ir yes, expiain:
Please describe why the public will not be served properly if this medallion is	not granted (attach additional pages if necessary):
SEE ATMORED	
<u> </u>	
	1 3
	72-12
OFFICE USE ONLY	
Received by Panarate Receipt No Amount 4533	Date 0CT 3 0 2008
Notice Date: Hearing Date:	and the state of t
	YHAZ

ist residence addresses fo	r 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 CURREN	T	, SAN FRANCISCO, CA 94
w long have you lived within a 30	mile radius of San How many years driving experience do you have in San Are	e you physically qualified to drive a standard vehicle
incisco? 3+ years		felv?
	years (List most recent first, attach additional pages if needed)	∐Yes □No
om Date To Date	Company Name Address (Street Address, City, State, Zig	b) Type of Work
1.07 CUPPENT	LUXOR COB CO. 2230 JERPOLD	AVE. S.F. TAXICAB
9.07 11.07.	METPO CAB 2121 EVANS, SF, C.	
5.06 09.07	LUXOR CAB 2230 JEPPOLD AV	
4.93 05.06	DESOTO CAB Co. 555 SHELBY, 5	
		ţ.
	ed of, or plead guilty or No Contest to any crime? ☐ Yes ☑ No	If yes, provide the information required below. (Attach additional pages if needed) idered cause to deny the permit.
ilure to provide full information	n relative to prior convictions, guilty pleas or not contest pleas may be consi	(Attach additional pages if needed)
ilure to provide full information	n relative to prior convictions, guilty pleas or not contest pleas may be consi	(Attach additional pages if needed) idered cause to deny the permit.
gilure to provide full information fense	Date Place of Arrest Disp	(Attach additional pages if needed) idered cause to deny the permit.
ailure to provide full information ffense your eyesight impaired?	Date Place of Arrest Disp Date Place of Arrest Disp Who sightedness or farsightedness corrected by eyeglasses.	(Attach additional pages if needed) idered cause to deny the permit. position s your hearing impaired? Yes No
your eyesight impaired? o not include ordinary nears	Date Place of Arrest Disp Date Place of Arrest Disp Who sightedness or farsightedness corrected by eyeglasses.	(Attach additional pages if needed) idered cause to deny the permit. position s your hearing impaired? 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 act ivies. 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 were may disabled and elderly reside. In 1996, the Board of Supervisors recognized me with a Certificate of Honor in recognition of my apprehension 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.

RECEIVED
OCT 3 0 2008 (PC)

SAN FRANCISCO
RECEI/ASPONMISSION

NOV 20 2007

SAN FRANCISCO FAMI COMMISSION

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Yes Do If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information
about new service, other)
(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
Read each section and sign initials to the left of each section if you agree and understand. I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder. I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or
incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted. I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this day of
Executed on this day of october, 20_08 at San Francisco, California.

PECLIFICATION

OCT 3 0 2008

SAN FRANCISCO
TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last		こんひしひ こ ぐへがわし ピヤピ せいずいっこ ヒノ	\D 88
	t) _	EARLY – COMPLETE ENTIRE FO	Phone
HERBER.	T GEE		(415)
Residence Address (Street Address,	City, State, Zip)		
	وسينس ووست سيويوو	, SAN F	RANCISCO, CA. 94115
Mailing Address, if different from abo	ove (Street Address, City, State, Zip)		
If this color scheme request Name of Taxi Company	t is granted by the Taxicab Com	mission, list what the taxi company nar Taxi Company (Street Address, City, State, Zip)	ne, address and phone number will be:
LX OF CAS	(U 72.30)	Taxoud Que State, 210)	= ca qu/14
LUXOR CAS Business Phone (YT) 282-160	Medallic	on Number	Owner / Operator
(41) 282-11	24		Gas & Gate
	' N	ew Medicalion	☐ Long Term Lease
	would like to use the color s	scheme for the above named taxi of	company (attach additional pages if
necessary):			ı
LUXOR	CAB COMPANY	PROVIDES RE	LIABLE
	THE PUBL		
			The state of the s
			The state of the s
	,		
I certify (or declare) under pena	alty of perjury under the laws o	of the State of California that the foreg	oing is true and correct.
		, , ,	•
Executed on OCTO			
		20	_ at San Francisco, California.
		1 deshart h	_ at San Francisco, California.
HERBERT Print Name of Applicant		1 dervert 5	_ at San Francisco, California.
HERBERT		1 devert b	_ at San Francisco, California.
HERBERT Print Name of Applicant	GEE	/	20
HERBERT Print Name of Applicant	GEE	signature of Applicant ACCEPTING COLOR SCHEME	20
HERBERT Print Name of Applicant	GEE	/	ONLY******
HERBERT Print Name of Applicant	GEE	/	ONLY******
Print Name of Applicant ***********************************	GEE **TO BE COMPLETED BY n for Color Scheme Holder: LA ZAR	ACCEPTING COLOR SCHEME	ONLY************************************
Print Name of Applicant ***********************************	GEE	ACCEPTING COLOR SCHEME	ONLY************************************
Print Name of Applicant ***********************************	GEE **TO BE COMPLETED BY n for Color Scheme Holder: LA ZAR	ACCEPTING COLOR SCHEME Scheme Holder for	ONLY Title: President R CABCO
Print Name of Applicant ***********************************	**TO BE COMPLETED BY n for Color Scheme Holder: A 2 A Color and named to use my color scheme	ACCEPTING COLOR SCHEME Scheme Holder for	ONLY************************************
Print Name of Applicant ***********************************	**TO BE COMPLETED BY n for Color Scheme Holder: A 2 A Color and named to use my color scheme	ACCEPTING COLOR SCHEME Scheme Holder for	ONLY************************************
Print Name of Applicant ***********************************	**TO BE COMPLETED BY In for Color Scheme Holder: A 2 A Color and named to use my color scheme of parjury under the laws of the S	Scheme Holder for tate of California that the foregoing is true	ONLY************************************
Print Name of Applicant ***********************************	**TO BE COMPLETED BY n for Color Scheme Holder: A 2 A Color and named to use my color scheme	Scheme Holder for tate of California that the foregoing is true	ONLY************************************
Print Name of Applicant ***********************************	**TO BE COMPLETED BY In for Color Scheme Holder: A 2 A Color and named to use my color scheme of parjury under the laws of the S	Scheme Holder for tate of California that the foregoing is true	ONLY************************************
Print Name of Applicant ***********************************	TO BE COMPLETED BY in for Color Scheme Holder: A 2 A 2 Color and named to use my color scheme of parjury under the laws of the Second authorized to sign for Color Scheme reson authorized to sign for Color Scheme reson authorized to sign for Color Scheme	Scheme Holder for	ONLY************************************
Print Name of Applicant ***********************************	**TO BE COMPLETED BY In for Color Scheme Holder: A 2 A Color and named to use my color scheme of perjury under the laws of the S rson authorized to sign for Color Scheme **********************************	Scheme Holder for	ONLY************************************
Print Name of Applicant ***********************************	**TO BE COMPLETED BY In for Color Scheme Holder: A 2A on authorized to sign for the Color ant named to use my color scheme of perjury under the laws of the S rson authorized to sign for Color Scher ***********************************	Scheme Holder for	ONLY Title: President R CBB Co Color Scheme Name and correct. 20-08 New Declaration Signed OCT 3 0 2008
Print Name of Applicant ***********************************	**TO BE COMPLETED BY In for Color Scheme Holder: A 2 A Color and named to use my color scheme of perjury under the laws of the S rson authorized to sign for Color Scheme **********************************	Scheme Holder for	ONLY************************************

SFV17A . Mongoling soluting

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

Gavin Newsom | Mayor

Malcolm Hemicke | Director Jerry Lee 1 Director Bruce Oka | Director

Rev. Dr. James McCray Jr. | Chairman Tom Notan | Vice-Chairman Cameron Beach | Director Shirley Breyer Black | Director

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

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,

cc:

Kate Toran, Paratransit Coordinator

Dee Ann Hendrix, PCC Advisory Committee Vice Chair

RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

SAN FRANCISCO SAXI COMMISSION

has successfully completed the requirements for Sensitivity/ Ramp Taxi Operators Training on this date

MARCH 18, 2006

Mark Powell

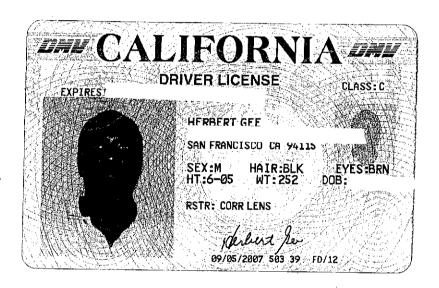
Certified Ramp Taxi/Sensitivity Trainer certificate expires 3 yrs from above date



RECENSO

OCT-302008

SAN FRANCISCO TAXI COMMISSION





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



San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	ma a h	Type of Medallion Applying for	□Ramp
Residence Address (Street Address, City, State, Zip)	7, 12, 7,		(CITY, 8A94015
Mailing Address (If different than residence address)		1 / , , ki Wa	
Residence Phone Num	Alternate Phone Nur		
Hours Available at this Number: Anutime Before Godal Security Number Other name (s	Hours Available at the sign of	is Number: Any T	ime
California Driver's License Number / Expiration Year	Date of Birth	Place of Birth	
Race (Optional) ASIAN (M) F L	ght/6" Weight 185 LB	Eye Color Do	SLADES H
	COMP.	Business Nui	mber BLK
Color Scheme / Business Address (Street Address, City, State, Zip)		(845)	182-1224
•		Maneiseo, CA	94124
Are you a U.S. Citizen?	en Resident Card Number:		
Are you currently an active driver and hold a current Public If Yes –Date permit was issued: キャル、1993			Yes
Has this permit ever been revoked? ☒ No ☐ Yes,	Permit #: P 44-0	9 <i>5</i> 98/	
Per MPC §1081(a)(3), do you holds or have you ever held	any other permits issued to	operate a motor vehicle t	for hire either in the City
and County of San Francisco <u>or elsewhere</u> ? 💢 No 🗆 ነ	es, if yes, explain:		
Please describe why the public will not be served pro	perly if this medallion is	not granted (attach addition	onal pages if necessary):
	A	<u> </u>	a l
I have been driving	at Luxon	Cab Compan	y since
1994 Im taking	the public	at their	Idestination
safery sines meno JA	ustar, aus	wing this	medall on
on street of Jan Fran	enorare t	to face	lon be
fastere & eloquently	- impicares	ne zaxi	DUILLE D
Jane & Eligandy			
	* * * * * * * * * * * * * * * * * * *		
	FOR HOLONI V		
Recaived by Receipt No.	FICE USE ONLY 1 6/0/67.00	Date	
Notice Date () No. () Sh. 1 (25)	Hearing Date:	a 08	

SCM

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) 03-01-196 11-06-208
Daly City, CA 94015
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 years 18 years 0 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 Driver Sar Francis ce, CA 94 24
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 ZNo Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses. Is your hearing impaired? ☐ Yes ZNO ☐ Yes ZNO
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 XNo Any Narcotic Drug? □ Yes XNo
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:

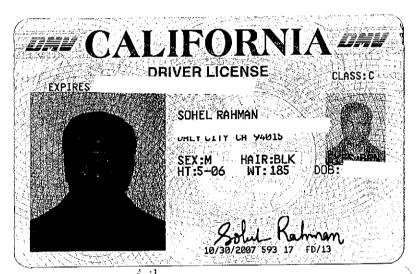
If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Yes □ No If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)
Accepting customer Service requests through 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. I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder. I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under
penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

TOU WIGST SUBWIT A CERTI			ARD, & INSURANCE CARD WITH THIS APPLICAT
Applicant's Name (First, Middle, Last	PLEASE PRINT (CLEARLY - COMPLETE EN	TIRE FORM
SOHE	L RAHMAN)	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Residence Address (Street Address,	City, State, Zip)	had A ra	2 21 24 212
Mailing Address, if different from about	ve (Street Address, City, State, Zip	ا(د من برسوست	-, Daly City, CA 94015
Business Phone () 4/3 ZS 40/1	Business Address Address Address Med	s of Taxi Company (Street Address, City, Terroro July Jallion Number	SF-A 9412 ∮ □ Owner / Operator □ Gas & Gate □ Long Term Lease
Please describe why you w necessary):	ould like to use the colo	or scheme for the above nam	ed taxi company (attach additional pages
Exeelle	nt Compute	r dispatched	Company, Also, I've
been with 1	WAR Copp	Company lox	n tind lived
hap the best	Custome		in my opinion;
Therefore,	7 Would	like to st	ry with luxof lab
		W-1	
I certify (or declare) under penal Executed on	lty of perjury under the law $0V 06$, RAHMAN	s of the State of California that to	. 0/
Name of person authorized to sign	for Color Scheme Holder:	Y ACCEPTING COLOR SC	Title:
John	LAZBR		President
the Color Scheme Holder / person	n authorized to sign for the Co	lor Scheme Holder for	NUR CAR CO
ereby give consent to the applican	_		Color Scheme Name
certify (or declare) under pegalty o	if perjury under the laws of the	State of California that the foregoin	g is true and correct.
impative of Search dome house / page	on authorized to sign for Color Sal		-6-08
ignature of Selo Solleme Holder / pers	on authorized to sign for Color Scr	neme Holder Date	
	************************		Residence
genda Notice Date	Hearing Date	DEFICE USE ONLY************************************	3.9.504.404.514.414
orker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
eceived by:	Receipt No.	, Amount	Date 1977

ROS ON AUN





ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

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



RECEIVED

NOV 10 2008

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)				Type of Medal	lion Applying fo Regular	^{∞r.} □ Ramp
YOUNG KYU Yi Residence Address (Street Address, City, State, Zip)				<u> </u>	\cyulai	□ I/amp
	Vacavi]	le (A.95688			
Mailing Address (If different than residence address)						
Residence Phone Number (`	 		Alternate Phone Nu	mber:		1
Hours Available at this Number: 7pm-3am			Hours Available at t	his Number: 7	am-6pm	
Social Security Number	Other name	• •	nono			
California Driver's License Number / Expiration Year		Date of	none Birth		Place of Bir	th
	<u>.</u>			T	So K	
Race (Optional) Asian		eight 5 ' 5 ''	Weight 125	Eye Color Brown	,	Trail COIOS
Color Scheme / Business Name	1					Black
Regents Cab (Yellow/Blu Color Scheme/Business Address (Street Address, City, (Yellow/Blue) 98 Penr	1e) State Zip)				<u> </u>	487-1004
(Yellow/Blue) 98 Penr	sylvani	a Ave.	San Fran	ncisco,	CA 9410	07
Are you a U.S. Citizen? ☐ Yes 🏠 No, If	No, write the A	lien Resider	nt Card Number:	4036-68	0-321	
Are you currently an active driver and hold a If Yes –Date permit was issued: Has this permit ever been revoked? Per MPC §1081(a)(3), do you holds or have and County of San Francisco or elsewhere?	No □ Yes,	Permit # if yes, ex any <u>other</u>	P44-0411 plain: permits issued to	91		
Please describe why the public will not be	•			_		, -
and an excellent drivi	ng recor	d. I	have been	on the	waitin	ng list
for about 15 years. I	have no	ot caus	ed any ac	cidents	or rec	eived
passenger complaints.	Both my	exper	ience and	service	as a	taxi
cab driver contributes	to hold	ling up	a good r	eputatio	on for	San
Francisco taxi cab dri	vers. I	have	been prov	iding a	servic	e to
the public and the cit	y of San	Franc	isco by m	aking su	re tha	t I
provide excellent qual	ity serv	ices a	nd safe e	xperienc	es.	
·						
			•			
		CCIOCUIO	EONLY			
	TERREPRESENTATION U	トレル にいし	CUNLE	Anne of Mallin Petrole and Autorit	2 h 1	Marin Carlo San Marin San Carlo San

Hearing Date:

SAN FRANCISCO TAXI COMMISSION

OCT 2 92008

Received by:

Notice Date:

	a taxicab in the Section 1121(b)		ancisco and I me ⊒ No	et the current year's driving re	quirement pursuant to SF	FPD Municipal
List residenc	e addresses for		List most recent first, ss (Street Address, C	attach additional pages if needed)		
7/6/07	PRESENT			VACAVILL	E, 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	ou lived within a 30 n		Famoui0	iving experience do you have in San	Are you physically qualified to safely?	drive a standard vehicle
_	26 _{years} 7			0 yearsmonths	Yes	□No
List employment From Date	ent for last five y To Date		cent first, attach addit	ional pages if needed)	7	-
9/1/06	PRESENT	Company Name REGENTS	CAB	Address (Street Address, City, State 98 PENNSYLVANIA		Type of Work DRIVER
	PRESENT	CACTUS		2010 CROW CANYO		PART TIME
	W/M		****	SAN RAMON		
TT0-221012-TW-1-1	•			******		***************************************
		/3				1777-1-1-1
						<u> </u>
Fallure to provide Offense	de full information	Date		eas or not contest pleas may be d	onsidered cause to deny the	permit.
	ght impaired? [ordinary nearsig		rsightedness cor	rected by eyeglasses.	ls your hearing impai □ Yes ॲNo	red?
Do you have a	any physical im	pairments?	□ No 🎞 Yes,	if yes describe the impairmen	t: POLIO ON RIG	HT ARM
Have you eve	r had: Epil	epsy □Yes	X ∃ No	Vertigo □ Yes 🖾 No	Heart Trouble	□Yes 🏻 No
	or have you ev		□Yes XIN	o Any Narcot	ic Drug? □ Yes 🏌	l No
	viously a medal voked, explain f		☑ No □Yes,	If yes, was the medallion pe	rmit ever revoked?	No □Yes

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☑ Yes ☐ No If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab? ☑ Yes ☐ No Read each section and sign initials to the left of each section if you agree and understand. УКУ 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.
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. Yby ☐ 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
and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab? Read each section and sign initials to the left of each section if you agree and understand. Yey I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code
YEY 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 publicab as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit./There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this 28th day of OCTOBER , 20 08 at San Francisco, California. Signature of Applicant

RECEVED

OCT 2 9 2008

SAN FRANCISCO TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

ON,

Applicable Manager (F) and Addition	PLEASE PF	RINT CLEARLY – COMPLETE E	
Applicant's Name (First, Middle, Lat YOUNG KYU YI	5()		Phone
Residence Address (Street Address		CAVILLE, CA 95688	
Mailing Address, if different from abo same as above	ove (Street Address, City, S	State, Zip)	
Name of Taxi Company _	I Hilenage	cicab Commission, list what the taxl co Address of Taxi Company (Street Address, City	mpany name, address and phone number will be
Resenta Can) वह	penusylvania, so	xy Prayoisco, CA 9410;
Business Phone (415) 487-1004	.	Medallion Number	Owner / Operator Gas & Gate
			Long Term Lease
Please describe why you v necessary):	would like to use th	e color scheme for the above nan	ned taxi company (attach additional pages
	nt back to d	riving a cab full tim	ne, I chose Regents
· · · · · · · · · · · · · · · · · · ·		pportunity to drive a	
		ause I have been with	
2 years now wi	th good expe	eriences. I have deci	ded to stay with them
long term.			ded to stay with them
-0119 CO11M.			
certify (or declare) under pena	lty of perjury under th	e laws of the State of California that	the foregoing is true and correct.
xecuted on	October 28	8th, 20	08 at San Francisco, California.
YOUNG KYU	YI	Do.	
rint Name of Applicant		Signature of Applicant	angun t
ame of person authorized to sign	TO BE COMPLET for Color Scheme Hold	ED BY ACCEPTING COLOR SO	HEME ONLY**************
		er:	Title*
		er:	Cienoral Manage
Steven An			Cienoral Hours
Steven Am	ton		Cienara Munaga
STEVEN AW	authorized to sign for t	he Color Scheme Holder for	Cienaral Mucaga
STEVEN AW the Color Scheme Holder / person treby give consent to the applican	n authorized to sign for t	he Color Scheme Holder for	Cienara paraga ente Cat Color Scheme Name g is true and correct.
STEVEN AWA	n authorized to sign for to t named to use my colo f perjury under the laws	he Color Scheme Holder for	Cienara paraga ente Cat Color Scheme Name g is true and correct. 27 - 08
the Color Scheme Holder / person ereby give consent to the applicant ertify (or declare) under penalty o	n authorized to sign for to t named to use my colo f perjury under the laws	he Color Scheme Holder for	Cienara Maraga ente Cat Color Scheme Name g is true and correct. 27-08 OCT 292008
the Color Scheme Holder / person ereby give consent to the applicant ertify (or declare) under penalty o	n authorized to sign for to t named to use my colo f perjury under the laws ————————————————————————————————————	the Color Scheme Holder for	Cienara Maraga ente Cat Color Scheme Name g is true and correct. 27-08 OCT 292008
she Color Scheme Holder / person reby give consent to the applican ertify (or declare) under penalty of nature of Color Scheme Holder / person	n authorized to sign for to t named to use my colo f perjury under the laws ————————————————————————————————————	he Color Scheme Holder for	Cienara paraga ente Cata Color Scheme Name g is true and correct. 27 - 08 OCT 292008 SAN FRANCISCO TAXI COMMISSION
the Color Scheme Holder / personereby give consent to the applicant	n authorized to sign for to t named to use my colo f perjury under the laws on authorized to sign for Co	the Color Scheme Holder for	Cienara paraga ente Cata Color Scheme Name g is true and correct. 27 - 08 OCT 292008 SAN FRANCISCO TAXI COMMISSION

RECEIVED
OCT 292008

SAN FRANCISCO TAXI COMMISSION



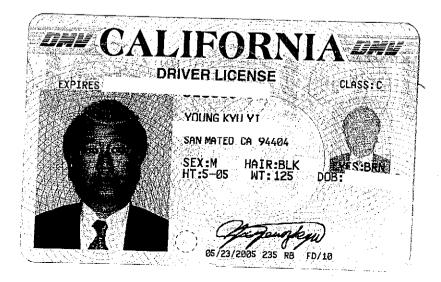
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

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





San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) ALEKSANDR GEYLER	Type of Medallion Applying for: ☑ Regular ☐ Ramp
Residence Address (Street Address City State, Zip) Sey Francisco, CA Mailing Address (If different than residence address)	0/////
Mailing Address (If different than residence address) SAME	97.4.40
	Number: (4/5)
Hours Available at this Number: ANY TIME Hours Available at Social Security Number Other name(s) used	at this Number: 8 4m - 9 pm
NA	,
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
Race (Optional) WHITE Sex Height M/F 5-05 Weight 165	Eye Color BRN Hair Color BRN
S. F. TAXI - CAB. CO	Business Number (4/5) 920-0745
Color Scheme / Business Address (Street Address, City, State, Zip) 2121 EVANS St. Son Francisco	CA 94124
Are you a U.S. Citizen? Yes So, If No, write the Alien Resident Card Number:	
Are you currently an active driver and hold a current Public Passenger Vehicle Drive If Yes –Date permit was issued: Permit #: P44–0	er Permit (A-Card)? □ No III Yes 045573
Has this permit ever been revoked? ☑ No ☐ Yes, if yes, explain:	
Per MPC §1081(a)(3), do you holds or have you ever held any <u>other</u> permits issued and County of San Francisco <u>or elsewhere</u> ? No \square Yes, if yes, explain:	to operate a motor vehicle for hire either in the City
Please describe why the public will not be served properly if this medallion i	s not granted (attach additional pages if necessary):
I have been a Texi-eab	
15 xears and I think I	
	vino pullie
I have been presented wi	th awards
by S.F.P.D and City Wide Dis	batch Service
in recognition and sincere appli	rejetion for
outstanding services T provided	
The public need more texis an	I it this permit
will be issued, we will get close	a in providing
more Timely Service, especially	in peau Time.
urage the middle-groups, magazing is was the first way and the second of	The same of the sa
Received by The Francisco of the Control of the Con	

Hearing Date

SAN FRANCISCO TAXI COMMISSION

Notice Date:

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). 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) 03/17/38 prefect
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 Phence S.F. TAXI'-CAB CO 2121 EVANS St. S.F. CA 94124 TAXI'-CRIVER
Have you ever been convicted of, or plead guilty or No Contest to any crime? Wo 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 ☐ Is your hearing impaired?
Is your eyesight impaired? ☐ Yes ☑ No Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses. ☐ 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? The 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? Wes
Read each section and sign initials to the left of each section if you agree and understand.
A.C 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 . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this3
Signature of Applicant

RECEIVED

NOV 0 5 2008

SAN FRANCISCO TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION San Francisco Taxicab Commission

ION.

TOU WOST SUBMIT A CERT		ATION, REGISTRATION CARD, & INS RLY – COMPLETE ENTIRE FO	URANCE CARD WITH THIS APPLICAT
Applicant's Name (First, Middle, Las	i)	CT - COMPLETE ENTIRE FO	Phone
ALEKSANDR	GEYLER		(:
Residence Address (Street Address	, City, State, Zip)		, , , , , ,
	San Fi	zeneisco, CA.	94116
Mailing Address, if different from abo	ove (Street Address, City, State, Zip)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	SAME		
			44
If this color scheme request	t is granted by the Taxicab Commiss	sion, list what the taxi company name	, address and phone number will be:
Name of Taxi Company	Business Address of Taxi (Company (Street Address, City, State, Zip)	
S.F. TAXI - CAB. C Business Phone		INS St, S.F. C	
(415) 920 -070	Medallion Nui	mber	Owner / Operator
1913, 920 OFC	19		Gas & Gate
		4.00	Long Term Lease
Please describe why you v	vould like to use the color sche	me for the above named taxi co	mpany (attach additional pages i
necessary):	3		mpany (attaon additional pages)
7 mars	for S.F	TAVI PAR PM	la Ila
1 100000	7012 3:0-	THAT- CATS CO	ton the
Last 16	years.	TAXI-CAB CO	
T have	a areat e	penyo	ewine with
0201/2		i i i i i i i i i i i i i i i i i i i	
people,	in this com	penyo	AND THE NA COLUMN
			PFCEVE -
			NOV 0 5 2008
certify (or declare) under penal	ty of perjury under the laws of the	State of California that the foregoin	g is true and correct.
Executed on 3	vovember	20 12 8	SAN FRANCISCO
		, 20 <u>.07</u> _ 2	it San Francisco/: California.
ALEKSANOR	GEYLER	Gara	
Print Name of Applicant		Signature of Applicant	·
***** *********	TO BE COMPLETED BY ACC	EPTING COLOR SCHEME ON	V
lame of person authorized to sign	for Color Scheme Holder:		Title:
TACV	TOAD	ł	PREJIDENT
	TRAD		
the Color Cohema Helder / nerson	authorized to sign for the Color Schen	CETAY	ECAB CO.
		, , , , , , , , , , , , , , , , , , ,	or Scheme Name
ereby give consent to the applicant	t named to use my color scheme.		
certify (or declare) under penalty of	perjury under the laws of the State of	California that the foregoing is true and	correct.
100	- January Company of the Company of	1/203	
JURIA C			
gnature of Color Scheme Holder / perso	r authorized to sign for Color Scheme Holde	er Date	
enda Notice Date	Hearing Date	JSE ONLY************************************	Nov Dodorolo Si
		<u> </u>	New Declaration Signed
orker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

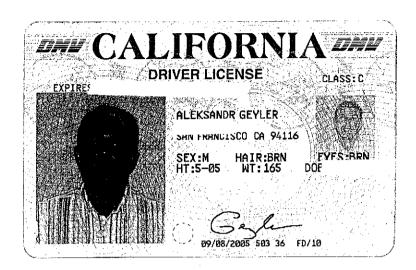
Amount

Date

Received by:

Receipt No.

NOV 0 3 2008





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



San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Megallion Applying for:
MAHMUD BAGHAI RUDGAPI Residence Address (Street Address _City. State, Zip)	⊠ Regular □ Ramp
GAN FRANCIGIA CA	94114
Mailing Address (if different than residence address)	
Residence Phone Number: (415) Alternate Phone N	umber: (415)
Hours Available at this Number: Hours Available at	this Number:
Social Security Number Other name(s) used	
California Driver's License Number / Expiration Year	Place of Birth T P A
Race (Optional)	Eye Color Hair Color
Color Scheme (Business Name	Business Number
Color Scheme / Business Address (Street Adgress, City, State, Zip),	1(415)401-8900
TOWN TAXI / 999 PENH SYLVANIA AVE SAN FRAN	6140, CX 94107
Are you a U.S. Citizen?	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver	Permit (A-Card)?
If Yes -Date permit was issued: 10/23/08_ Permit #: REVAKED	PERMIT WAS P44-052617
Has this permit ever been revoked? Yes \(\square\) No If yes, explain: FAI)	ED TO PAYA PERMIT FEE
Per MPC §1081(a)(3), do you holds or have you ever held any other permits	
either in the City and County of San Francisco <u>or elsewhere?</u> Yes Y	No If yes, explain:
·	
Please describe why the public will not be served properly if this medallion is	not granted (attach additional pages if necessary):
I HAVE A FIFTEEN YEARS HISTORY OF WARKIN	GINATAXICAB WITHTHE
POBLIC. AVERTHE YEARS, I HAVE MAINTAINE	DA CHAN RECARD, WITH
NA ACCIDENTS OR COMPLAINTS WITH MX	PRIVING RECORD.
MY EDUCATION AT THE PHY WEVEL IS	IN ARCHITECTURE AND
ILBRAY FLANK LANGUET DEMONSTRATE LANGUETE	TAMAN WAR THE FIRM AR
arth Transing Which refuginates My APILITY	WAR WITH HE JUDICO
MY LANG TERM GOOD 19 1091 AX IN THE CITY AND	2 CONTINUE TO TRAVILLE
MARE, I EPENTABLE GENER	ALTUBLIC, TO PROMOTE,
CAMMERCE IN THE CITY OF PANERANCISCO.	I HAVE BEEN A CITIZEN
OF YAN FRANCISCO, FOR 26 YEARS AND FI	17 THY CITY TO HAVE THE
MOST DIVERY, EXCITING AND TOURAMIL	PERPLE THAN ANXWHERE
EARTH ON EARTH) * 0) * P
Trues Con 27 V 1 A	
OFFICE USE ONLY	
Received by Receipt No. Amount	Date 3 2 2 08
Notice Date: Hearing Date:	

	incisco and I meet the current year's driving red	quirement pursuant to SFPD Municipal
List residence addresses for last five years (L From Date To Date Residence Addres	List most recent first, attach additional pages if needed) ss (Street Address, City, State, Zip)	94114
How long have you lived within a 30 mile radius of San Francisco? 200 yearsmonths	How many years driving experience do you have in San Francisco?	Are you physically qualified to drive a standard vehicle safely? Yes No
List employment for last five years (List most rec From Date To Date Company Name	cent first, attach additional pages if needed) Address (Street Address, City, State	Type of Work ANIA GECA 94107 DRIXEE
Have you ever been convicted of, or plead gu	uilty or No Contest to any crime? ☐ Yes 🔯 nonvictions, guilty pleas or not contest pleas may be co	(Attach additional pages if needed)
Offense Date		Disposition
		N. C.
		1
Is your eyesight impaired? ☐ Yes ☑ No Do not include ordinary nearsightedness or fail		ls your hearing impaired? □ Yes M No
Do you have any physical impairments?	☐Yes ☑No If yes, describe the impa	irment:
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 Narcoti	c Drug? □ Yes ☑ No
Were you previously a medallion holder? If yes, was the medallion permit ever revoke	☐ Yes ☑ No ed? 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)
RADIA PIGRATCH 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.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this day of, 20 08 at San Francisco, California.
M. B. Kudsor
Signature of Applicant

REC 28 2008

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

100 MOOT CODMIT A CERTIFIC		- COMPLETE ENTIRE FORM	ANGE CARD WITH THIS APPLICATION
Applicant's Name (First, Middle, Last)			Phone (d.g.)
MAHNIGUV BAG	HAI RUDGAKI		~ /· ~
Residence Address (Street Address, City	16 64 0	1111	
Mailing Address, if different from above ((Street Address, City, State, Zip)	4119	
If this color echamp request is		- lintucket the toyl company name a	delegas and whose number will be
Name of Taxi Company	Business Address of Taxi Com	n, list what the taxi company name, a pany (Street Address, City, State, Zip)	C r 1 01/07
SF Jour laxi,		y Vania Ave.	st, CA 99107
Business Phone (415) 401-8900	Medallion Numbe	:1/	Owner / Operator
	1 12/	I N	Gas & Gate
	// /	/+	Long Term Lease
necessary).			pany (attach additional pages if
Iam Work	cing with To	wn Taxi br	the past
ten years	and Twould	un Taxi for A like to remo	in with
the empani	1 la/ a luser	Ve.	
Judge Contraction) 	(1 - 2 - 1	
certify (or declare) under penalty		tate of California that the foregoing	is true and correct.
Executed on	27108 Thenty ser	, 20 <u>08</u> at	San Francisco, California.
DC+066	Thenty ser	RN M. Q DI	•
MAHMOOD BAGHAL R	RUDGARI	M. D. Kuller	<u>/</u>
Print Name of Applicant		signature of Applicant	
			and the control of th
Name of person authorized to sign for		EPTING COLOR SCHEME ONL	
Jacob A	1 ausel		11
	4	SF TOW	Manafer
I, the Color Scheme Holder (person	authorized to sign for the Color Scheme	e Holder for	or 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 C	California that the foregoing is true and o	
1 Mas	<i></i>	10/27	2/08
Signature of Color Scheme Holder / persor	n authorized to sign for Color Scheme Holder	r Date	

	**************************************	*CE OKII V*************	
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted CT 23.3 (1.110

Amount

Receipt No.

Received by:

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. M.B. Ausbur

DBA CHE	NO: P44 05261 ECKER CAB DO VARIOUS LO DSARI, MAHMOOI	CATIONS	- CE CERTIF NBR 0000 CARE OF		OLD# RTED 03-23-00 ATED 05-01-08
ADDRESS			SAN FRANCIS	CO, CA	94110
CONDOMINTOM	DISTRICT (TCHING ADDRES		
PERMIT NO. (C. DRIVER-PUB.	PASS.VEH. ACCO	UNT TYPE A
	OKED NONPAYME	CNT			
EXPIRE DTE			12-31-07	12-31-06	12-31-05
DATE PAID	<u>-</u>		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.	•		4		
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 RETRI	EVED - ENTER	CLASS-ACCOUNT	FOR NEXT RECOR	

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OCT 28 2008

	CKER CAB		- CENS		OLD# RTED 03-23-00
ITUS 000	00 VARIOUS LO	CATIONS	0000	DATE INACTIV	ATED 05-01-08
WNER RUE	SARI, MAHMOO	Э В.	CARE OF		
DDRESS	,			CA	94110
ONDOMINIUM	DISTRICT (CODE NON-MA	TCHING ADDRESS	•	•
ERMIT NO. C	93212 SUB-C	LASS DESC	. DRIVER-PUB.PA	ASS.VEH. ACCOU	UNT TYPE A
OMMENT: REV	OKED NONPAYM	ENT			
XPIRE DTE			12-31-07	12-31-06	12-31-05
ATE PAID			12-18-06	12-08-05	12-13-04
ATCH NO			0025	0257	0501
SSUE DT	00-00-00	00-00-00	12-22-06	12-09-05	
UE: FEE			52.00	51.00	50.75
SURCHRG			3.00	9.00	0
MISC.					
PENALTY					
TOTAL				60.00	50.75
AID: FEE			52.00	51.00	50.75
SURCHRG			3.00	9.00	
MISC.					
PENALTY					
TOTAL			55.00	60.00	50.75
ALANCE			0.00	0.00 OR NEXT RECORE	0.00

TLA2 ACCT. N	NO: P44 04860	7 TAX ID	- CE	NSUS	OLD#
DBA DE	SOTO CAB CO.		CERTIF NBR	DATE STA	RTED 01-01-97
SITUS 000	00 VARIOUS LO	CATIONS	0000	DATE INACTIV.	ATED 02-22-00
OWNER RUI	DSARI, MAHMOOD	B.	CARE OF		
ADDRESS			SAN FRANCISO	CO, CA	94122
CONDOMINIUM	DISTRICT C	ODE NON-MA	TCHING ADDRESS	S UNIT COUNT	
PERMIT NO. 0	082861 SUB-CL	ASS DESC	. DRIVER-PUB.	PASS.VEH. ACCO	UNT TYPE A
	REVOKED				•
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 048607	RECORD RETRIE	CVED - ENTER	CLASS-ACCOUNT	FOR NEXT RECORD)

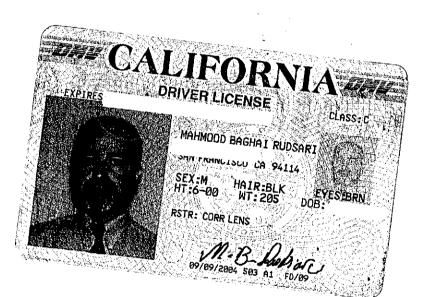
TLA2 ACCT. I	NO: P44 04699	4 TAX ID	- CEN	ISUS	OLD# 046528
DBA DE:	SOTO CAB CO		CERTIF NBR	DATE STA	RTED 03-15-95
SITUS 000	00 VARIOUS LO	CATIONS	0000	DATE INACTIV	ATED 10-27-98
OWNER RUI	DSARI. MAHMOOD	В.	CARE OF		
ADDRESS			SAN FRANCISC	:O, CA	94122
CONDOMINIUM	DISTRICT CO	DDE NON-MA	ATCHING ADDRESS	. UNIT COUNT	
PERMIT NO. (082861 SUB-CLA	ASS DESC	C. DRIVER-PUB.P	ASS.VEH. ACCO	UNT TYPE A
COMMENT: REV	OKED NONPAYMEI	1T			
EXPIRE DTE			<u>-</u>		
DATE PAID				~~ w-	
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 046994		מששאם – משטי	CLASS-ACCOUNT	₽₩₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽	`
F44 040934	VECOUD VEIVIE	APD - PNIEK	CIASS-ACCOUNT .	CON NEAL RECORD	,

TLA2 ACCT. 1	NO: P44 04652	8 TAX ID	CEN	ISUS	OLD#
DBA DE	SOTO CAB CO		CERTIF NBR	DATE STA	RTED 10-05-94
SITUS 00	00 VARIOUS LO	CATIONS	0000	DATE INACTIV	ATED 03-15-95
OWNER RUI	DSARI, MAHMOOD	В.	CARE OF		
ADDRESS			SAN FRANCISC	CO, CA	94122
CONDOMINIUM	DISTRICT C	ODE NON-MA	TCHING ADDRESS	UNIT COUNT	
PERMIT NO. (082861 SUB-CL	ASS DESC	. DRIVER-PUB.F	ASS.VEH. ACCO	UNT 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 RETRIE	EVED - ENTER	CLASS-ACCOUNT	FOR NEXT RECORI)

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OCT 28 2008

SALL SCO



San Francisco Taxicab Commission

Analizanta Nama (First Middle Leah	The Albertan Action Co.
Applicant's Name (First, Middle, Last) ARKADY DVOSKIW	Type of Medallion Applying for: ☑ Regular ☐ Ramp
Residence Address (Street Address, Citv. State, Zip)	VOVATO, CA 94949
Mailing Address (If different than residence address)	
Residence Phone Number: (4/5) 382-0337	Alternate Phone Number: (4/5)
Hours Available at this Number: Social Security Number Other name(s) used	Hours Available at this Number: 9 AH - 9 PM
	N/A
California Driver's License Number / Expiration Year Date of	11550
Race (Optional) Sex Height 6-01	Weight 80 Eye Color 6-RN. Hair Color BRN.
Color Scheme / Business Name SF TOWN TAXI, INC.	I Business Number
Color Scheme / Business Address (Street Address, City, State, Zip) 999 PENNS YLVANIA AVE., SA	N FRANCISCO, CA 94107
Are you a U.S. Citizen? ☐ Yes ☐ No, If No, write the Alien Residen	nt Card Number:
Are you currently an active driver and hold a current Public Passeng	·
If Yes –Date permit was issued: 1987 Permit #	: 39333
Has this permit ever been revoked? ☒ No ☐ Yes, if yes, ex	
Per MPC §1081(a)(3), do you holds or have you ever held any other	•
and County of San Francisco <u>or elsewhere</u> ? ☒ No ☐ Yes, if ye	s, explain:
Please describe why the public will not be served properly if the	nis medallion is not granted (attach additional pages if necessary):
I HAVE BEEN A RESIDENT OF SAN	IFRANCISCO SINCE 1981.
DRIVING A CAB IN THIS CITY FOR	R MANY YEARS, I HAVE LEARNED
A LOT ABOUT THE HISTORY OF S	AN FRANCISCO. WITH THIS SKILL,
	WHERE THEY NEED TO GO. I AM
ALSO A CAREFUL DRIVER AND	FRIENDLY. DRIVING A TAXI CAB
AND MEETING NEW PEOPLE SUCH	AS RESIDENTS OF TOURISTS IS
A GREAT EXPERIENCE FOR ME. I	BELIEVE I HAVEASKILL TO BENEFIT
TAXI SERVICE AND PEOPLE WHO A	REQUEST IT. FORTHE ABOVE REASONS
I SHOULD BE GRANTED THE MEDALLO	OU.
	the time that the time there

Hearing Date

SAN FRANCISCO TAXI COMMISSION Page 1 of 3

NOV 1 0 2008

Date

Received by:

Notice Date

anelle

List residence addresses for it	ast five vears	List most recent first, att	ach additional pages if needed)		· · · · · · · · · · · · · · · · · · ·
From Date To Date		ss (Street Address, City			
05/01 PRESENT	101 -		NOVA	4TO CA 94949	
<i>t</i>			/	,	
				· · ·	
					·
				Ant Name of the Control of the Contr	1,041.
How long have you lived within a 30 mi	la radius of Can	Haw many years defui	na ovnovianno do vou bous in Can	I	
Francisco? 27 years 4		Francisco?	ng experience do you have in San	Are you physically qualified to d safely?	Irive a standard vehicle
			years 4 months	⊠Yes	□No
List employment for last five ye				-	
a a	Company Name		Address (Street Address, City, State	* + *	Type of Work
	UNITED	CAB CO.	20 HERON SF. SA.	N FRANCISCO CA 9463	PART TIME
10/2003 PRESENT			4229 CALIFORNIA ST.	2 · · · · · · · · · · · · · · · · · · ·	DETU. NSTEVER
01/2006 05/2007			999 PENNSYLVANIA		CAB DRIVER
10/2003 03/2005	UNITED	CAB Co.	20 HERON ST. S. E	E CA 94103	CAB DRIVER
			/		
Have you ever been convicted	of or plead au	uilty or No Contest	to any crime? MNo DVe	DE If you provide the information	required heless
Have you ever been convicted				(Attach additional page	ages if needed)
Have you ever been convicted Failure to provide full information re				(Attach additional page	ages if needed)
			s or not contest pleas may be c	(Attach additional page	ages if needed)
Failure to provide full information re	elative to prior co	onvictions, guilty plea	s or not contest pleas may be c	Attach additional pa considered cause to deny the	ages if needed)
Failure to provide full information re	elative to prior co	onvictions, guilty plea	s or not contest pleas may be c	Attach additional pa considered cause to deny the	ages if needed)
Failure to provide full information re	elative to prior co	onvictions, guilty plea	s or not contest pleas may be c	Attach additional pa considered cause to deny the	ages if needed)
Failure to provide full information re	elative to prior co	onvictions, guilty plea	s or not contest pleas may be c	Attach additional pa considered cause to deny the	ages if needed)
Failure to provide full information re	elative to prior co	onvictions, guilty plea	s or not contest pleas may be c	Attach additional pa considered cause to deny the	ages if needed)
Failure to provide full information re	elative to prior co	onvictions, guilty plea	s or not contest pleas may be c	Attach additional pa considered cause to deny the	ages if needed)
Failure to provide full information of	elative to prior co	onvictions, guilty plea	s or not contest pleas may be c	(Attach additional pronsidered cause to deny the Disposition	ages if needed) permit.
Failure to provide full information re Offense	Date Date	Place of	s or not contest pleas may be c	(Attach additional pronsidered cause to deny the Disposition	ages if needed) permit.
Failure to provide full information re Offense	Date Date	Place of	s or not contest pleas may be c	(Attach additional pronsidered cause to deny the Disposition	ages if needed) permit.
Failure to provide full information of	Date Date	Place of	s or not contest pleas may be c	(Attach additional pronsidered cause to deny the Disposition	ages if needed) permit.
Failure to provide full information in Offense Is your eyesight impaired?	Pate Date Date Yes X No	prictions, guilty plea	s or not contest pleas may be of Arrest cted by eyeglasses.	(Attach additional pronsidered cause to deny the Disposition Is your hearing impair	ages if needed) permit.
Failure to provide full information re Offense	Pate Date Date Yes X No	prictions, guilty plea	s or not contest pleas may be c	(Attach additional pronsidered cause to deny the Disposition Is your hearing impair	ages if needed) permit.
Failure to provide full information re Offense Is your eyesight impaired? Do not include ordinary nearsig Do you have any physical imp	Date Date Page 14 No htedness or factors of the page 15 of the p	rsightedness corre	s or not contest pleas may be of Arrest cted by eyeglasses. yes describe the impairmen	(Attach additional pronsidered cause to deny the Disposition Is your hearing impair ☐ Yes 🔼 No	ages if needed) permit. ed?
Failure to provide full information in Offense Is your eyesight impaired? Do not include ordinary nearsig Do you have any physical imp	Date Date Page 14 No htedness or factors of the page 15 of the p	rsightedness corre	s or not contest pleas may be of Arrest cted by eyeglasses.	(Attach additional pronsidered cause to deny the Disposition Is your hearing impair ☐ Yes 🔼 No	ages if needed) permit.
Failure to provide full information re Offense Is your eyesight impaired? Do not include ordinary nearsig Do you have any physical imp	Date Date Page 14 No htedness or factors of the page 15 of the p	rsightedness corre	s or not contest pleas may be of Arrest cted by eyeglasses. yes describe the impairmen	(Attach additional pronsidered cause to deny the Disposition Is your hearing impair ☐ Yes 🔼 No	ages if needed) permit. ed?
Failure to provide full information re Offense Is your eyesight impaired? Do not include ordinary nearsig Do you have any physical imp	Pate Date Date Page 13 No htedness or factorists a report 14 Yes Page 14 No htedness or factorists a report 14 Yes Page 15 No hte	rsightedness corre	s or not contest pleas may be of Arrest cted by eyeglasses. yes describe the impairmen	(Attach additional pronsidered cause to deny the Disposition Is your hearing impair ☐ Yes 🔼 No	ages if needed) permit. ed?
Failure to provide full information re Offense Is your eyesight impaired? Do not include ordinary nearsig Do you have any physical impaired. Have you ever had: Epile	Part Date Date Part No htedness or factorists? Part Description Control of the distribution of the dis	rsightedness corre	s or not contest pleas may be of Arrest cted by eyeglasses. yes describe the impairmen	(Attach additional pronsidered cause to deny the Disposition Is your hearing impair ☐ Yes ☑ No Heart Trouble	ages if needed) permit. ed?
Failure to provide full information re Offense Is your eyesight impaired? Do not include ordinary nearsig Do you have any physical impaired: Have you ever had: Epile Are you now, or have you ever	Part Date Date Part No htedness or factorists? Part Description Control of the distribution of the dis	rsightedness corre	s or not contest pleas may be of Arrest cted by eyeglasses. yes describe the impairment Vertigo □ Yes ☒ No	(Attach additional pronsidered cause to deny the Disposition Is your hearing impair ☐ Yes ☑ No Heart Trouble	ed?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? AYes 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 GATE"
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. O.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.
Q.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 . 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.
any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this day of day of NOVEMBER, 20 08 at San Francisco, California.
a. Wohn
Signature of Applicant

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NOV 1 0 2008

SAN FRANCISCO TAXI COMMISSION

San Francisco Taxicab Commission

ON.

Applicant's Name (First, Middle, La	ast)	PRINT CLEARLY - COMPLETE EN	
	ARKAD	DY DVOSKIN	Phone (
Residence Address (Street Addres	s, City, State, Zip)	110110 CA 838	240
1-1 1-1101-	•	NOVATO, CA 949	49
Mailing Address, if different from at	bove (Street Address, City,	State, Zip)	
If this color scheme reque	et is granted by the To	eviceh Commission list what the tout account	
SF /OWN /AX	1, INC. 990	Y PENNSYLVANIA AVE	pany name, address and phone number will plate, Zip) , SAN FRANCISCO, CA 940
Business Phone (415) 401 - 8900		Medallion Number	☐ Owner / Operator
.417/401 0500		N/A	☑ Gas & Gate
·		. , , , ,	Long Term Lease
		EXPERIENCE WITH THE	
PAMILIAR / 14	WITH THE	PEOPLE WHO WORK T	HERE,
			· · · · · · · · · · · · · · · · · · ·
			·
ertify (or declare) under pena	alty of perjury under t	the laws of the State of California that the	e foregoing is true and correct.
	_		e foregoing is true and correctat San Francisco, California.
ecuted on	MBER 05	, 20 <u>08</u>	at San Francisco, California.
ecuted on	MBER 05	20 <u>08</u> 	at San Francisco, California.
recuted on	MBER 05	, 20 <u>08</u>	at San Francisco, California.
Recuted onNOVEI ARKADY DVOSK, at Name of Applicant	MIOBECOMPLE	, 20 <u>08</u> A. Wokus Signature of Applicant	at San Francisco, California.
Recuted on <u>NOVE</u> <u>ARKADY DVOSK</u> nt Name of Applicant	MIOBECOMPLE	, 20 <u>08</u> A. Wokus Signature of Applicant	at San Francisco, California.
ecuted on <u>NOVE</u>	MIOBECOMPLE	, 20 <u>08</u> A. Wokus Signature of Applicant	at San Francisco, California.
ARKADY DVOSK, It Name of Applicant The of person authorized to sign	MAY 2 E	J. DOSUS Signature of Applicant TED BY ACCEPTING COLOR SCH	at San Francisco, California.
A PRADY DVOSK, A PRADY DVOSK, It Name of Applicant TO COLO Be Color Scheme Holder / person by give consent to the applicant	MIC BE COMPLE of for Color Scheme Hold on authorized to sign for the formal for		at San Francisco, California. EME ONLY Title: Manafes Tevn Taxi Ine. Color Scheme Name
ARKADY DVOSK, ARKADY DVOSK, It Name of Applicant THE COLOR SCHEME Holder / person by give consent to the applicant	MIC BE COMPLE of for Color Scheme Hold on authorized to sign for the formal for		at San Francisco, California. EME ONLY Title: Manafes Town Taxi Ine. Color Scheme Name
A PLADY DVOSK, at Name of Applicant The of person authorized to sign a Color Scheme Holder / person by give consent to the applicant tify (or declare) under repair of the applicant tify (or declare) under the applicant tify (or	TO BE COMPLE of or Color Scheme Hold Schem	signature of Applicant TED BY ACCEPTING COLOR SCH der: The Color Scheme Holder for Soft the State of California that the foregoing in the State of California that the State	at San Francisco, California. EME ONLY Title: Manafes Town Taxi Ine. Color Scheme Name
A PLADY DVOSK, at Name of Applicant The of person authorized to sign a Color Scheme Holder / person by give consent to the applicant tify (or declare) under renative tify (or declare) under renative tify (or declare)	TO BE COMPLE of or Color Scheme Hold Schem	signature of Applicant TED BY ACCEPTING COLOR SCH der: The Color Scheme Holder for Soft the State of California that the foregoing in the State of California that the State	at San Francisco, California. EME ONLY Title: Manafes Town Taxi Ine. Color Scheme Name
A PLADY DVOSK, at Name of Applicant The Color Scheme Holder / person authorized to sign The Color Scheme Holder / person authorized to the applicant of Color Scheme Holder / person authorized to sign and the applicant of the	TO BE COMPLE of or Color Scheme Hold authorized to sign for on authorized to sign for on authorized to sign for color perjury under the law son authorized to sign for Color authorized to sig	signature of Applicant TED BY ACCEPTING COLOR SCH der: The Color Scheme Holder for Soft the State of California that the foregoing in the State of California that the State	at San Francisco, California. EME ONLY************************************
A PLADY DVOSK, It Name of Applicant The of person authorized to sign and the color Scheme Holder / person by give consent to the applicant tify (or declare) under repair of the color Scheme Holder / person turns of Color	TO BE COMPLE of or Color Scheme Hold and 2 e on authorized to sign for on the named to use my color perjury under the law son authorized to sign for Color s	signature of Applicant TED BY ACCEPTING COLOR SCH der: The Color Scheme Holder for Soft the State of California that the foregoing is Color Scheme Holder Date Decision of Taxicab Commission	at San Francisco, California. EME ONLY************************************
A PLADY DVOSK, at Name of Applicant The of person authorized to sign a Color Scheme Holder / person by give consent to the applicant tify (or declare) under renative tify (or declare) under renative tify (or declare)	TO BE COMPLE of or Color Scheme Hold authorized to sign for on authorized to sign for on authorized to sign for color perjury under the law son authorized to sign for Color authorized to sig	J. DIOSE SIGNATURE OF APPLICANT TED BY ACCEPTING COLOR SCH der: The Color Scheme Holder for SF For scheme. It of the State of California that the foregoing is Color Scheme Holder Date	at San Francisco, California. EME ONLY************************************

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NOV 1 0 2008

SAN FRANCISCO TAXI COMMISSION





ARKADY S DUNSKIN

NOVATO CA 94949

SEX:M HAIR:BRN HT:6-01 WT:180 EYES:GRN

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

Residence Address (Rime Anterior Processing Processing Processing Address) Residence Phone Number: (415) Residence Residence Address (215) Residence Number: (415) Residence Number: (415) Residence	Applicant's Name (First, Middle, Last) Val VikoFF	•		Type of Medallion Applyin	·
Residence Phone Number (4/5) Hours Available at this Number RFEER 2P, M. Hours Available at this Number RFEER 2P, M. Social Socially Number Other name(s) used Vale Ris V Nasi/Ni/kov California Divers License Number / Expiration Year Other name(s) used Vale Ris V Nasi/Ni/kov California Divers License Number / Expiration Year Race (Optional) White C Color Somema Subsess Name S.F. Town Taxt, Inc. Color Somema Subsess Name S.F. Town Taxt, Inc. Other Association And Subsess Name S.F. Town Taxt, Inc. Other Somema S.F. Town Taxt, Inc. Color Somema Subsess Name S.F. Town Taxt, Inc. Other Some Subsess Name S.F. Town Taxt, Inc. Other Somema Name S.F. Town Taxt, Inc. Other Somema Name S.F. Town Taxt, Inc. Other Some Subsess Name S.F. Town Taxt, Inc. Ot	Residence Address (Street Address City State 7:1)				
Hours Available at this Number AFECR JP, M. Social Security Number Other name(s) using	Mailing Address (If different than residence address)	- oun /	zalitisel	,,	7-71-1
Hours Available at this Number AFECR JP, M. Social Security Number Other name(s) using				((((=)	
Social Security Number Cationia Driver's License Number / Expiration Year Date of Birth Piece of Birth Number / Expiration Year Date of Birth Piece of Birth Number / Expiration Year Race (Optional) What &				•	10.
Color Scheme Expiration Year Race (Optional) White Race (Optional)	Hours Available at this Number: AFEER TO Social Security Number	Other name/s) used			<u> </u>
Race (Optonal) White Race (Optonal) Race (Opt		L			(Diah
Color Scheme / Business Name SF Town Taxi, Inc. Color Scheme / Business Address (Street Address, City, State, Zip) 989 Reunisylvania Het, San Francisco CA 94107 Are you a U.S. Citizen? Yes No, It No, write the Allen Resident Card Number: Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? No Yes If Yes—Date permit was issued: August 1994 Permit #: D44—046408 Has this permit ever been revoked? No 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? No 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 like in San, Francisco for 16 years and Priva a carb for 14 years, Hary times I fault angry people on the face of the strength of the permit and the served for a face of the se	California Driver's License Number / Expiration Year	j Date of E	sirth	IL.	ERAINE
Color Scheme / Business Name SF Town Taxi, Inc. Color Scheme / Business Address (Street Address, City, State, Zip) 989 Reunsyloania Het, San Francisco CA 94107 Are you a U.S. Citizen? Yes No. It No, write the Allen Resident Card Number: Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? No Yes If Yes—Date permit was issued: August 1994 Permit #: D44-046408 Has this permit ever been revoked? No 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? No 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 like in San, Francisco for 16 years and Prive a coel for 14 years. Havy times I sand angry people on the street a watting for a taxi for a long time. I want people to get to all of their destinations on time and whenever record, I want the city of four Francisco to have authorizing taxi call service and a great reputation.	Race (Optional) whete	Sex Height 5'10"	Weight 200	Eye Color Bille	Hair Color BROWN
Coor Scheme / Business Address (Street Address, City, State, Zip) 989 Pennsyloanua He, San Francisco CA 94107 Are you a U.S. Citizen? Yes No, If No, write the Alien Resident Card Number: Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? No Yes If Yes -Date permit was issued: August 1994 Permit#: P44-046408 Has this permit ever been revoked? No 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? No 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): A lift in fan, francisco for 16 years and frive a cerb for 14 years, Many times I said anyry people on the streets writing for a task for a long time. A want people to get to all of their destinations on time and whenever needed, I want the city of fan francisco to have authlanding taxi call service and a great repetation.	Color Scheme / Business Name		<u> </u>	Busines	ss Number (**) 401-8900
Are you a U.S. Citizen? ** No. If No. write the Allen Resident Card Number: Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? No AYes If Yes - Date permit was issued: August 1994 Permit #: P44-046408 Has this permit ever been revoked? ** No 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? ** No 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): Like in fan, francisco for 16 years and frive a carb for 14 years. Hany times I said anyry people on the first winter a task for a large people on the first winter and whenever needed, I want the city of fan francisco and a great reputation.	Color Scheme / Business Address (Street Address, City, Sta	ate, Zip)		I \	,
Are you a U.S. Citizen? ** No. If No. write the Allen Resident Card Number: Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? No **	999 Pennsylvania	the, Jan	trauce	FLO CA	94107
If Yes—Date permit was issued: August 1994 Permit#: P44-046408 Has this permit ever been revoked? No 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? No 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 live in four Francisco for 16 years and frive a cab for 14 years. Hamy times I saw any people on the streets writing for a tax' for a long time. I want people to get to sell of their destinations and time and whenever needed, I want the city of four francisco to have autoternating taxi' cab savice and a great reputation.					
Has this permit ever been revoked? No 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? No 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 list in fan, Francisco for 16 years and Prive a corb for 14 years. Many times I saw any people on the streets writing for a taxi for a long time. I want people to get to all of their destinations an time and whenever needed, I want the city of fan francisco to have authorizing taxi cab sowice and a great reputation.	Are you currently an active driver and hold a co	urrent Public Passenge	r Vehicle Driver F	Permit (A-Card)?	No ⊠ Yes
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? A No 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 live in fan, Francisco for 16 years and Prive a cost for 14 years. Many times I saw any people on the streets writing 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 fam francisco to have autotunding taxi call service and a great reputation.	If Yes -Date permit was issued: August	1994 Permit#:	P44-04	6408	
and County of San Francisco or elsewhere? No 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 live in four Francisco for 16 years and Prive a cerb for 14 years. Many times I saw angry people on the streets writing for a tax' for a long time. I want people to get to ell of their destinations on time and whenever needed, I want the city of four francisco to have authorizing taxi cab service and a great reputation.					
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): I live in four Francisco for 16 years and Prive a comb for 14 years. Many times I saw any people on the streets writing for a tax' for a long time. I want people to get to all of their destinations on time and whenever needed, I want the city of four francisco to have autotamoling taxi cal service and a great reputation.		-		operate a motor veh	icle for hire either in the City
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for 14 years. Many times I soul angry people on the streets writing for a taxi for a long time. I want people to get to ell of their destinations on time and whenever needed, I want the city of four Francisco to have autotanding taxi cal service and a great reputation.					
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en time and whenever needed, I want the city of fan Francisco to have autstanding taxi cab service and a great reputation.	il want people.	to get to	ell of	their	destinations
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Notice Date: Hearing Date:	Notice Date:	· Hea	ring Date:	Q - qC	

I have driven a taxicab in the City of San Francisco and I meet the current year's deposition 1121(b). ✓ Yes □ No	riving requirement pursuant to SFPD Municipal
List residence addresses for last five years (List most recent first, attach additional pages if ne From Date To Date Residence Address (Street Address, City, State, Zip) W; 21, 92 Present	
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 Francisco? 16 years 2 months 16 years 2 months 16 years 2 months years 2 months years 2 ye	anfolis?
List employment for last five years (List most recent first, attach additional pages if needed) From Date To Date Company Name Address (Street Address, DEC, 2003 Present Town Taxi 999 Pennsy Aug 2003 Present Mericilian, Planship, 1245 2 File, 1999 Dec, 2003 Licsoz Cab 2230 Jevrold.	City, State, Zip) Type of Work Loanga Ave S.F. CA dreber Tthe Ave S.F. CA 94124 Ave S.F. CA 94124 Ariver
Have you ever been convicted of, or plead guilty or No Contest to any crime? No Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas reconfictions.	(Attach additional pages if needed) 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? 从No □ Yes, if yes describe the imp	pairment:
Have you ever had: Epilepsy □ Yes 其No Vertigo □ Yes	ANO Heart Trouble □Yes ANO
Are you now, or have you ever been, Addicted to the use of intoxicating liquor? ☐ Yes ØNo Any	Narcotic Drug? □ Yes 爲No
Vere you previously a medallion holder? ☒ No ☐ Yes, If yes, was the medall yes, it was revoked, explain for what cause:	lion permit ever revoked? ☐ No ☐ Yes

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 we 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? XYes □ 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?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
V/ 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 08at San Francisco, California.
for for
Signature of Applicant

RECEVED

NOVI 2 2008

San Francisco Taxicab Commission

MOUDANCE CARD WITH THIS APPLICATION.

TOO MOOT OUDS AT A OLK		RLY - COMPLETE ENTIRE FO	DIM
Applicant's Name (First, Middle, La	ast)		Phone
	Val Nikoff		(415)
Residence Address (Street Addres	is, City, State, Zip) San Franc	rísco, CA 9412	2/
	bove (Street Address, City, State, Zip)		
_	•		
If this color scheme reque	st is granted by the Taxicab Commis	sion, list what the taxi company nam	e, address and phone number will be
Name of Taxi Company	Business Address of Taxl	Company (Street Address, City, State, Zip)	Francisco CA 9410
Business Phone	Medallion Ni	ımber	
(415) 401-8900	1		Gas & Gate
·	<u> </u>	orbital de la colonia de la co	Long Term Lease
Please describe why you necessary):	would like to use the color sche	eme for the above named taxi co	ompany (attach additional pages
Long terr	n relationship	with the ear	a Dany.
The france	ally a is car	ponsive a relia	1,10
- INE TIONA	office 1> 1c>1	DONAINE & TELL	N3 (C ,
	,		
		,	

I certify (or declare) under pen	alty of periury under the laws of the	State of California that the foregoin	no is true and correct.
	, , , ,		
Executed on		mber 5, 2008	at San Francisco, Camornia.
Val Ni	KOFF	10-1-	
Print Name of Applicant		Signature of Applicant	
· · · · · · · · · · · · · · · · · · ·		SEPTING COLOR SCHEME OF	· · · · · · · · · · · · · · · · · · ·
Name of person authorized to sign		SEL VINO COLCIVIONI CINE O	Title:
Jacob N	10.0-1		MARGORE
- V (CO) 1-	14y se 1		Manager n'Taxi
the Color Scheme Holder / perso	on authorized to sign for the Color Sche	me Holder for SFTOW	1 Taxi
ereby give consent to the applica	ant named to use my color scheme.	Co	olor Scheme Name
		f California that the foregoing is true and	I correct.
There	>	11105	
gnature of Color Scheme Holder Libert	son authorized to sign for Color Scheme Hold	der Date	
	ANGEN AND AND AND AND AND AND AND AND AND AN	USE ONLY*****************	Fiber 1
genda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
orker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted MOV 1 2 2008

Amount

Date

 \sim \sim

Worker's Comp Submitted

Received by:



ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

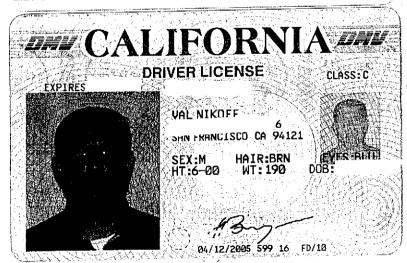
EXPIRES: DECEMBER 31, 2008

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





RECEIVED

NOV 122008

SAN FRANCISCO TAXI COMMISSION

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
	⊠ Regular □ Ramp
Residence Address (Street Address, City, State, Zip)	an Francisco (A 94112.
Mailing Address (If different than residence address)	2) 71 20,010 (7) 344/2.
Residence Phone Number: (4//5)	ernate Phone Number: (4/3") ،
	ours Available at this Number: Lefour & P. m.
Social Security Number Other name(s) used	dis Available at this Halliber.
California Driver's License Number / Expiration Year Date of Birti	
Race (Optional) Sex Height	Weight Eye Color Hair Color
	230 Brolon Brown.
Color Scheme / Business Name Yellow	Business Number (4/5) 333 3333
Yellow Cab Coop. 1200 mississipi, San Francis	co, CA 94107
Are you a U.S. Citizen? Yes No, If No, write the Alien Resident Co	ard Number:
Are you currently an active driver and hold a current Public Passenger \	/ehicle Driver Permit (A-Card)? ☐ No Yes
	944 <i>-04479</i> 6
Has this permit ever been revoked? \square No \square Yes, if yes, expla	in:
Per MPC §1081(a)(3), do you holds or have you ever held any other per	
and County of San Francisco or elsewhere? $oximes$ No $oximes$ Yes, if yes, e	xplain:
Please describe why the public will not be served properly if this	medallion is not granted (attach additional pages if necessary):
<u>.</u>	-
Istrive to serve public in the	Bot possible way 11- 40 with
1 strive to serve paver in the	the possible way there project
In my own appearance and in	the apperance of my venicle
I believe that public will be b	efter served if I will become
a medalion holder. In add	Hon, I am particularly prou
to be a Sun Francisco taxi	driver and represent my
_ city in the best possible was	y to San Francisco Visitors
a medalion holder. In addition to be a Sun Francisco taxi city in the best possible was and resedents alike.	
	DE/SCROEN
Received by: Received by: Received by: Received by:	m prinstanting the control of the co
1 404223 \$12	COSON NOVER DE LA VIOLENCE DE LA VIO

Hearing Date:

Notice Date:

I have driven a taxicab in the (Police Code Section 1121(b).	_	incisco and I me ∃No	eet the current ye	ear's driving re	quirement pursuant to SFPD Mui	nicipal
List residence addresses for la	Residence Addre	ss (Street Address,	City, State, Zip)		o G 94112	
<u> </u>			r , , , , , , , , , , , , , , , , , , ,	0 FFU/ICT S C	<i>v</i> , <i>G</i> , <i>94112</i>	
						Y di Assistà les
How long have you lived within a 30 mi Francisco? 17 years		Francisco?	driving experience do		Are you physically qualified to drive a state safely?	andard vehicle
List employment for last five ye	ears (List most re	cent first, attach add	itional pages if neede	ıd)		
	Company Name	.,		Address, City, State		
Cb.2008 present	<u>Yellowcab</u>	COOP	1200 Mississ	ripi Santra	ancisco, CA 94107 dr.	iver.
06.1999 66.2008	metro Cal	Co	2121 Evans	Ave San Fr	ancisco CA 94107 de	iver
		 				
· · · · · · · · · · · · · · · · · · ·	•		· · ·			
Have you ever been convicted	of, or plead gu	ilty or No Conte	est to any crime?	Mo □Y€	es, if yes, provide the information required	below.
Failure to provide full information re	elative to prior co	onvictions auitty r	leas or not contest	t nleas may be c	Attach additional pages if no considered cause to deny the permit.	∍eded)
				. p	-	
Offense	Date	Plac	ce of Arrest		Disposition	

		-			I la varia la compania d'a	
Is your eyesight impaired? Do not include ordinary nearsig	,		rrected by eyegl	asses.	Is your hearing impaired? ☐ Yes ⊠No	
Do you have any physical imp	pairments?	⊠No □Yes	s, if yes describe	the impairmen	nt:	
Have you ever had: Epile	p sy □Yes	⊠ No	Vertigo ☐]Yes ⊠No	Heart Trouble □ Ye	s 🕅 No
Are you now, or have you eve Addicted to the use of intoxic		□Yes ⊠I	No	Any Narcot	ic Drug? □Yes 又No	
Were you previously a medall If yes, it was revoked, explain fo	r	⊠ No □Yes	If yes, was the	medallion pe	ermit ever revoked? ☐ No ☐	Yes

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)
stak 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.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this 30th day of october , 20 08 at San Francisco, California.
A Company of the Comp
Signature of Applicant

REC VED NOV 05 2008

San Francisco Taxicab Commission

ON.

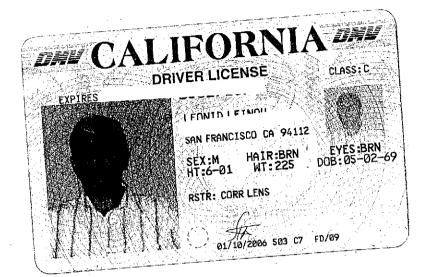
Appliant Name (Fire as)	PLEASE PRIN	IT CLEARLY COMPLETE ENTIR	EFURM
Applicant's Name (First, Middle			Phone (4/8)
Leonid			(970;
Residence Address (Street Add	aress, City, State, Zip)	San Francisco CA	94112
	/		04112
Mailing Address, if different from	m above (Street Address, City, State	e, Zip)	
· · · · · · · · · · · · · · · · · · ·			
If this color scheme req Name of Taxi Company	juest is granted by the Taxica	b Commission, list what the taxi compan	y name, address and phone number will be
Yollower coll	COOC 1100	iress of Taxi Company (Street Address, City, State	, Zip)
Business Phone	<u> </u>	Medallion Number	Francisco G 9410 3 Owner/Operator
(415) 333 33	37		Owner / Operator
	, 5		Gas & Gate
			Long Term Lease
Please describe why vo	ou would like to use the c	olor scheme for the above named t	axi company (attach additional pages
necessary):		Continue to the above flattled to	an company (attach additional page
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Instead I st	a, in neighbor	ourpoods and n	ich un Press
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passengers			
			•
certify (or declare) under p	enalty of perjury under the la	ews of the State of California that the fo	regoing is true and correct.
executed onOctob	ser 30th	20.02 \$	of Con Francisco College
		, 20 <u>05</u>	at San Francisco, California.
Leoniol Leinou	·/	<i>[,</i>]	
rint Name of Applicant		Signature of Applicant	
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***************	illiana elementa in in interes	BY ACCEPTING COLOR SCHEW	
ame of person authorized to :	sign for Color Scheme Holder:	<u> </u>	Title:
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			That delay
the Color Scheme Holder / pe	erson authorized to sign for the 0	Color Scheme Holder for	Color Scheme Name
the Color Scheme Holder / pe		Color Scheme Holder for	Color Scheme Name
the Color Scheme Holder / pe ereby give consent to the appl	erson authorized to sign for the o	Color Scheme Holder for	
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the Color Scheme Holder / pereroby give consent to the applementify (or declare) under pena	erson authorized to sign for the officent named to use my color solution of perjury under the laws of the color solution authorized to sign for Color solutions.	Color Scheme Holder forheme. the State of California that the foregoing is true. Scheme Holder Date *OFFICE USE ONLY************************************	se and correct.

Amount

Received by:

Receipt No.

NOV 0 5 2008





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)		Type of Medallion Applying for:
Robert Harvey Groves Residence Address (Street Address City State Zip)		⊠Regular □Ramp
; Sun E	mnciśco GA 94	410
Mailing Address (if different than residence address)	TATION OF TH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Residence Phone Number: (チ)ら)	Alternate Phone Nur	nber: ()
Hours Available at this Number: Any + ime - Answ Social Security Number Other n	Wing Mckh Hours Available at th	is Number:
Social Security Number Other n	ame(s) used	
California Driver's License Number / Expiration Year	Date of Birth	Place of Birth
Camorna Driver's cicense Number / Expiration real	Date of Bitti	
Race (Optional)	Height Weight	- San Bernardino, CA Eye Color Hair Color
Color Scheme / Business Name	6'0" 160	Hazel Grey
		Business Number / (415) 282-3737
Yellow Cab Co-op Color Scheme / Business Address (Street Address, City, State, Zip)	•	T(413 / 20th - 3/3 /
1200 Mississippi St San	Francisco. CA	94107
	•	, , , , , , , , , , , , , , , , , , , ,
Are you a U.S. Citizen? Yes No, If No, write to	ne Alien Resident Card Number:	
A	LE D VIII D'	D 11/4 O 100 [] N
Are you currently an active driver and hold a current P		
If Yes –Date permit was issued:	Permit#: \$24 -030	381
Has this permit ever been revoked? ☒ No ☐ Y	es, if yes, explain:	
Per MPC §1081(a)(3), do you holds or have you ever l	held any other permits issued to	operate a motor vehicle for hire either in the City
and County of San Francisco or elsewhere? X No		
<u> </u>		
Please describe why the public will not be served	properly if this medallion is a	not granted (attach additional pages if necessary):
The streets of San Francisc	ca are crowded w	th traffic, Parking space
is hard to find and expen	siver Both Munic	and taxicals offer the
	_	
public alternative and nece	ssavy means of	transportation, Seniors
and people with disabilit	ies often find it	difficult to use Muni
so taxicals are especially		, ,
the taxical assigned to i	t. will brovide	a needed service for
the people of San Francisco.		
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		Market Market

		OFFICE USE ONLY		Fry Carlotte and Charles
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				RUIT BOLYON
Notice Date: 1125		Hearing Date:	9 06	
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I have driven a taxicab in the City of San Francisco and I meet the current Police Code Section 1121(b). ☐ Yes ☐ No	year's driving requirement pursuant to SFPD Municipal
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)	an Francisco, CA 94110
Oct M 10 Present	an Franciszo, CA 14110
How long have you lived within a 30 mile radius of San Francisco? 38 years / months How many years driving experience Francisco?	safely?
List employment for last five years (List most recent first, attach additional pages if nee	∆, Yes ∟ No
	dea) It Address, City, State, Zip)
Jul 1780 Present Yellow Cab Co-op 1200 1	RISSISSIPPI SF, CA 94107 Cab Driver
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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 conte	
Offense Date Place of Arrest	Disposition
	Is your hearing impaired?
Is your eyesight impaired? ☐ Yes ☐ X No Do not include ordinary nearsightedness or farsightedness corrected by eye	MY Von MY No
	graduotion.
Do you have any physical impairments? ☑ No ☐ Yes, if yes describ	e 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 lifyes, it was revoked, explain for what cause:	ne medallion permit ever revoked? ☐ No ☐ Yes

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 sorvice provided by
Yollow 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 you taxicab? XYes \square No
Read each section and sign initials to the left of each section if you agree and understand.
Ripo I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this
Signature of Applicant

RECENED NOV 0 6 2008

San Francisco Taxicab Commission

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e Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Color Scheme Name eby give consent to the applicant named to use my color scheme. rtify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Authorized Toolor Scheme Holder / person authorized to sign for Color Scheme Holder Date Decision of Taxicab Commission New Declaration Signed	***********	ATOMBEKGO WPLETIED BY	ACCEPTING COLOR SOHEM	= ON Δ×*****************
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tify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Atture of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date Decision of Taxicab Commission New Declaration Signed	ne of person authorized to sign	for Color Scheme Holder:		
tify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Atture of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date Decision of Taxicab Commission New Declaration Signed	ne of person authorized to sign	for Color Scheme Holder:		
ature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date Date Date Decision of Taxicab Commission New Declaration Signed	e Color Scheme Holder / person	for Color Scheme Holder:	Scheme Holder for <u>Allow</u>	
da Notice Date Hearing Date Decision of Taxicab Commission New Declaration Signed	e Color Scheme Holder / personably give consent to the applican	for Color Scheme Holder: A sign for the Color Solution authorized to sign for the Color Solution and to use my color scheme.	Scheme Holder for	Title: Tredical Calo Ca - o P Color Scheme Name
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NOV. CA. A.	e Color Scheme Holder / person by give consent to the applicantify (or declare) under penalty of the scheme Holder / person by give consent to the applicantify (or declare) under penalty of the scheme Holder / penalty of the scheme / penalty of	for Color Scheme Holder: In authorized to sign for the Color Solution named to use my color scheme. If perjury under the laws of the State on authorized to sign for Color Scheme	Scheme Holder forSate of California that the foregoing is true a Holder	Title: Frequent Color Scheme Name and correct.
er's Comp Submitted Insurance Submitted Paint Chips Submitted Photos Submitted 100 V 0 0 77	e Color Scheme Holder / personative (or declare) under penalty of the applicant of Color Scheme Holder / personature of Co	for Color Scheme Holder: In authorized to sign for the Color Solution named to use my color scheme. In perjury under the laws of the State on authorized to sign for Color Scheme	Scheme Holder for Callow Gate of California that the foregoing is true a Holder Date	Title: Cab Ca-op Color Scheme Name and correct. Cab Ca-op Color Scheme Name
	me of person authorized to sign THE Color Scheme Holder / person beby give consent to the applicant of the applicant of the color Scheme Holder / person ature of Color Scheme Holder / person at the color scheme Holder / person a	for Color Scheme Holder: In authorized to sign for the Color Solution named to use my color scheme. In perjury under the laws of the State on authorized to sign for Color Scheme	Scheme Holder for Callow Gate of California that the foregoing is true a Holder Date	Title: Trefrical Color Scheme Name and correct. Aport

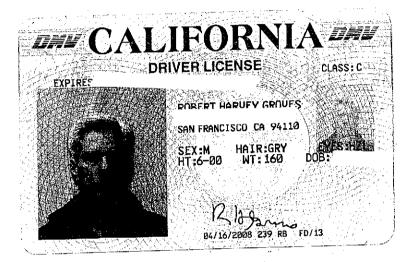
Amount

Date

Received by:

Receipt No.

NOV 0 3 2008





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



MMO

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) Devin Courtney Walker Rasidence Address (Street Address City State 7in) Con Engage	Type of Medallion Applying for: ☑ Regular □ Ramp
1 5an 1 fan 1	sco. California 94114
Mailing Address (If different than residence address)	Sto, Camerna 7 H
Residence Phone Number: (4(5)	
0	Alternate Phone Number: ()
Hours Available at this Number: 24 / 7 Social Security Number Other name(s) used	Hours Available at this Number:
Out of the state o	
California Driver's License Number / Expiration Year Date or	Brooklyn, New York
Race (Optional) African American (M)/ F	Weight Eye Color Hair Color BLACK
Color Scheme / Business Name Yellow Cab Co-op	Business Number (415) 282 - 3737
Color Scheme / Business Address (Street Address, City, State, Zip)	ancieco, CA 94107
	nt Card Number:
	Will Bir British Company
Are you currently an active driver and hold a current Public Passeng If Yes –Date permit was issued: Olo Correct Public Passeng	-
	P44-062748
Has this permit ever been revoked? ✓ No ☐ Yes, if yes, ex	\cdot
Per MPC §1081(a)(3), do you holds or have you ever held any other	
and County of San Francisco <u>or elsewhere</u> ? ✓ No ☐ Yes, if yes	s, explain:
Please describe why the public will not be served properly if the	is medallion is not granted (attach additional pages if necessary):
I have been a San Francisco Cab d	
Job as well as Sanfrancisco, lam a p	rofessional driver that gives the
	and provide excellent service regardles
of the situation. Inis medallion will	be my apportunity to help the city
While providing a needed service to	or the Community. I would be
while providing a needed service for honored and grateful to the city and	L county of San Francisco If I was
issved this medallion.	J
- 13 JVEN THIS THE OLD THE T	
	<u> </u>
Received by: Re	

Hearing Date:

NOV 1 4 2008

Notice Date:

	a taxicab in the Section 1121(b)		ancisco and I me∈ ⊒No	et the current year's driving	g requirement pursuant to Si	FPD Municipal
From Date	e addresses for To Date 11-12-2008		List most recent first, a	· ·	660, CA-94114	
Francisco?	ou lived within a 30 n	months	Francisco? 19	ving experience do you have in S	Are you physically qualified to safely?	drive a standard vehicle ☐ No
From Date Apr. 1992 Oct 1995	ent for last five y To Date NOV 2008 NOV 2008	Company Name Yellow Ca	eent first, attach addition	Address (Street Address, City, 1200 MISSISSIP)	State, Zip) Street, S.F. (A 94114 #9, S.F. CA. 94114	
Have you ever	been convicted	of, or plead qu	illty or No Contest	to any crime? 📈 No	Yes, if yes, provide the information	n required below
		,	onvictions, guilty plea	•	(Attach additional per considered cause to deny the Disposition	pages if needed)
	ht impaired? E ordinary nearsig		rsightedness corre	ected by eyeglasses.	Is your hearing impai ☐ Yes (21) No	red?
Do you have a	ny physical im	pairments?	⊠∕No □ Yes, it	yes describe the impairm	nent:	
Have you ever	had: Epile	ppsy □Yes	MNo	Vertigo □ Yes 🛣	No Heart Trouble	□Yes ☑ No
-	or have you eve e use of intoxic		∐Yes İ y a'No	Any Naro	otic Drug? □Yes 🔽	ľNo
	iously a medall roked, explain fo		I No □Yes, If	yes, was the medallion	permit ever revoked?	No □Yes

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.
DLW_ 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.
D(W) I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
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 1 4 2008

SAN FRANCISCO TAXI COMMISSION

San Francisco Taxicab Commission

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

	PLEAS	E PRINT CLEA	RLY - COMPLETE E		CE CARD WITH THIS APPLICATI
Applicant's Name (First, Middle,	Last)				hone ,
levin (-ourtnew	Walk	<er< th=""><th></th><th></th></er<>		
Residence Address (Street Addr	ess, City, State, Zip)	ni Ca	Francisco, C	16	O 1
Mailing Address, if different from	above (Street Address	City State Zin	1 Trancisco, L	alitornia	, 94114
maning radioso, it dilitions your	above (office) / (du/cos),	eity, clate, zipj			
1.00					· · · · · · · · · · · · · · · · · · ·
If this color scheme requi	est is granted by the	e Taxicab Commis	ssion, list what the taxi cor	npany name, add	ress and phone number will be:
YELOW CAD. (18.0	1200 MI	5518-51 DAY	True	5FCC
Business Phone		Medallion N			₩ Owner / Operator
45 282-3	<i>737</i>	1 +01	be Determine)	☐ Gas & Gate
///					Long Term Lease
Please describe why you	u would like to us	e the color sch	eme for the above nam	ied taxi compai	ny (attach additional pages it
necessary):					•
have	worked for	Yellow cz	ab co-op since	1992 210	dallion holder
thore color school	me for mia	Esture se	If employment	26 2 Me	dalling halden
THE CO IN SCHOOL		100,010.00	A Chip rodinerii	as a me	A ATTION TO THE
		 			
,			***************************************		
			1100		
I certify (or declare) under pe	nally of native and	or the laws of the	State of California that th	f!!!	
i t	nany or perjury und	er the laws of the	otate of California that tr	ne toregoing is th	ue and correct.
Executed on	1200		20 (28 at Sar	n Francisco, California.
Devin Courtner	a Wolker		7)	1	
Print Name of Applicant	o vance		signature of Applicant	R ARMY	
					•
	TO BE COMP	HEREDIEV AC	SEPTING COLOR SO	EME ONLY	***************************************
Name of person authorized to sig				Title:	
Msc wanz	, Wie	NEN		000	antioer MANAGU
					CAB CO-UP. Jeme Name
, the Color Scheme Holder / pers	on authorized to sign	for the Color Sche	me Holder for 1	COW C	113 CO-97
ereby give consent to the applic	ant named to use my	color scheme.		Color Scr	erne Name
certify (or declare) under penalty	of perjury under the	laws of the State of	f California that the foregoing	is true and correc	i.
1/1//	·/ :				
ignature of Color Scheme Holder / pe	rson authorized to slon f	or Color Scheme Holo	der Date	NOV 1 2	2008
Statute of color contains Flores 7 pc		or color coneme Hold	oci Dale		
				and the second s	KELEIVE!
		********OFFICE	USE ONLY**********		NOV 1 4 2008
genda Notice Date	Hearing Date		Decision of Taxlcab Commiss	1	NOV 142008 Declaration Signed
/orker's Comp Submitted	Insurance Submitte	đ	Paint Chips Submitted	Photo	s Sybmined ANCISCO
leceived by:	Receipt N	o.	, Amount		過能 COMMISSION

RECEIVED

NOV 1 2 2008

SAN FRANCISCO TAXI COMMISSION



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

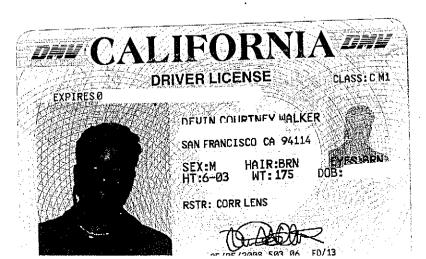
EXPIRES: DECEMBER 31, 2008

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)	Type of Medallion Applying for:
Residence Address (Street Address, City, State, Zip)	X Regular □ Ramp
Sit. Ca.	94415
Mailing Address (If different than residence address)	
Residence Phone Number: (4,15) 931-1922	Alternate Phone Number: (415)
Hours Available at this Number: 24 0 75 - Social Security Number Other name(s) used	Hours Available at this Number: 24 h/25,
No	ONE
California Driver's License Number / Expiration Year Date of	Place of Birth Poughkee PSIE New York
Race (Optional) CAU Casian (M) F 5//0/	Weight Eye Color Hair Color
Color Scheme / Business Name	Business Number
YELOW (, Ab Color Scheme / Business Address (Street Address, City, State, Zip)	(415) 282-3737
1600 Mississippi ST. S.F.	
	nt Card Number:
Are you currently an active driver and hold a current Public Passeng If Yes –Date permit was issued: 12-2007 Permit #	6 .
Has this permit ever been revoked? ☒ No ☐ Yes, if yes, ex	plain:
Per MPC §1081(a)(3), do you holds or have you ever held any other and County of San Francisco or elsewhere? No AYes, if ye	permits issued to operate a motor vehicle for hire either in the City
and County of San Francisco <u>or elsewhere</u> ? U No 以YYes, if ye	ELATRIAXI MILL VALLEY CA, 1981-1986
Please describe why the public will not be served properly if the	/
	Properly if This medalion is NOT
granted because The CITY Needs Mo	·
· · · · · /	S alot especially at Night, and
We are often overwelmed with	
There are Never enough CAbs To 5	
	. ا
. A	has DaykArs of Cab & driving Ex-
perience in SANFrancisco. Tens	
Is a great Joy For Me. I have an ex	ietent driving Record, and No
COSTOMER COMPLOINTS ON FILE AT	The detail office,
IFThis Medalian is NOT GranTe	& yellowCab May NOT be The Color
Scheme holder and The Public May NOT	be served as well as yellow confrovike.
YELLOW COLD Provides excellente avionent	and The FCOMPUTER d'is PATCH Service
Servesthe Public Verx Well,	DECENTED.
OFFICE US Received by: Amount	E ONLY Date
Danelle 40136+	4) 4 C NOV 1 9 2008
Notice Date: $ \psi 25 08$	aring Date;
Jpdated: September 29, 2008, G:\Medallion\Applications_Forms & templates Med Applic	TAXI COMMISSION
speated. Gepterniber 25, 2000, G. wieddinion i sphilodeons_i offina & templates wed Applied	trains air shineaton oblices

I have driven a t Police Code Se		. 1	ancisco and I ≀ ⊡ No	meet the currer	t year's driving re	equirement pursuant to	SFPD Municipal
	ddresses for To Date	•	ess (Street Addres	s, City, State, Zip)		BA. 94/15	
How long have you live Francisco?	7years	months	Francisco?		e do you have in San months	Are you physically qualified safely?	d to drive a standard vehicle s □ No
	for last five y To Date - 2 c o g	Company Name		Address (Stre	eeded) eet Address, City, Stat (SS 95) PP (S		Type of Work CADDR VER
-		ta.	onvictions, guilty		•	es, if yes, provide the informa (Attach addition considered cause to deny Disposition	nal pages if needed)
						AL S	× ×
ls your eyesight Do not include ord				corrected by ey	eglasses.	ls your hearing imp □ Yes ⊠No	paired?
Do you have any	physical im	pairments?	TXNo □Ye	es, if yes descri	be the impairmen	nt:	
Have you ever ha	ad: Epile	epsy □ Yes	i X No	Vertigo	□Yes XNo	Heart Troub	le □Yes 🛣 No
Are you now, or l Addicted to the u			□Yes 17 <mark>2</mark>	LNo	Any Narcot	ic Drug? □Yes	Ĺχνο
Were you previou If yes, it was revok			X No □Ye	s, If yes, was t	he medallion pe	ermit ever revoked? [□ No □ Yes

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)
VELLOW CAB PROVIDES 24 ht. 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? Ⅸ Yes □ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab? Ayes No
Read each section and sign initials to the left of each section if you agree and understand.
Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this day of day of day of, 20 <u>o 8</u> at San Francisco, California.
Signature of Applicant

RECEIVED

NOV 1 9 2008

SAN FRANCISCO TAXI COMMISSION

San Francisco Taxicab Commission

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

Phone Phon		PLEASE PRINT CLEA	RLY - COMPLETE ENTIRE FO	ORM
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 Per	· · · · · · · · · · · · · · · · · · ·	est)		Phone
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 Per	FRANCIS	MENEONEA.		, , , , , , , , , , , , , , , , , , ,
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 Per	Residence Address (Street Address	s, 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 Per		<u> </u>	F.CA.94115	
Selection Sele	Mailing Address, if different from ab	ove (Street Address, City, State, Zip)	J	
Selection Sele				
Selection Sele				
Selection Sele	If this color scheme reques	t is granted by the Tayloch Commis		
Business Phone (415) 282-3737 Medalition Number	I rame or laxi Company	I Business Address of Taxi I	Company (Street Address, City, State, Zip)	e, address and phone number will be:
Businese Phone (415) 282-3737 Medallon Number Owner / Operator Ras a date Long Term Lease	YELLOW CAB COC	of 1600 Mississi	PRIST S.F.CA.	
Please describe why you would like to use the color scheme for the above named taxi company (attach additional page necessary): I'VE DRIVEN FOR VELLOW CABCO S.F. FOR ALMOST 20 YEARS. I'N MY OPINION TELLOW CABCO IS THE BEST CABCO. I'N SAN FRANCISCO. I DO NOT WANT TO CHANGE CABCO. TO SAN FRANCISCO. I DO NOT WANT TO CHANGE CABCO. TO SAN FRANCISCO. I DO NOT WANT TO CHANGE CABCO. THE ARC'S MENCONER Security of perjury under the laws of the State of California that the foregoing is true and correct. Secured on 1/- 19- , 20-8 at San Francisco, California. When the Color Scheme Holder of Applicant MANCONER Security of Applicant Security of Applicant Security of Applicant Security of Proceedings of Applicant Security of Proceedings of Scheme Holder for S.F. YELWO CAB COPERATIVE TO Scheme Holder for S.F. YELWO CAB COPERATIVE TO SCHEME Name of Color Scheme Name sentify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. When the Color Scheme Holder / person authorized to sign for Color Scheme Holder for S.F. YELWO CAB COPERATIVE TO SCHEME Name and correct. When the Color Scheme Holder / person authorized to sign for Color Scheme Holder for S.F. YELWO CAB COPERATIVE (COMMISSION New Declaration Signed) AND I PARCISCO TAXICO MANUSCION New Declaration Signed		l Medallion Nu	mber	Owner / Operator
Please describe why you would like to use the color scheme for the above named taxi company (attach additional page necessary): THE DRIVEN FOR YELLOW CARCO SEFOR ALMOST 20 YEARS TW MY OPINION TELLOW CARCO IS THE BEST CARCO. TO SAN FRANCISCO. TO BO NOT WANT TO CHANGE CARCO. TO SAN FRANCISCO. TO BO NOT WANT TO CHANGE CARCO. Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on	1,415, 789-2,13,1			🔀 Gas & Gate
The Driven For yellow Carco. See For Almost 20 years. IN My of Nion Tellow Carco. Is the Dest Carco. In San Francisco. I bo not want to Change Carco. The San Francisco. I bo not want to Change Carco. Secured on				☐ Long Term Lease
Title: NICHOLAS N. OLSON The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for S.F. YELWW CAB COOPERATION Color Scheme Name Tolor Scheme Name Color Scheme Name Color Scheme Name Color Scheme Name The person authorized to sign for the Color Scheme Holder for S.F. YELWW CAB COOPERATION Color Scheme Name Color Scheme	I certify (or declare) under pena Executed on	Ity of perjury under the laws of the $1/-19$	State of California that the foregoing, 20 08	ng is true and correct. at San Francisco, California.
Title: NICHOLAS N. OLSON The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for S.F. YELWW CAB COOPERATION Color Scheme Name Tolor Scheme Name Color Scheme Name Color Scheme Name Color Scheme Name The person authorized to sign for the Color Scheme Holder for S.F. YELWW CAB COOPERATION Color Scheme Name Color Scheme		TO BE COMPLETED BY ACC	EPTING COLOR SCHEME ON	Il Agreestessessesses
he Color Scheme Holder / person authorized to sign for the Color Scheme Holder for S.F. YELLOW CARS COOPERATION Color Scheme Name reby give consent to the applicant named to use my color scheme. ertify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Authorized to sign for Color Scheme Holder Date NOV 1 9 2008 SAN FRANCISCO TAXI COMMISSION New Declaration Signed	lame of person authorized to sign	for Color Scheme Holder:		
Color Scheme Name NOV 1 9 2008 SAN FRANCISCO TAXI COMMISSION New Declaration Signed	NICHOLAS	N. OLSON		1St VICE-PRESIDEN
reby give consent to the applicant named to use my color scheme. Pertify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of penalty of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of the State of California that the foregoing is true and correct. Partify (or declare) under penalty of the State of California that the foregoing is tr	the Color Scheme Holder / person	authorized to sign for the Color Schen		
nature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date NOV 1 9 2008 SAN FRANCISCO TAXI COMMISSION Hearing Date Decision of Taxicab Commission New Declaration Signed	ereby give consent to the applicant	named to use my color scheme.	Со	lor Scheme Name
nature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date NOV 1 9 2008 SAN FRANCISCO TAXI COMMISSION Hearing Date Decision of Taxicab Commission New Declaration Signed	ertify (or declare) under penalty of	perium under the laws of the State of t	California that the foregoing is true and	correct
nature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date NOV 1 9 2008 SAN FRANCISCO TAXI COMMISSION Decision of Taxicab Commission New Declaration Signed		The state of the s	, ,	have been been to the beautiful
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SAN FRANCISCO TAXI COMMISSION TAXI COMMISSION Decision of Taxicab Commission New Declaration Signed	priature of Golor Scheme Holder / perso	n authorized to sign for Color Scheme Holde	Date / /	
nda Notice Date Hearing Date Decision of Taxicab Commission New Declaration Signed				- , 2 0 2000
nda Notice Date Hearing Date Decision of Taxicab Commission New Declaration Signed		******************************	ISE ANI VIII II	· · · · · · · · · · · · · · · · · · ·
Ker's Comp Submitted Insurance Submitted Paint Chips Submitted Photos Submitted	enda Notice Date		The state of the s	TAXI COMMISSION New Declaration Signed
	rker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

Amount

Date

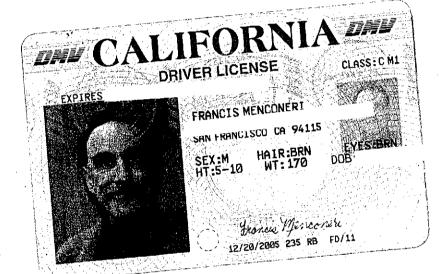
Received by:

Receipt No.

RECEIVED

NOV 1 2 2008

SAN FRANCISCO TAXI COMMISSION





ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

ENPIRES: 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: LEONIN SLOOFILY Today's Date: 1105/200 Address: SAN FRAN CA 9414 List #: 6-6	<u>8</u> _
Address: SAN FRAN CA 94/2/ List #: 6-6	633
Phone Number: Alternate Number:	· · · · · · · · · · · · · · · · · · ·
Reason for Time Waiver Request: I have Letten with Explanation	
SEE Attachen Cotten	
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:	
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.	
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.	i i
	2008
Signature of Applicant	: 10 ::150

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,

Leonid Slootsky, San Francisco cab driver; Badge # 53684

Consent: Item E

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

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

TAXICAB NEW COLOR SCHEME APPLICATION

	DI EASE DRINT CLI	EARLY - COMPLETE ENTIRE F	NSURANCE CARD WITH THIS APPLICAT
Applicant's Name (First, Middle, Last)	LCTWOT LIVILATION	LAKET - CONFECTE ENTINET	Phone
TAM DINH	NGUYEN		(415)
Residence Address (Street Address, City, Sta	ate, Zip)		
		SAN FRANCISCO,	Phone 94134
Joint Applicant's Name (First, Middle, Last)			Phone 1
Residence Address for Joint Applicant (Street	Address, City, State, Zin)	······································	
s this a Corporate permit? 💢	No ☐ Yes If yes,	Name of Corporation:	
If this color scheme request is an	anted by the Taxicah Co	mmission, list what your husiness par	ne, address and phone number will be.
			no, address and phone number was be.
Business Name	I	itreet Address, City, State, Zip)	C.E @4911107
Business Phone	Medallic	NNSYLVANIA AVE on Number(s)	Owner / Operator
45) 305-6913		311	Gas & Gate
			☐ Long Term Lease
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	taxi company (attach additional p	
Because It is	3 good e	oppostunity to	nanggement My ow
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		(vianky:	
		(VLAUK)	
		(VLAUK)	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
(We) certify (or declare) under pena	alty of perjury under the	e laws of the State of California that the	ne foregoing is true and correct.
		e laws of the State of California that the	
		e laws of the State of California that the	ne foregoing is true and correct. at San Francisco, California
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TAM DINH Name of Applicant int Name of Joint Applicant	y of <u>10 - 05</u> GUYEN	signature of Applicant	At San Francisco, California RECONTRACTOR NOV 0 7 2008
xecuted thisda TAM DINH N int Name of Applicant int Name of Joint Applicant	y of <u>10 - 05</u> GUYEN	e laws of the State of California that the state of Applicant	At San Francisco, California RECONTRACTOR NOV 0 7 2008
TAM DINH Narint Name of Applicant rint Name of Joint Applicant renda Notice Date . 2 5. 08 Hea	**************************************	e laws of the State of California that the signature of Applicant Signature of Applicant	At San Francisco, California RECARRED NOV 0 7 2008

Distinguishing color sche Body WHIE I Logo shown on vehicles: Other markings Dispatch Service:	HOOD WHITE	Top GR	SEN T	e color rendering upon	submission.)	
Body WHIE I Logo shown on vehicles: Other markings	HOOD WHITE	Top GR	SEN T	runk <u>WHITE</u>	· · · · · · · · · · · · · · · · · · ·	
Logo shown on vehicles: Other markings	VINA				<u> </u>	WHITE
-				Lettering Color		_
Dispatch Service:	·····		·			
	BEW	CHECKER	~··_			
Does the applicant understan Commission a distinguishing such taxicabs operated; provi scheme has been previously	color scheme and d ded, however, that a	esign for all such tax any person may, with	icabs and the the consent	operators thereof, a of another operator	and chall was the	00ma a= -11
Does the applicant understand characteristics of taxicabs unle	that it is unlawful t	o make or cause to b of the Taxicab Comm	e made any ission has fir	changes whatever in st been obtained?	the color or disting Yes □ No	nguishing
Name of Disposet Source:	BE COMPLETED	BY THE ACCEPT	TING DISP	TCH SERVICE O)NLY********	***
Name of Dispatch Service: ### CHCCKeK	2	Address:	, ENNSYI	VANIA AV.	E S.F.C	: A 9410
I, <u>bennady</u> Ej Print Name ok Authorized	? <i>5SHTEYI</i> Person of Dispatch Se	, the pers		ed to sign for the D		
consent to the applicant nar	ned to use the dis	patch service.				
certify (or declare) under p	enalty of perjury u	inder the laws of th	e State of C	alifornia that the fo	oregoing is true	and correct.
Signature of Authorized Person	L. T.	color	· sche	meholdez	8/19	2/120

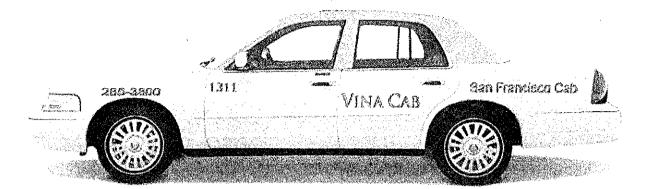
COLOR SCHEME DECLARATION

Business Name	Business Phone					
Business Address (Street, City, State, Zip)	(415) 305-6913					
Business Address (Street, City, State, Zip)	,					
999 PENNSYIVA NIA AVE No. of Regular Taxis No. of Regular Taxis	SF, CA 94107					
井 1311	(H15) 285-3605 24-hr Dispatch Phone					
Dispatch Service	24-hr Dispatch Phone					
B & W CHECKER	(415) 285-3800					
Dispatch Service Address (Street, City, State, Zip)						
999 PENNSYIVANIA AVE S Permit Holder's Name	·F CA 94107					
Permit Holder's Name	Permit Holder's Phone					
TAM DINH NGUYEN Other Manager/Company Representative Names	(415) 305-6913 Manager/Representative's Phone					
Other Manager/Company Representative Names	Manager/Representative's Phone					
	()					
D1						
Please initial as acknowledgement of the following:						
	be staffed Monday thru Friday, 9:00 a.m. to 5:00 p.m., no					
exceptions, no answering service, etc The business of that must be available within twenty-four (24) hour new transfer of the service of th	office must store lost property of passengers and current waybills offication for inspection during business hours.					
WAYBILL RETENTION - Individual drivers, after	er each shift, operating under the Color Scheme must turn their					
waybill in at the business address. Color Schemes s	shall maintain and retain waybill records for no less than six (6)					
years. Color Schemes shall maintain, at minimum, the copy format and prior years in a reasonably secure ele	ne most recent twelve (12) months of waybills in traditional hard- ectronic form and/or on a computer storage diskette.					
: t/ Disiness Office buone number must be as	ublished in the Classified Section of the San Francisco phone					
directory and be accessible through operator information	ation. The number must be listed in the phonebook for service					
requests, accidents complaints and lost property.						
	radio under the same Dispatch Service. The two-way radio must be operational in the taxicab during all hours of					
	published in the Classified Section in the San Francisco phone					
directory and must be in operation twenty-four (24) he	ours a day, each day of the year.					
Changes in my principal place of business shall be m the Taxicab Detail.	ade in writing within ten (10) days and is subject to approval by					
I will notify the Taxicab Detail within two (2) workin information.	g days of any other changes in the Color Scheme business office					
Commission Approved Alternative Parking Location:	·					
	led on this form is true and correct, executed at San Francisco, rmation provided by me, relative to this declaration, may be					
Permit Holder/Manger's Signature	PECEIVED 12-2-08 DEC 042008 PERMIT Holcles					
Tomic reseasements of Signature	DEC 8 / 2000					
TAM DINH NGUYEN Print Name	PERMIT Holcles					
Print Name /	Title					

s:ctc/Susan/MyFiles/Forms/TCFORMCSDeclaration.doc

SAN FRANCISCO TAXI COMMISSION

(Rev. 12/08/05)





	ACORD CERTIFIC	CATE OF LIABIL			DELLEAL	09/11/08	
(SF) Heffernan Insurance Brkrs 120 Howard Street, Suite 550			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.				
Pho	Francisco CA 94105 me: 415-778-0300 Fax:	417 880 454			TOROLD BI THE POL	CIES BELOW.	
Phone: 415-778-0300 Fax: 415-778-0301			INSURERS AFFORDING COVERAGE NA				
		•	INSURER A:	Delos Inst	rance Company		
Delta Cab Company David Van 1340 25th Street			INSURER 8:				
			INSURER C:				
	San Francisco CA 94107			INSURER D:			
	RAGES		INSURER E:				
POL	POLICIES OF INSURANCE LISTED BELOW HA REQUIREMENT, TERM OR CONDITION OF AN PERTAIN, THE INSURANCE AFFORDED BY TI CIES. AGGREGATE LIMITS SHOWN MAY HAV	HE BOI ICIES DESCRIPTO DESCRIPTION OF THE	D ABOVE FOR THE P TH RESPECT TO WHIK ECT TO ALL THE TER	OLICY PERIOD INDICATE THIS CERTIFICATE MS, EXCLUSIONS AN	ATED, NOTWITHSTANDING E MAY BE ISSUED OR D CONDITIONS OF SUCH		
INSR AL	SRU TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MWDDYY)	POLICY EXPIRATIO	N I		
	GENERAL LIABILITY		CATE (MANDETT)	DATE (MM/DD/YY)	EACH OCCURRENCE	MTS	
	COMMERCIAL GENERAL LIABILITY	NOT APPLICABLE			DAMAGE TO RENTED	\$	
	CLAIMS MADE OCCUR	1			PREMISES (Ea occurence) MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	S	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	s	
	AUTOMOBILE LIABILITY						
	ANY AUTO ALL OWNED AUTOS	NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	\$	
	SCHEDULED AUTOS HIRED AUTOS				BODILY INJURY (Per person)	s	
	NON-OWNED AUTOS	·			BODILY (NJURY (Per accident)	s	
	GARAGE LIABILITY				PROPERTY DAMAGE (Per accident)	s	
	ANY AUTO	NO COVERAGE			AUTO ONLY - EA ACCIDENT	S	
		110 001 214102			OTHER THAN EA ACC	 	
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	5	
	OCCUR CLAIMS MADE	NOT APPLICABLE			AGGREGATE	\$	
						s	
.	DEDUCTIBLE					s	
	RETENTION \$					s	
A EA	ORKERS COMPENSATION AND IPLOYERS' LIABILITY				X TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			07/20/08	07/20/09	E.L. EACH ACCIDENT	\$ 1000000	
If y	es, describe under ECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$1000000	
	HER				E.L. DISEASE - POLICY LIMIT	s 1000000	
		NOT APPLICABLE					
ESCRIP	TION OF OPERATIONS / LOCATIONS / VEHICL	LES / EXCLUSIONS ADDED BY ENDORSEM	ENT / SPECIAL PROV	ISIONS	1		
svid	ence of Insurance. *1	0 day notice of cance	llation fo	r non-paym	ent of		
rem	ium.			# · ·			
FOTIC	ICATE HOLDER						
-411	IVAI E RULUEN		CANCELLATIO				
SANFRTA			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN				
	6 B		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				
	San Francisco Taxi 25 Van Ness Avenue		REPRESENTATIVI		OF MET THE UPON THE INSUIT	reir, 113 AGENTS OR	
San Francisco CA 94102			AUTHORIZES SEERESENTATIVE				

NOISE CONTRACTION DEC 03 ZUUS

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER CALIFORNIA 7

COMPANY

CNA INSURANCE COMPANY EFFECTIVE DATE

10/12/08

MAKE/MODEL

POLICY NUMBER

IN ISSUE

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

EXPIRATION DATE 10/12/09

ENCY/COMPANY ISSUING CARD

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

INSURED

2005 YEAR

VEHICLE IDENTIFICATION NUMBER

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

INSURANCE IDENTIFICATION CARD

SAN ERANCISCO, CA 94107

DELTA CAB # 1311

number for each vehicle involved.

1311

LICENSE NUMBER TYPE REGISTRATION VALID FROM 04/30/2008 TO 04/30/2009 ONL TÄÄI HAVE VEHICLE EDENTIFICATION NUMBER FORD DATE FIRST SOLD CLASS RODY TYPE MODEL TX DATE ISSUED 37X Q 2 C 03380 03/08/2008 3800 REGISTERED DELTA CAB CO PO BX 425866 SAN FRANCISCO OWNER CA 94142-5866 ₩0024 R0041 L0098 TAM NGUYEN PO BX 425866 T-EXHOLDER 94142 142022920083226 SAN FRANCISCO STATE OF CALIFORNIA S3563193 DEPARTMENT OF MOTOR VEHICLES **VALIDATED REGISTRATION CARD** READ REVERSE SIDE-IMPORTANT INSTRUCTIONS



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 10,091 lbs. or More—Must Apply Sticker To Front Plate

Consent: Item F

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

<u> </u>		
Medallion Holder	Medallion	Change:
Name:	#:	
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 C *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) 1: Khai Li Risman Residence Address (Street Address, City, State, Zip) SF CA 94118 Joint Applicant's Name (First, Middle, Last) Phone Residence Address (Street Address, City, State, Zip) ☐ Yes Is this a Corporate permit? 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 Address (Street Address, City, State, Zip) Business Phone 999 Penns You Avi A

Medallion Number(s) (415) 285-3807 Gas & Gate 450 ☐ Long Term Lease Please describe why you would like to change to the above named taxi company (attach additional pages if necessary) I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 20<u>0 X</u> at San Francisco, California MAKARIAN I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _ hereby give consent to the applicant named to use my color scheme. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Hearing Date Decision of Taxicab Commission Agenda Notice Date Paint Chips Submitted Worker's Comp Submitted Insurance Submitted

Received by:

COLOR SCHEME CHANGE QUESTIONNAIRE
1. Why are you requesting this color scheme change? What offered to drive
Mord benicle
 How have you been operating your medallion at your current color scheme? Circle one: Gas and Gates Color Scheme Only Single Shift operated
How will you operate your medallion at the new color scheme? Circle one: Gas and Gates Color Scheme Only c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme? ∀Yes □ No If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change car be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?
Monday Tyesday Wednesday (pm-shifts
Blw Checker Cale 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 waxbills, reports and found property will be turned in at the company premises at the conclusion of each shift: N
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver)
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule.
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated.
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them.
 If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations.
I have read and understood all of the above. I declare that I will operate my taxicab permit number in full compliance with the above stipulations.
Signature: <u>M. durh ma</u> Date: 10.27.08
Department Witness: Date: 10129108

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 292008

SAN FRANCISCO
FAXI 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 Lirisman, 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 C N A Insurance Company (Auto Liability) and ARCH Insurance Company (Workers Compensation).

Sincercly,

Dmitry Erenkov Agent/Broker

DIE/ece

RECEIVED

OCT 292008

SAN FRANCISCO TAXI COMMISSION



TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

NEW COLOR SCHEME
(Complete both sides)

*CHANGE OF COLOR SCHEME - From: _ (Complete front side only)

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-7 /°	7-1-1-1	1 1/1/	

*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATI	ON, REGISTRATION CARD, & INSURAN	ICE CARD WITH THIS APPLICATION.
PLEASE PRINT CLEARL	Y - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last)		Phone /
MICHAEL JUSEPH JP	411	
Residence Address (Street Address, City, State, Zip)	F. A.	d /
Joint Applicant's Name (First, Middle, Last)	551; DAN FAANOI.	500, (A 9410->
Joint Applicant's Name (First, Middle, East)		()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit?	of Corporation:	
If this color scheme request is granted by the Taxicab Commission,	list what your business name, address	
Business Name Business Address (Street Ad		Business Phone
Medallion Number(s)	LUANIA AU. 94167	415 206-1908
Modeling (Marine)	/	Owner / Operator
1149		Gas & Gate
		Li Long Term Lease
Please list the reason(s) why you are requesting this change	de:	
		112
I will prosomply without	2 My OUN (AXC	077-10
,		
		·
· · · · · · · · · · · · · · · · · · ·		
I (We) certify (or declare) under penalty of perjury under the laws	of the State of California that the fore	going is true and correct.
Evaputed this 1th . day of 1/01.	20 /8 at 8:	an Francisco, California
Executed this 14 · day of NOU.	7,200	arr r Janoicoo, Gamerria
Michael Joseph SPAia	X/Am 1	Mana '
Print Name of Applicant	Sjgnatu	re of Applicant
	EPTING COLOR SCHEME ONL	
Name of person authorized to sign for Color Scheme Holder:	Tit	tte:
KOGER CARDENAS		11/6/2.
		. 15
I, the Color Scheme Holder / person authorized to sign for the Color Scher	ne Holder for	b Cofor Scheme
hereby give consent to the applicant named to use my color scheme.	Taxica	o Color Scheme
certify (or declare) under penalty of perjury under the laws of the State of	California that the foregoing is true and o	orrect
certify (or declare) under penalty of perjury under the laws of the State of	Camornia triat the foregoing is true and of	3
Alle Colle	11-14	4-08
Signature of Solor Scheme Holder / person authorized to sign for Color Scheme Holder		Date
OFFICE	USE ONLY	Programme Communication Commun
Agenda Notice Date 125 AK Hearing Date 12 G (35)	Decision of Taxicab Commission	New Declaration Signed
Moder's Corps Submitted Insurance Submitted	Paint Chips Submitted	Photos Submitted // 9 7 0000

Amount

Receipt No.

Received by:

C:/My Files/Forms/Taxicab Color Scheme Application.doc

Date

(Rev. 11/30/05)

COLOR SCHEME CHANGE QUESTIONNAIRE

1.	Why are you requesting this color scheme change?
	I will peasonally manage my our Toxical at Bay 013
2.	
	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
٠	
4.	
	☐ Yes ☒No
	If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5.	For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?
	I, Michael J- Spain, acknowledge that in making this color scheme transfer to Bay 043, I will operate my medallion # // / / in compliance with the following
	2. ON 82
	I will operate my medallion # // 4 operate with the following
	stlpulations:
	1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift.
	2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver)
	3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule.
	4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's
	permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated.
	driver, and (5) is listed on the driver's roster for the taxical company with which ram associated.
	5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and
	the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them.
	6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.
	7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and
	County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations.
I have r	read and understood all of the above. I declare that I will operate my taxicab permit number <u>// //</u> in npliance/with the above stipulations.
Signatu	Markey / S/DAis
Departm	nent Witness: Date: NCV-14, 68 NOV 1 4 2008

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

Dmitry Erenkov Insurance Agency

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

NOV 1 4 2008

14 November 2008

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

CA3# 1149

REGISTRATION CARD VALID FROM: 02/28/2008 TO: 02/28/2009 MAKE YR MODEL FORD ⁸*γ_R 2003 TYPE VEH 2003 TYPE LIC BODY TYPE MODEL AN LICENSE NUMBER 2008 MP 32X МО 31 · AX WC TX UNLADEN/G/CGW G PN 2, VEHICLE ID NUMBER D TYPE VEHICLE USE 04060 DATE ISSUED COMMERCIAL CC/ALCO DT FEE RECVD PIC 02/22/08 STICKER ISSUED 38 02/22/08 PR/HIST: 3 TAXI REGISTERED OWNER PR EXP DATE: 12/31/1999 BAY CAB CO AMOUNT PAID 999 PENNSYLVANIA AVE 187.00 AMOUNT DUE AMOUNT RECVO 187.00 SAN FRANCISCO 94107

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER POLICY NUMBER

LIENHOLDER

COMPANY

CNA INSURANCE COMPANY

EFFECTIVE DATE

10/12/08

YEAR

IN ISSUE

MAKE/MODEL

10/12/09 VEHICLE IDENTIFICATION NUMBER

EXPIRATION DATE

2003 AGENCY/COMPANY ISSUING CARD

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

INSURED

BAY CAB 999 PENNSYLVANIA ST SAN FRANCISCO, CA 94107

SEE IMPORTANT NOTICE ON REVERSE SIDE

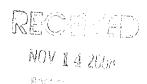
THIS CARD MUST BE KEPT IN THE

VEHICLE AND PRESENTED UPON DEMAND

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

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

ACORD 50 (1/83)



TAXICAB COLOR SCHEME CHANGE APPLICATION San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - F	From: ARROW C) В то	EQUAL MXI	1111001011
*Forms to submit with this application: Ce and Color Scheme Change Questionnaire. Pt	ertificate Of Worker's Compensat	ion, Registration Card,	insurance Card, Vehicle Introduction F	(2
Applicant's Name (First, Middle, Last)	CANCEL TRITTOLIZATION			
TIMMY VELE Residence Address (Street Address, City, State, Zip	2		Phone (415)	
Troductice Address (Office Address, Orly, State, Zip	"	ب		***************************************
Joint Applicant's Name (First, Middle, Last)			Phone	
Residence Address (Street Address, City, State, Zip)			
Is this a Corporate permit? 🗷 No	☐ Yes If yes, Name of Corpo	oration:		
If this color scheme request is granted	by the Taxicab Commission, list	what your business n	ame, address and phone number will b	Θ.
Business Name	Business Address (Street Address, Cit			
ROYAL TAXI	2121 EVANS	AUE #G		
Business Phone (UIT) 6 43 9500	Medallion Number(s)		Owner / Operator	
"415' 643 9500	1143		Gas & Gate	
			Long Term Lease	
(We) certify (or declare) under penalty of	MOVEMBER		the foregoing is true and correct. at San Francisco, California	<u></u> .
Print Name of Applicant			Vel	
The Name of Applicant	Zaig	nature of Applicant		
**************************************	dolder:	g color seten	Title:	
CHRISTOPHER	SWIJ		MANAGER	
the Color Scheme Holder / person authorized		erfor Roy	AL Mary Taxicab Color Scheme	·
ereby give consent to the applicant named to t			- I - I - I - I - I - I - I - I - I - I	
certify (or declare) under penalty of perjury und	der the laws of the State of Californi	a that the foregoing is tr	ue and correct.	
Signature of Gold Striffine Holder / person authorize	nd to sign for Color Scheme Holder	**************************************	11 6 8	
******	**************************************	(I V************	**** *********************************	700
genda Notice Date 11 25 D Hearing D	ate 12 09 108 Decisi	on of Taxicab Commission Chips Submitted	New Declaration Signed	
	Receipt No. 404333	Amount 416	Photos Submitted V 0 3 2008 Date	

COLOR SCHEME CHANGE QUESTIONNAIRE

1.	Why are you requesting this color scheme change? / wont to Join	NOW RASIO
	SEEVICE (CityWise) and New Verticle	
2.	How have you been operating your medallion at your current color scheme? Circle one: a. Gas and Gates b. Color Scheme Only	RECO
	c. Single Shift operated	a and also
3.	How will you operate your medallion at the new color scheme? Circle one: Gas and Gates	NOV 1 8 2008
	b. Color Scheme Only c. Single shift operated	SAN FRANCISCA: TAXI COMMISSION
4.	Will you sign any leases with your new color scheme or with any drivers associated with El Yes I No If Yes, you must bring copies of these leases to the Taxi Commission office before your obe implemented.	
5.	For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in Proposition K?	order to comply with
	Maday - THUR DAY SHIFT	
	A cknowledge that in making this color scheme Ryal 1841, I will operate my medallion # 1143 in compliance stipulations: 1. The taxicab will begin and end all shifts at the company property and all waybills, rep	e with the following
	will be turned in at the company premises at the conclusion of each shift. 2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Colo	r Scheme/Driver.
	3. The vehicle used for this taxicab will contain at least my name or that of the Color Sci also contain the name of a driver holding a lease which complies with the three layer	
	4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) permit issued by the City and County of San Francisco, (2) has a lease for the vehicle driver, and (3) is listed on the driver's roster for the taxicab company with which I am	or is a gas and gates
• .	5. The vehicle will be operated in accordance with all provisions of Article 16 of the Mun the Commission's Rules and Regulations, and I have taken time to educate myself at that I fully understand and comprehend them.	
	6. If I received my permit after 1978, I will comply with the 800 hours of 156 four-hour strequirement contained in Article 16 of the Municipal Police Code.	ift full-time driving
	7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traff County of San Francisco, the California Vehicle Code, California Worker's Compensa Commission Rules and Regulations.	tion Laws and Taxi
l have full cor	ead and understood all of the above. I declare that I will operate my taxicab permit r	number <u>1143</u> in
Signatu	Date: 11/1/08	
Departr	nent 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 0 3 2008

SAN FRANCISCO

TAXI COMMISSION

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

To whom it may concern:

RE: Vehicle for Jimmy Velez

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

	Lukor		San Francisco Taxicab Commission
CHANGE OF COLOR SCHEME – From		To:	Dery
*Forms to submit with this application: Certific and Color Scheme Change Questionnaire.	ate Of Worker's Compensation	on, Registration Card, Insu	rance Card, Vehicle Introduction Form (2
	SE PRINT CLEARLY - C	OMPLETE ENTIRE FO	ORM
	CHUFFA		Phone (44) 563-3285
Residence Address (Street, Address, City, State, Zip)			
Joint Applicant's Name (First, Middle, Last)		· · · · · · · · · · · · · · · · · · ·	Phone () ,
Residence Address (Street Address, City, State, Zip)	7	Ala.	
Is this a Corporate permit? ဩN₀ □	Yes If yes, Name of Corpor	ation:	
If this color scheme request is granted by the	he Taxicab Commission, list	what your business name,	address and phone number will be.
Business Name Busi	iness Address (Street Address, City	, State, Zip)	
BAN CAIS	19 PENN SyLe	INNIA AU. SF	94/07
Business Phone	/ Medallion Number(s)		Owner / Operator
45 206-1908	90	78	Gas & Gate Long Term Lease
		16	
Please describe why you would like to ch	3 Z	\wedge	1 4 4
_ To work with	the com	Parel 4 1	raile francis
and When I wo	Sked also	tor long.	Have In the
pay,		·	
	,		
1 (Atta) postific (as de alors) condes manetto ef nevi	in man and an the all man a settle a Ch	ata af Oalifamila that the f	
I (We) certify (or declare) under penalty of perj		ate of California that the fi	oregoing is true and correct.
Executed thisday of	Nottember	, 20 <u><i>0</i></u> at	San Francisco, California
CHUFFA TESFAYS	•	Chuff	•
Print Name of Applicant	Sign	ature of Applicant	·
**************************************		GOLOR SCHEME O	VL Y************************************
RUGER CARDE			MGR.
, the Color Scheme Holder / person authorized to sig	gn for the Color Scheme Holder		195
nereby give consent to the applicant named to use m	ny color scheme.	Ta	xicab Color Scheme
certify (or declare) under penalty of perjury under the	e laws of the State of California	that the foregoing is true and	d correct.
Apa Combin		11-19	-08
Signature of Cotor Scheme Holder / person authorized to sig	gn for Color Scheme Holder		Date
*****	"*"***********************************	Γλ	ALC:
genda Notice Date 125 03 Hearing Date		n of Taxicab Commission	New Declaration Signed 108
Vorker's Comp Submitted Insurance Submi	itted Paint C	hips Submitted	Photos Submitted SAN FRANCISCO
eceived by: Caned Receip	1 No. 404366	Amount \$416 -	Date COMMISSION

COLOR SCHEME CHANGE QUESTIONNAIRE

1.	Why are you requesting this color scheme change?				
	complained for works by in before I received made				
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 car				
5.	be implemented. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?				
	I, Testage Aluff, 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.				
	2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).				
	3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule.				
	4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated.				
	5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them:				
•	6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.				
	7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations.				
	ead and understood all of the above. I declare that I will operate my taxicab permit number $(10, 10)$ in inpliance with the above stipulations.				
natur	e: Chuffer Date: 11-182008				
partm	ent Witness: Date: WINDX				

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



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,

Dmitry Erenkov Agent/Broker

DIE/ece

NOV 1 8 2008

SAN FRANCISCO
RAXI COMMISSION



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

MAKE YR MODEL DODG 2006

YR 1ST SOLD 0000

VLF CLASS EB

TYPE VEH

TYPE LIC

LICENSE NUMBER

BODY TYPE MODEL

MP MO G

WC

2007 UNLADEN/G/CGW

37X

31 VEHICLE ID NUMBER

TX TYPE VEHICLE USE

2 DATE ISSUED D 04340

DT FEE RECVD PIC 10/31/08

STICKER ISSUED

COMMERCIAL

11/10/08

AX

PR/HIST: TAXI

CC/ALCO 38

8

T0409867

PR EXP DATE: 10/31/2008

REGISTERED OWNER

LUXOR CAB CO

2230 JERROLD AVE

MISC#: 9078

AMOUNT PAID \$ 258.00

AMOUNT DUE

AMOUNT RECVD

258.00 CASH :

CHCK: CRDT :

258.00

SAN FRANCISCO

CA

94124

LIENHOLDER

FORD MTR CRDT CO PO BX 105704

ATLANTA

GA

30348

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

NOV 1 8 2008

SAN FRANCISCO MXI COMMISSION