Notice Section

This is not an agenda item for this meeting, but serves as a public notice. The following individuals have filed and completed applications for Taxicab Medallion Holder Permits, Ramped Taxicab Medallion Holder Permits or Color Scheme Changes which will be reviewed and considered on the May 27, 2008 hearing.

Notice Section Item: B

Consideration of the Taxi Commission to grant a Color Scheme

Change to:

Medallion	Change:
#:	
947	Bay to Fog City
1,2,3,4,5	Metro to Yellow Cab
63, 64, 65	Metro to Yellow Cab
51	Metro to Yellow Cab
926	Yellow to Royal
128	Regents to Fog City
	#: 947 1,2,3,4,5 63, 64, 65 51 926

San Francisco Taxicab Commission

□ NEW COLOR SCHEME (Complete both sides) Change of Color SCHEME - From: (Complete front side only)	BAY CAB
YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSUR.	ANCE CARD WITH THIS APPLICATION.
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FOR	M
Applicant's Name (First, Middle, Last)	Phona
FRANK THOMAS FAHY	
Devidence Address (Street Address City State 7(0)	
SF 1A- 94107	
Joint Applicant's Name (First, Middle, Last)	Phone
	()
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? Who D Yes If yes, Name of Corporation:	
If this color scheme request is granted by the Taxicab Commission, list what your business name, addre	ss and phone number will be.
Business Address (Street Address, City, State, Zip)	Business Phone
Fog City (as 979 Bryant It CA 99	1471242-1149
Medaillon Number(s)	Owner / Operator
$\Omega i/2$	Gas & Gate
741	☐ Long Term Lease
Please list the reason(s) why you are requesting this change:	
To ketter serve the citizens of the	Coty and
coults of san Francisco bu driveng	a be Her vehill
To ketter serve the citizens of the couts of san Francisco by driving and less dangeous color schaue chang	choga FEM.
P. C. S. C.	
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the fore	egoing is true and correct.
7 10 M	an Francisco, California
Executed this 6 day of 700 at S	di Fidicisco, Odinomia
Thomas Thomas Tobac	-
Print Name of Applicant Signer	rre of Applicant
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Name of person authorized to sign for Color Scheme Holder:	1
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In C	4.1 Cas
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Tada	ab Color Scheme
hereby give consent to the applicant named to use my color scheme.	
certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and co	orrect.
I certify (or decisite) direct heriard or bestord arrest and ratio at any arrest	' ()
4/16/0	0 F
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Delta
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OFFIGE USE ONLY	New Declaration Signed
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| Receipt No.

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY MUMBER COMPANY

10/12/07 ELVE MAINCEART MATIONAL INTERSTATE INSURANCE COMPANY

MAKE/WODEL

STd

FOLICE NUMBER

KWEEK

EXPIRATION DATE 10/12/08

VEHICLE IDENTIFICATION NUMBER

2002 AGENCY/COMPANY ISSUING CARD NASSIN

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

EL CAJON, CR 92020

TMSCHAD

FOG CLTY CAB # 947 979 BELLAND ST SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER COMPANY

MATTOMAL INTERSTATE INSURANCE COMPANY EFFECTIVE DATE

EXPIRATION DATE

10/12/08

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10/12/07

VEHICLE IDENTIFICATION NUMBER

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AGENCY/COMPANY ISSUING CARD

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

CERTIFIED FOG CLIY CAB # 997

979 BRYAME ST

SEN FRANCISCO, CA 94103

SER IMPORTANT NOTICE ON REVERSE SIDE

COMMINSON MA COMONAMENTO APR 17 2008

HARIDE

THIS CARO MUST BE KEET IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

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

1. Name and address of each driver, passenger and witness.

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

ACORD 50 {1/83}

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

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

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

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Fog Cityl Cab, Inc.

To PAXi commissioner. ATT: Vicky

Fog City Cas Will Purchase A Vichicle for medallion \$ 947 Before May 27, 2008.

Thank (

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San Francisco Taxicab Commission

G NEW COLOR SCHEME

G CHANGE OF COLOR SCHEME - From: METRO CAB

(Complete both sides)

(Complete front side anly) VOLUMET CURRET A CERTIFICATE OF WORKER'S COMPENSATION REGISTRATION CARD. & INSURANCE CARD WITH THIS APPLICATION.

'YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, &	
PLEASE PRINT CLEARLY - COMPLETE ENTIRE Applicant's Name (First, Middle, Last)	Phone
Residence Address (Street Address, City, State, Zip)	
	7 4404 1 Phone
	() .
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? GNo G Yes If yes, Name of Corporation:	
If this color scheme request is granted by the Taxicab Commission, list what your business name, Business Name Business Address (Street Address, City, State, Zip)	address and phone number will be. Business Phone
. Yellow Cob co-op 1200 MISSISSIPPI ST SF	CA (415) 282-2737
Medallion Number(s)	G Owner / Operator G Gas & Gate Long Term Lease
Please list the reason(s) why you are requesting this change:	
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I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the	e foregoing is true and correct.
Executed this 28 day of April .2008	at San Francisco, California
X ON TONGALOL Signature of Applicant Si	signature of Applicant
TO BE COMPLETED BY ACCEPTING COLOR SCHEME	ŎŇÍŘÝ
NATHAN DOIRI	resident
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for	Title: President Cab Co- op Taxicab Color Scheme
hereby give consent to the applicant named to use my color scheme.	Taxicab Color Scheme
l certin-(or declare) under penalty of perjury under the laws of the State of California that the foregoing is true as	nd correct.
11/11/1/1/2010 4/02/	Janx
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Date
OFFICEUSEONLY	
Agenda Notice Date 5 3 09 Hearing Date 5 27 0.8 Decision of Taxicab Commission	New Declaration Signed
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May 9, 2008

Tamara Odisho Outreach Coordinator & Executive Assistant San Francisco Taxicab Commission 25 Van Ness Ave., Suite 420 San Francisco, CA 94102

Dear Ms. Odisho:

Let me assure you that there will be vehicles, insurance (see attached) and registration as noted in your e-mail (attached). A check for \$1,746.00 to cover the transfer fees is enclosed.

Sincerely,

Nathan Dwiri, President

NUMBER

DEPARTMENT OF INDUSTRIAL OFFICE OF THE DIRECTOR State of California RELATIONS

CERTIFICATE

CONSENT J ST ZSGA

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That_ (a California corporation)

Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this has complied with the requirements of the Director of Industrial Relations under the

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

MARK B. ASHCRAFT

EFFECTIVE:

THE_16th_DAY OF _JUNG

-2003

CHUCK CAKE

DEPARTMENT OF INDUSTRIAL RELATIONS OF THE STATE OF CALIFORNIA

вижете,

elicocation of Certificate,—"A certificate of consent to self-insure may be revoted by the Director of Industrial Relations at any time for good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fallil his obligations practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8. Celliarnia Administrative Code, Croup 2—Administration of Self-Insurance.

MANAGE

FORM A.A.10 A

27 456 (

San Francisco Taxicab Commission

G NEW COLOR SCHEME (Complete both sides)

G CHANGE OF COLOR SCHEME - From: METRO CAB (Complete front side only)

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

PLEASE PRINT CLI	EARLY - COMPLETE ENTIRE	FORM
Applicant's Name (First, Middle, Last)		Phone
SANDRA J. TALAZZI		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Residence Address (Street Address, City, State, Zip)		
7	1-STER GTY-CA.	94404
Joint Applicant's Name (First, Middle, Last)		Phone
>		
Residence Address (Street Address, City, State, Zip)		
X		
Is this a Corporate permit? GNo G Yes If yes, N	Name of Corporation:	·
If this color scheme request is granted by the Taxicab Commis Business Name Business Address (Stre	ssion, list what your business name, a eet Address, City, State, Zip)	Business Phone
Your Carle DP WAD MES	15518P1 STSF.	Cf (415) 282-3730
1546 CABOS OP 1200 M135, Medallion Number(s) 63,64,65	123/11/2/2011	G Owner / Operator
13 14 /25		GGGas & Gate
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Please list the reason(s) why you are requesting this cl	hange:	
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I (We) certify (or declare) under penalty of perjury under the law	ws of the State of California that the	foregoing is true and correct.
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Executed this 20 day of April	, 20 <u>00</u>	at San Francisco, California
To the Della		·
Signature of Applicant	Sig	nature of Applicant
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	CERTING COLOR SCHEME C	
Name of person authorized to sign for Color Scheme Holder.		Title:
NATHAN DWIRT		PresideNT
	1616	Cab Co- OP axicab Color Scheme
I, the Color Scheme Holder / person authorized to sign for the Color Sch	neme Holder for YC/10 @	axicab Color Scheme
hereby give consent to the applicant named to use my color scheme.		
I certify-(or declare) under penalty of perjury under the laws of the State of	of California that the foregoing is true an	d correct.
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What referen	4/23/	dos
Signature of Color Scheme Holder / person/authorized to sign for Color Scheme Holde	7	Date
	USE ONLY. Decision of Taxicab Commission	Naw Declaration Signed
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May 9, 2008

Tamara Odisho Outreach Coordinator & Executive Assistant San Francisco Taxicab Commission 25 Van Ness Ave., Suite 420 San Francisco, CA 94102

Dear Ms. Odisho:

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Sincerely,

Nathan Dwiri, President

DEPARTMENT OF INDUSTRIAL OFFICE OF THE DIRECTOR STATE OF CALIFORNIA SUNCTION OF STREET

NUMBER

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CENTIFICATE COZSEZI

YELLOW CAB COOPERATIVE, INC.

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THIS IS TO CERTIFY, That. (a.California corporation)

Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this has complied with the requirements of the Director of

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

EFFECTIVE:

THE 16th DAY OF JUMP

2003

CHUCK CAKE

DIRECTOR

department of industrial relations

OF THE STATE OF CALIFORNIA

MARK B.

ASHCHAFT HANAGER

Revocation of Certificate,—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time is practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Rabitus practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Rabitus practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary against the employer to secure the compensation due; (b) Dircharming his compensation obligations in a dishonest manner; ine; (b) Dircharging his compensation obligations in a dishonest the public or those dealing with him." (Section 3702 of Labor tive Code, Group 2.—Administration of Self-Insurance. code.) The Cartificate ny time for good cause after a to fulfill lids obligations, or the Habitually and as a matter of

FORM A.A-10 A

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San Francisco Taxicab Commission

G NEW COLOR SCHEME - G CHANGE OF COLOR SCHEME - From:	METRO CAB
YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSUR-	ANCE CARD WITH THIS APPLICATION.
PLEASE PRINT CLEARLY – COMPLETE ENTIRE FOR	M
Applicant's Name (First, Middle, Last) * Halfolde + + - Lorretto Dell'Hegue Residence Address (Street Address, City, State, Zip)	Phone
7 10 PGANA, 11 Co.	95037
Joint Applicant's Name (First, Middle, Last)	Phone (
Residence Address (Street Address, City, State, Zip)	, , ,
× MA	
Is this a Corporate permit? KNo G Yes If yes, Name of Corporation:	
If this color scheme request is granted by the Taxicab Commission, list what your business name, address	s and phone number will be.
Business Name Business Address (Steet Address, City, State, Zip) (ABCO-0P 12-00 MC5515517P15F SF. Car	Business Phone (405.) 282-3737
Medallion Number(s)	G Owner / Operator
	(G) Long Term Lease
Please list the reason(s) why you are requesting this change:	
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	and growth or the many state of the state of
₹ :	
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the forego	ping is true and correct.
Executed this 2000 day of April , 2000 at San	Francisco, California
< Antrinette L'Aellagiea	· ·
Signature of . Signature of .	Applicant :
TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder:	
NATHAN DWIRI NEWS	resident
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Vella Cab	Co-op
hereby give consent to the applicant named to use my color scheme. SN FO SOCIAL Taxicab Col	for Scheme
ι certify-(oc declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correc	at.
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Signature of Color Scherne Holder / persol/Pauthorized to sign for Color Scherne Holder / Date	
Genda Notice Date 5 3 (7) Hearing Date 5 7 D2 Decision of Taxicab Commission New	Declaration Signed
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eceived by: Cfictral Receipt No. Amount 27	Date For A AS

Amount 29

Date 56.

08 (Rev. 10/06/05)

Warker's Comp Submitted

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

Received by:



May 9, 2008

Tamara Odisho Outreach Coordinator & Executive Assistant San Francisco Taxicab Commission 25 Van Ness Ave., Suite 420 San Francisco, CA 94102

Dear Ms. Odisho:

Let me assure you that there will be vehicles, insurance (see attached) and registration as noted in your e-mail (attached). A check for \$1,746.00 to cover the transfer fees is enclosed.

Sincerely,

Nathan Dwiri, President

なると

DEPARTMENT OF INDUSTRIAL RELATIONS STATE OF CALIFORNIA

OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That

Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this has complied with the requirements of the Director of Industrial Relations under the provisions of

This certificate may be revolted at any time for good cause shown."

EFFECTIVE:

2003 THE 16th DAY OF JUNG

DEPARTMENT OF INDUSTRIAL RELATIONS OF THE STATE OF CALIFORNIA

CHUCK CAKE

* Revocation of Certificate.—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a practice by such employer, among other things, the impairment of the solvency of such employer, the inability of the employer or his agent in charge of the administration of obligations under this division of any of the following: (o) Habbually and as a matter of practice and custom inducing claimants for compensation, to accept less than the compensation due or making it necessary for them to resort to proceeding obligations in such a manner as to cause Injury to the public or those dealing with him." (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Tytle 8. California Administrative Code. Group 2—Administration of Self-Insurance. MARK B. ASHCRAFT

FORM A.4-10 A

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME

*CHANGE OF COLOR SCHEME - From: YEllow to Poyal

(Complete both sides)

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

PLEASE PRINT CLEARLY - COMPL	LETE ENTIRE FORM
Applicant's Name (First, Middle, Last) FERIE DOQU GOLS NAM	Phone
Residence Address (Street Address, City, State, Zip)	5 F. CA - 94/18
Joint Applicant's Name (First, Middle, Last)	Phone ()
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? No D Yes If yes, Name of Corporation:	:
If this color scheme request is granted by the Taxicab Commission, list what your Business Name Business Address (Street Address, City, State Royal TAX: 2121 EVA & S AVE: the Medallion Number(s)	
	☐ Long Term Lease
Please list the reason(s) why you are requesting this change: APREFER RAJIO DISJOTE	h (1201Co)
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I (We) certify (or declare) under penalty of perjury under the laws of the State of Executed this	, 20_ <u>6 \$</u> at San Francisco, California
	- Golfsha
FERIEDOON 7	Signature of Applicant
TO BE COMPLETED BY ACCEPTING GO Name of person authorized to sign for Color Scheme Holder:	LOR SCHEME ONLY
Milledowsi WisHAN SWEIS	PRESIDENT
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for	ROYAL TAXI
hereby give consent to the applicant named to use my color scheme.	Taxicab Color Scheme
I certify (or declare) under penalty of perjury under the laws of the State of California that the	he foregoing is true and correct.
I certify (or declare) under penalty of perjury under the laws of the State of California that the signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	he foregoing is true and correct. OS 105 / OS 8 Date
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	s ,
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder OFFICE USE ONLY	, ,
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder OFFICE USE ONLY	Date Date Date Date Dat

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		tain View CA 94043	Ziiq r			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i.e.
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P	OLICI	IES, AGGREGATE LIMITS SHOWN MAY HAVE					.; .,
LTR	ADD INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIM	ITS
		GENERAL LIABILITY				EACH OCCURRENCE	\$ \$1,000,00
A		X COMMERCIAL GENERAL LIABILITY		01/23/08	01/23/09	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ \$50%0000YYY
		CLAIMS MADE X OCCUR	ļ			MED EXP (Any one person)	\$ \$51,000/08
						PERSONAL & ADV INJURY	\$ \$1,000,00
						GENERAL AGGREGATE	\$ \$1,000,00
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	3.31
		POLICY PRO-					, *
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	NAIC#
		ANY AUTO				(Ea accident)	\$ \$1,000,00
		ALL OWNED AUTOS				BODILY INJURY	32620
В		X SCHEDULED AUTOS	PLS _ JL	10/12/07	10/12/08	(Per person)	\$
		HIRED AUTOS				BODILY INJURY	
İ		NON-OWNED AUTOS				(Per accident)	\$.
						PROPERTY DAMAGE	
_						(Per accident)	3
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY		PERMIT		EACH OCCURRENCE	s 1,000,000
		OCCUR CLAIMS MADE		可以的存在分		AGGREGATE	s 50700000
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		KERS COMPENSATION AND OYERS' LIABILITY		4.74 No. 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		WC STATU- OTH- TORY LIMITS ER	THEMMDED
1,	ANY F	PROPRIETOR/PARTNER/EXECUTIVE		MAGNIN		E.L. EACH ACCIDENT	\$
- 1		CER/MEMBER EXCLUDED? , describe under			<u> </u>	E.L. DISEASE - EA EMPLOYEE	\$ 21 000 000
1:	SPECI	IAL PROVISIONS below					\$
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		ON OF OPERATIONS / LOCATIONS / VEHICLE RANCISCO TAXICAB COMPA		ENT / SPECIAL PROVI	ISIONS		. 170° TODA DIM (BISTOM), FOR NOTICE OF
		COUNTY OF SAN FRANCI		GENTS AND	EMPLOYEES :	MEMBEDS	
		MISSIONS, VEOLIA TRAN					
		Y SUBCONTRACTOR OR AG					
		GREEMENT ARE INCLUDED				and the state of t	·
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Κľ	iFIC/	ATE HOLDER		CANCELLATIO			
			SFPARAT			POLICIES BE CANCELLED BE	
		SAN FRANCISCO PARATE	ZANSTT			VILL ENDEAVOR TO MAIL 30	
		RICHARD LESSER	CALLE I			AMED TO THE LEFT, BUT FAIL	The management of the control of the
		68 12TH STREET				FANY KIND UPON THE INSURE	R, ITS AGENTS OR
		SAN FRANCISCO CA 910	02-6055	REPRESENTATIVE	·	1	rejugero.
				AUTHORIZED REPR	-ul	1 8 YALA	Variation (and the second
			I	Paul Batma	Te l		N 1

ACORD 25 (2001/08)

® ACORD CORPORATION 1988

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

CERTIFICATE OF WORKERS COMPENSATION INSURANCE

ISSUE DATE: 05-02-2008

GROUP: POLICY NUMBER: CERTIFICATE ID: CERTIFICATE EXPIRES: 05-02-2009 05-02-2008/05-02-2009

CITY AND COUNTY OF SAN FRANCISCO SAN FRANCISCO TAXICAB COMMISSION 25 VAN NESS STE 420 SAN FRANCISCO CA 94102

NΑ

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

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

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

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

THORIZED REPRESENTATIV

PRESIDENT

MAY 0 5 2008

COLOCATINA MICCIENTE

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE. ENDORSEMENT #1600 - NISHAN SWEIS, PRES-TRE - EXCLUDED.

ENDORSEMENT #1600 - SUHAILA SWEIS, VICE-PRE - EXCLUDED.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 05-02-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

C & J LEASING (A CORP.) DBA: ROYAL TAXI 2121 EVANS AVE # G NA SAN FRANCISCO CA 94124



VALIDATED REGISTRATION CARD. YR 1ST SOLD 2007 VLF CLASS MAKE YR MODEL

EXPIRES: 04/30/0000 TYPE VEH 32X

[ICENSE MAINE. TYPE LIC 31

FORD 2007 BODY TYPE MODEL

FA UNLADEN/G/CGW
C 03993 , ax 2 MO G NU

TXTYPE VEHICLE USE COMMERCIAL

DATE ISSUED CC/ALCO D
07/14/07 38 0
PR/HIST: TAXI
PERM FLEET REG DT FEE RECVO DATE ISSUED 07/14/07 06/15/07

8

PR EXP DATE: 04/30/2008 MISC#: 0926 ACCT: 9143 AMOUNT PAID SNFEE

REGISTERED OWNER YELLOW CAB CO OP 1200 MISSISSIPPI ST

AHOUNT DUE \$ NONE

AMOUNT RECVO CASH :

SAN FRANCISCO CA

FORD MTR CRDT CO PO BX 105704

94107

CHCK : CRDT :

ATLANTA

GA

LIENHOLDER

30348

113 AM 0000000 0076 CM HOO 071407 31 8H09046 266

MAY A ZUUÖ

SAN PRINCIPCO YAXI COMMISSION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME (Complete both sides) Complete front side only) Complete front side only)	m: Regents
"YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INS	
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FO	DRM
Applicant's Name (First, Middle, Last)	Phone
Residence Address (Street Address, City, State, Zip)	///
- AVE S.7- CA 94	116
Joint Applicant's Name (Fifst, Middle, Last)	Phone ()
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? Who D Yes If yes, Name of Corporation:	
If this color scheme request is granted by the Taxicab Commission, list what your business name, add	fress and phone number will be.
Business Name Business Address (Street Address, City, State, Zip) FOR CITY OF RELIGIOUS (Street Address, City, State, Zip)	Business Phone (40) 282-8769
Medaillon Number(s)	Owner / Operator
* * * * * * * * * * * * * * * * * * *	Gas & Gata
125	☐ Long Term Lease
Please list the reason(s) why you are requesting this change:	
	and the second s
7 Want to be With 709	CITY CARS
,	
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the f	oregoing is true and correct.
Executed this 06 day of 1870 . 20 of per	San Francisco, California
XIEM KHUU	al a
<u> </u>	
Print Name of Applicant	nature of Applicant
Print Name of Applicant See BE-GOMPULETED BY ACCEPTING COLOR SCHEMEON	•
Print Name of Applicant	
Print Name of Applicant [COBE COMPLETED EY ACCEPTING COLOR SCHEME OF Name of person authorized to sign for Color Scheme Holder:	NEM
Print Name of Applicant IO BESOMPULEED BY ACCEPTING CORORS CHEMEO) Name of person euthorized to sign for Color Scheme Holder: Common	NEM
Print Name of Applicant ICHECOMPLEFED BY ACCEPTING COLOR SCHEME OF Name of person authorized to sign for Color Scheme Holder: COM The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Tag	NEM
Print Name of Applicant ICIBE COMPLETED BY ACCEPTING COPOR SCHENIEO Name of person authorized to sign for Color Scheme Holder: Crw Crw	Title: OWNED Cifel Cab.
Print Name of Applicant ICOM Variet of person authorized to sign for Color Scheme Holder: The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for the color Scheme for the col	Title: OWNE Cife (Q5)
Print Name of Applicant ICHECOMPLEFED BY ACCEPTING COLOR SCHEME OF Name of person authorized to sign for Color Scheme Holder: COM The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Tag	Title: OWNO Cife Color Scheme
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Print Name of Applicant ICHESOMPLEFED BY ACCEPTING COLOR SCHEMEO Name of person authorized to sign for Color Scheme Holder: The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for tereby give consent to the applicant named to use my color scheme. Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Title: OWNO Cife Color Scheme
Print Name of Applicant ICE BE COMPLETED BY ACCEPTING COLOR SCHEME OF Name of person authorized to sign for Color Scheme Holder: The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for tereby give consent to the applicant named to use my color scheme. Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and Signature of Color Scheme Holder OFFICE USE ONLY Penalty Malico Date Decision of Taxicab Commission	Title: OWNO Cife Color Scheme
Name of person authorized to sign for Color Scheme Holder: Color Scheme Holder / person authorized to sign for the Color Scheme Holder for tereby give consent to the applicant named to use my color scheme. Color Scheme Holder / person authorized to sign for the Color Scheme Holder for tereby give consent to the applicant named to use my color scheme. Color Scheme Holder / person authorized to sign for Color Scheme Holder	Title: ON NO Costo Color Scheme correct. Cate
Name of person authorized to sign for Color Scheme Holder. Ithe Color Scheme Holder / person authorized to sign for the Color Scheme Holder for tereby give consent to the applicant named to use my color scheme. Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and Signfature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Signfature of Color Scheme Holder / person authorized to sign for Color Scheme Holder OFFICEUSE ONUM Decision of Taxicab Commission	Title: OWNER Cate Cate Naw Declaration Signed

8 0 0 50 50	King and the second	g die Mangel der		A C C L	1047		-200
	CATE OF LIA	BILITY IN:	SURANC	E		1	(MWDD/YY 5/05/2008
PRODUCER Phone: (825) 300-9000 Fex: 528-57 NEW CENTURY INS SERVICES, INC. 16 N. 2ND ST. ALHAMBRA CA 91801		ONL' HOLI	y and confers Dea. This cert	ISSUED AS A M NO RIGHTS UPO IFICATE DOES NO BE AFFORDED BY	n the c ot ameni	ERTIFICA D, EXTENI	TE D OR
	A		FFORDING COV	ERAGE			NAIC
INSURED FOG CITY CAB, INC.	Agancy Lic#: 0807	***	Jeloa Insurance	Company			
979 Bryant Street San Francisco ca 94103		INSURER C:					
		INSURER D:					
COVERAGES THE POLICIES OF DESURANCE DISTED BRIOW H	AVE RECH PROFIED TO THE IN	ICUDEA NAVED VEOL	E COD THE DOLLO	/ DEGINE WIGHT THE	Maria Maria		
THE POLICIES OF INSURANCE LISTED BELOW H ANY REQUIREMENT, TERM OR CONDITION OF A MAY PERTAIN, THE INSURANCE AFFORDED BY T POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE	NY CONTRACT OR OTHER DO HE POLICIES DESCRIBED HE SEEN REDUCED BY PAID C	OCUMENT WITH RESPI REIN IS SUBJECT TO LAIMS.	ECT TO WHICH THI ALL THE TERMS, E	S CERTIFICATE MAY EXCLUSIONS AND CO	BE ISSUE!	STANDING OF SUCH	
PLER ACOU LTR INERG TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MAI/DD/YY)	POLICY EXPIRATION	N.	LIMIT	\$	
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY				EACH OCCURRENT		\$	
CLAIMS MADE OCCUR				PREMISES (Ea occure MED, EXP (Any one	YC-0)	\$	
		والمراسات وموران	or one of the search	PERSONAL & ADV	INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:		RECE		GENERAL AGGRE		\$	
POLICY JECT LOC		0.22	, , , , , , , , , , , , , , , , , , , ,	PRODUCTS-COMP	OP AGG.	\$	
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ALL OWNED AUTOS-		SAN FLAM		(Ea accident) BODILY INJURY		-	
SCHEDULED AUTOS		TAMI ÇÜM	RICH	(Per person)		5	
HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)		\$	
		İ		PROPERTY DAMAGE (Per accident)	<u> </u>	\$	
GARAGE LABILITY		de Marchitel de Malaus, applac hist internet de commente de large sa arra	Appropriate the second	AUTO ONLY - EA AC	CIDENT	\$	
ANY AUTO				OTHER THAN AUTO ONLY:	EA AGG AGG	\$ *	
EXCESS / UNIGHTELLA LIABILITY				EACH OCCURRENCE	-		deli di
OCCUR CLAIMS MADE				AGGREGATE		\$	
DEDUCTIBLE						\$	
RETENTION \$				<u> </u>		š	
WORKERS COMPENSATION AND	ł	08/15/07	08/15/09	WOSTATU- TORY LIMITS	OTHER		ud Share and a share a share a share a share a share a share a share a share a share a share a share a share a
ANY PROPRIETOR/PARTNER/EXECUTIVE OPPOSPASSINGER EXCLUDED?	7.4			E.L. EACH ACCIDENT	\$	<u> </u>	1,000,00
if yes, describe under SPECIAL PROVISIONS below			j	E.L. DISEASE-EA EMP E.L. DISEASE-POLICY			1,000,00
ОТНЕЯ:		to the state of th	- Martine Martine and Committee	CHMII Q		1,000,00	
		.]					
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RTIFICATE HOLDER		CANCELLAT	TON	THE PERSON NAMED AND DESCRIPTION OF THE PERSON NAMED AND PARTY.	HERMAN INSIDEMANT		Appropriate Control of the Control o
I COMMISSION Y HALL YAN NESS AVE., SUITE 420 I FRANCISCO, CA 94102-6055	- New York Control of the Control of	WRITTEN NOTICE TO DO SO SHALL I	THEREOF, THE IS TO THE CERTIES	RIBED POLICIES BE (ISUING INSURER WILL ATE HOLDER NAMED ION OR LIABILITY OF (L ENDEAVO	R TO MAIL	30 DAYS
		AUTHORIZED REPA	ESENTATIVE	Ost filmsk is hooden oar omderskers elskeide englepsyste		\$ 	*************************************
ention:		Similar in		Der A		\Rightarrow	
ORD 25 (2001/09)	Certificate # 65479	and the second s		O ACOH	20000	LA A PU A CL	4600

INSURANCE IDENTIFICATION CARD

STATE CA

COMPANY NUMBER

COMPANY

33855 POLICY NUMBER Lincoln General Insurance Co. EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

Grand Ma 2002 Mercury

AGENCY/COMPANY ISSUING CARD

Y. A. Tittle Insurance

Paul Batmale 650-856-2120

INSURED

Khuu Xiem Regents Cab #128

San Francisco

CA 94116

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

OP ID JK

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

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

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

ACORD 50 WM (2/95)

RECEIVED

MAY 0 6 2008

BODY TYPE MODEL MERC TYPE VEHICLE USE YR MODEL 2002 REGISTRATION CARD VALID FROM: 01/31/2008 TO: 01/31/2009

PEL YR 1ST SOLD VLF CLASS *YR TYPE VEH TYPE LIC <u>ග</u> 😤 UNLADEN/G/CGW 03860 2005 VEHICLE ID NUMBER LICENSE NUMBER

REGISTERED OWNER
KHUU XIBM

COMMERCIAL

12/06/07 DATE ISSUED

CC/ALCO

PR/HIST:

TAXI

11/21/07 DT FEE RECVD

9 PIC

됬

EXP DATE: 01/31/200

AMOUNT PAID \$ 116.00

STICKER ISSUFD

AMOUNT DUE 116.00

AMOUNT RECVD

CASH: CHCK: CRDT:

116.00

LIENHOLDER

SAN FRANCISCO

94116

口口口 B01 5L 0011600 0035 CS H01 120607 31 7885815 147

MAY 0 6 2008 SAN FRANCISCO YAXI COMMISSION

Notice Section Item C:

Consideration of the Taxi Commission to approve a Taxi Wrap Color Scheme for the following Color Scheme:

Color Scheme:	Yellow Cab Co-op
Medallion #s:	815, 825, 854, 991, 1023, 1119, 1149, 1181, 1208, 1254
Duration of Campaign:	June 2, 2008 – July 27, 2008
Advertiser:	Monterey Bay Aquarium

C2. Consideration of the Taxi Commission to approve a Taxi Wrap Color Scheme for the following Color Scheme:

Color Scheme:	Luxor Cab Company
Medallion #s:	100, 145, 146, 157, 232, 464, 662, 729, 790, 1051, 794, 840, 888, 927, 934, 952, 954, 969, 1014, 1050
Duration of Campaign:	June 2, 2008 – June 29, 2008
Advertiser:	Conoco Philips



RECEIVED

CITY AND COUNTY OF SAN FRANCISCO APR 1 5 2008 TAXI COMMISSION

Taxi Advertising Application

MACONTRACT

4 D. J D	J 17		W. 184	
Today's Date: 3-31-08			ξÍ	
Color Scheme Information (Please Print Clea	arly):			
Yellow Cab Co-Op Color Scheme Name		-593-9223		
Richard Winer Manager Name (Last, First)	415 - 593 - 9223 Phone Number			
1200 Mississippi Address	S/= City	CA		
	City	State	Zip Code	
Taxi Ad Fund (Please turn in payment with thi	is application):			
Number of Vehicles used for Taxi Ad Number of Months (6	X \$100	\$ 000.00		
Advertiser Information (Please Print Clearly): Dannelle Mielbrecht Contact Person (Last, First) Clear Channel Taxi Media	(510) 44		•••	
ompany Name 555 12 TH STREET, SUITE 950	OAKLAND	CA	94607	
idress	City	State	Zin Cada	
1.8	U-2-08 - 7	129/2008	Zip Code	
mber of Taxis Being used for Campaign Li	1023 1119 1149 118 st all Medallion Numbers that wil	l be used for the Campaign	3	
of Description of Proposed Taxi Advertising		APP 15 200	8	
(e) hereby agree to the proposed Taxi Advertising. E.	xecuted this day o	of April	. 20 <u>0</u> 0	
WIENEN PLICIAND	accession.	/		
Color Scheme Manager Print Name (Last, First)	— — / l-	Signature		

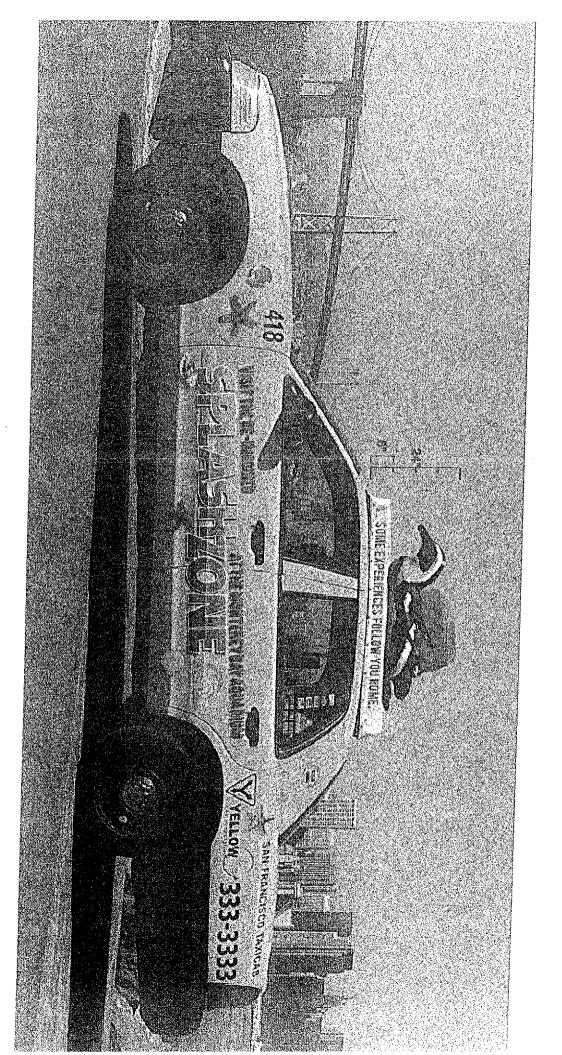
OFFICE USE ONLY

(Rev. 4/12/06)

Decision of Taxicab Commission

1,00.00

Photos Submitted





CITY AND COUNTY OF SAN FRANCISCO TAXI COMMISSION

Tax	i Advertising Application		
Today's Date: 4-29-08			SF
Color Scheme Information (Please Print Cle	early):		
Color Scheme Name	4/5-	282-1224	<i>(</i>
Manager Name (Lás), First) Jon Stanghi	Phone Num 4/5-2 Phone Num	ber 1927-1224 ber	
2230 Jerrold ave	L <i>F</i> City	CA State	Zip Code
Taxi Ad Fund (Please turn in payment with th	is application):		
Number of Vehicles used for Taxi Ad Number of Months (c	X \$100 S month max./vehicle)	= \$2000 Total Fee Du	συ e
Advertiser Information (Please Print Clearly) Dannelle Mielbrecht): (510) 446	-7213	
Contact Person (Last, First) Clear Channel Taxi Media	Phone Numbe	ır	
Company Name 555 12 TH STREET, SUITE 950	OAKLAND	CA	94607
Address	City	State	Zip Code
Conoco Phillips	6-2-08 th	ru 10-29-	·108
Campaign/Advertiser 20	100, 145, 146, 157, 23.	2,464,662,	729 790, 1051
Number of Taxis Being used for Campaign	194, 840 888, 927, 934, ist all Medallion Numbers that will b	クラス プラチ アルケ e used for the Campai	gn :
rief Description of Proposed Taxi Advertising MAY g	2008		
We) hereby agree to the proposed Taxi Advertising.	Executed this /// day of	Man	// , ₂₀ 08
TOH STANGHELLINI	1 James - 11	The state of	7/
Color Scheme Manager Print Name (Last, First)	- punus g	Signature	
OFFI	CE USE ONLY		

