

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 Holder Name:	Medallion #:	Change:
1. Frank Fahy	947	Bay to Fog City
2. Mildred Rancatore	1,2,3,4,5	Metro to Yellow Cab
3. Sandra Palazzi	63, 64, 65	Metro to Yellow Cab
4. Antoinette Dell'Aqua	51	Metro to Yellow Cab
5. Feridoon Golshan	926	Yellow to Royal
6. Xiem Khuu	128	Regents to Fog City

TAXICAB COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

☐ NEW COLOR SCHEME
(Complete both sides)

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

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>FRANK THOMAS FAHY</u>		Phone _____
Residence Address (Street Address, City, State, Zip) <u>_____ SF, CA 94102</u>		
Joint Applicant's Name (First, Middle, Last) _____		Phone () _____
Residence Address (Street Address, City, State, Zip) _____		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation: _____		

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

Business Name <u>Fog City Cab</u>	Business Address (Street Address, City, State, Zip) <u>979 Bryant SF CA 94103</u>	Business Phone <u>(415) 282-8749</u>
Medallion Number(s) <u>947</u>		<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

To better serve the citizens of the City and County of San Francisco by driving a better vehicle and less dangerous color scheme change to a team.

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

Executed this 16th day of April, 2008 at San Francisco, California

Frank Thomas Fahy
Print Name of Applicant

[Signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>Sunny Tam</u>		Title: <u>Owner</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Fog City Cab</u> hereby give consent to the applicant named to use my color scheme.		Taxicab Color Scheme
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder		<u>4/16/08</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>5/13/08</u>	Hearing Date <u>5/27/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>ADD 1/7/2000</u>
Worker's Comp Submitted <u>yes</u>	Insurance Submitted <u>no</u>	Paint Chips Submitted	Photos Submitted
Amount <u>291</u>		Date	

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY MEMBER	COMPANY
POLICE NUMBER	NATIONAL INTERSTATE INSURANCE COMPANY
PLS	EXPIRATION DATE
YEAR	10/12/07
2002	10/12/08
AGENCY/COMPANY ISSUING CARD	VEHICLE IDENTIFICATION NUMBER
	NISSAN

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

INSURED

FOG CITY CAB # 947
979 BRYANT ST
SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY MEMBER	COMPANY
POLICE NUMBER	NATIONAL INTERSTATE INSURANCE COMPANY
PLS	EXPIRATION DATE
YEAR	10/12/07
2002	10/12/08
AGENCY/COMPANY ISSUING CARD	VEHICLE IDENTIFICATION NUMBER
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PUBLIC LIVERY INS SERVICES, INC
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EL CAJON, CA 92020

INSURED

FOG CITY CAB # 947
979 BRYANT ST
SAN FRANCISCO, CA 94103

SEE IMPORTANT NOTICE ON REVERSE SIDE

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

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

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

ACORD 50 (1/83)

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

ACORD 50 (1/83)

RECEIVED

APR 17 2008

RECEIVED

ACORD <small>TM</small> CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/17/2008
PRODUCER Phone: (628) 300-9000 Fax: 628-670-0803 NEW CENTURY INS SERVICES, INC. 16 N. 2ND ST. ALHAMBRA CA 91801		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED FOG CITY CAB, INC. 979 BRYANT STREET SAN FRANCISCO CA 94103		INSURERS AFFORDING COVERAGE NAIC #
Agency Lic#: 0B07085		INSURER A: Delos Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

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

INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED. EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		11/07	08/15/08	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE-EA EMPLOYEE \$ 1,000,000 E.L. DISEASE-POLICY LIMIT \$ 1,000,000
	OTHER:				

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

THIS CERTIFICATE IS FOR INFORMATION-ONLY PURPOSES.
 MEDALLION NUMBER: 947

APR 17 2008

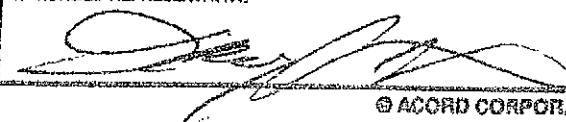
CERTIFICATE HOLDER

TAXI COMMISSION
CITY HALL
 25 VAN NESS AVE., SUITE 420
 SAN FRANCISCO, CA 94102-6055

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



Attention:

ACORD 25 (2/01/03)

Certificate # 65271

© ACORD CORPORATION 1998

Fog City Cab, Inc.

To TAXI Commissioner.

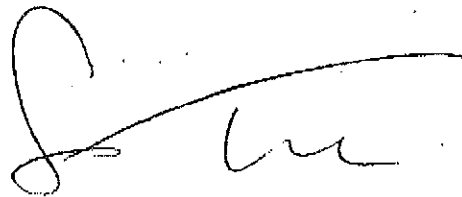
ATT: Vicky

Fog City Cab will purchase

A Vehicle for medallion # 947

Before May 27, 2008.

Thank!



4/16/08

TAXICAB COLOR SCHEME APPLICATION
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 CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Mildred E. Rancatore</u>		Phone
Residence Address (Street Address, City, State, Zip) <u> </u>		
Joint Applicant's Name (First, Middle, Last) <u>N/A</u>		Phone ()
Residence Address (Street Address, City, State, Zip) <u>N/A</u>		
Is this a Corporate permit? <input checked="" type="radio"/> No <input type="radio"/> Yes If yes, Name of Corporation: <u> </u>		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>Yellow Cab Co-op</u>	Business Address (Street Address, City, State, Zip) <u>1200 MISSISSIPPI ST SF CA</u>	Business Phone <u>(415) 282-3237</u>
Medallion Number(s) <u>1, 2, 3, 4, 5</u>		<input type="radio"/> Owner / Operator <input type="radio"/> Gas & Gate <input type="radio"/> Long Term Lease

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

Business Opportunity

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

Executed this 28 day of April, 20 08 at San Francisco, California

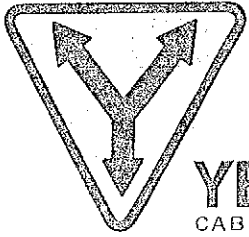
Mildred E. Rancatore
Signature of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>NATHAN DWIRI</u>	Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow Cab Co-op</u> hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Nathan Dwiri</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>4/23/2008</u> Date

OFFICE USE ONLY				RECEIVED	
Agenda Notice Date <u>5/13/08</u>	Hearing Date <u>5/27/08</u>	Decision of Taxicab Commission	New Declaration Signed		
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>APR 23 2008</u>		
Received by: <u>Danellu</u>	Receipt No. <u>365920</u>	Amount <u>\$291 + 5</u>	Date <u>5/15/08</u>		



YELLOW
CAB COOPERATIVE

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,

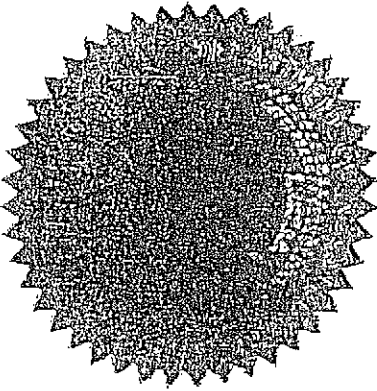
Nathan Dwiri, President

NUMBER 2282

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTORCERTIFICATE OF CONSENT TO SELF-INSURE
YELLOW CAB COOPERATIVE, INC.

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

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



EFFECTIVE:

THE 16th DAY OF June 10 2003

MARK B. ASHCRAFT

MANAGER

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

CHUCK CAKE

DIRECTOR

* Revocation of Certificate.—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of obligation to the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3703 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 9—Administration of Self-Insurance.

TAXICAB COLOR SCHEME APPLICATION
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 CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>SANDRA J. PALAZZI</u>		Phone <u>415-728-2370</u>
Residence Address (Street Address, City, State, Zip) <u>1-STER CITY - CA 94404</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="radio"/> No <input type="radio"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>YELLOW CABS-OP</u>	Business Address (Street Address, City, State, Zip) <u>1200 MISSISSIPPI ST. - SF, CA</u>	Business Phone <u>415-728-2370</u>
Medallion Number(s) <u>63, 64, 65</u>	<input type="radio"/> Owner / Operator <input checked="" type="radio"/> Gas & Gate <input type="radio"/> Long Term Lease	

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

Business Opportunity

RECEIVED
MAY 8 2008
SAN FRANCISCO
TAXI COMMISSION

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

Executed this 28 day of April, 2008 at San Francisco, California

Signature of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>NATHAN DAWIRI</u>	Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow Cab Co-op</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>[Signature]</u>	Date <u>4/23/2008</u>

OFFICE USE ONLY

Agenda Notice Date <u>5.13.08</u>	Hearing Date <u>5.27.08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>y</u>	Insurance Submitted <u>Letter</u>	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount <u>211.83</u>	Date <u>5.8.08</u>



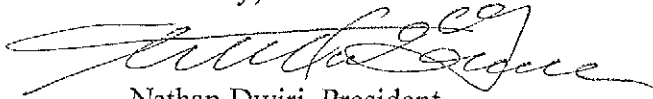
May 9, 2008

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 2282

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

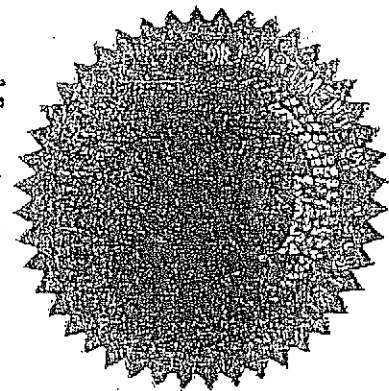
YELLOW CAB COOPERATIVE, INC.

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

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

EFFECTIVE:

THE 16th DAY OF JUNE 19 2003



MARK B. ASHCRAFT

MANAGER

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

CHUCK CAKE

DIRECTOR

* Revocation of Certificate.—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of obligation to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3703 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

MAY 8 2003

SAN FRANCISCO
FBI COMMISSION

Med # 63

TAXICAB COLOR SCHEME APPLICATION
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 CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>Antoinette Loretta Dell'Acqua</u>		Phone
Residence Address (Street Address, City, State, Zip) <u>..... ORGAN Hill, Ca. 95037</u>		
Joint Applicant's Name (First, Middle, Last) <u>N/A</u>		Phone ()
Residence Address (Street Address, City, State, Zip) <u>N/A</u>		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>Yellow Cab Co-op</u>	Business Address (Street Address, City, State, Zip) <u>1200 Mississippi St SF. Ca</u>	Business Phone <u>(415) 282-3737</u>
Medallion Number(s) <u>51</u>		<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input checked="" type="checkbox"/> Long Term Lease

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

Business Opportunity

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

Executed this 28th day of April, 20 08 at San Francisco, California

Antoinette L. Dell'Acqua
Signature of Applicant

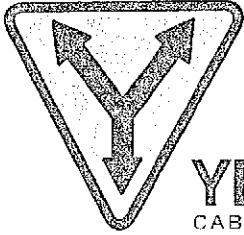
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>NATHAN DAWIRI</u>		Title: <u>President</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Yellow Cab Co-op</u> hereby give consent to the applicant named to use my color scheme. <u>SAN FRANCISCO TAXICAB COMMISSION</u>		Taxicab Color Scheme
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
<u>Nathan Dawiri</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder		<u>4/23/2008</u> Date

OFFICE USE ONLY

Agenda Notice Date <u>5.3.08</u>	Hearing Date <u>5.22.08</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>1</u>	Insurance Submitted <u>Letter</u>	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount <u>291</u>	Date <u>5.6.08</u>



YELLOW
CAB COOPERATIVE

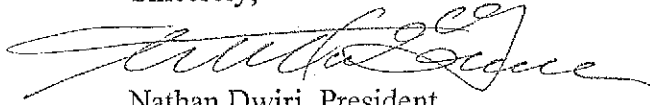
May 9, 2008

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

Med # 51

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

2282

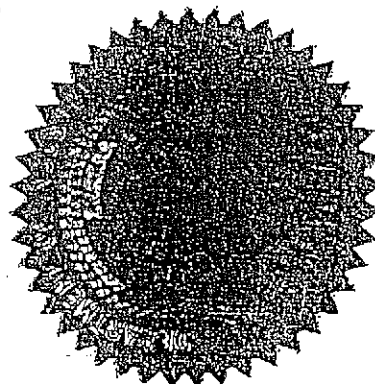
NUMBER

CERTIFICATE OF CONSENT TO SELF-INSURE

YELLOW CAB COOPERATIVE, INC.

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

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



EFFECTIVE:

THE 16th DAY OF JUNE 10 2003

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

Chuck Cake

CHUCK CAKE

DIRECTOR

Mark B. Ashcraft

MANAGER

MARK B. ASHCRAFT

* Revocation of Certificate.—“A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due; or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligation in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him.” (Section 3703 of Labor Code.) The Certificate may be revoked for non-compliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

☐ NEW COLOR SCHEME

(Complete both sides)

☒ *CHANGE OF COLOR SCHEME -- From: yellow to Royal

(Complete front side only)

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

PLEASE PRINT CLEARLY -- COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>FERIEDON GOLSHAN</u>		Phone <u> </u>
Residence Address (Street Address, City, State, Zip) <u>SF. CA - 94118</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

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

Business Name <u>ROYAL TAXI</u>	Business Address (Street Address, City, State, Zip) <u>2121 EVANS AVENUE S.F. CA 94134</u>	Business Phone <u>(415) 643-9500</u>
Medallion Number(s) <u>926</u>		<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

I PREFER Radio Dispatch (Voice)

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

Executed this 5th day of MAY, 2008 at San Francisco, CaliforniaFERIEDON

Print Name of Applicant

F. Golshan

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: <u>William NISHAN SWEIS</u>	Title: <u>PRESIDENT</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>ROYAL TAXI</u> Taxicab Color Scheme hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>William Nishan Sweis</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>05/05/08</u> Date

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted <u>MAY 05 2008</u>
Received by: <u>[Signature]</u>	Receipt No. <u>316017</u>	Amount <u>291</u>	Date

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR TG
ROYALCU

DATE (MM/DD/YYYY)
01/23/08

PRODUCER
Y. A. Tittle Insurance
& Financial Services
1890 N. Shoreline Blvd., 2nd F
Mountain View CA 94043
Phone: 650-856-2120 Fax: 650-856-3971

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

INSURED
Nishan Sweis / C & J Leasing
dba / Royal Taxi Company Inc.
Nishan Sweis
2121 Evans Avenue, STE G
San Francisco CA 94124

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Mount Vernon Fire Ins. Co.

INSURER B: National Interstate

32620

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		01/23/08	01/23/09	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$50,000 MED EXP (Any one person) \$ \$5,000 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ \$1,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	PLS	10/12/07	10/12/08	COMBINED SINGLE LIMIT (Ea accident) NAIC # \$ \$1,000,000 BODILY INJURY (Per person) \$ 32620 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ \$1,000,000 AGGREGATE \$ \$50,000 \$ \$1,000,000 \$ \$1,000,000 \$ \$1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ \$1,000,000 E.L. DISEASE - POLICY LIMIT \$

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

SAN FRANCISCO TAXICAB COMPANY.

CITY & COUNTY OF SAN FRANCISCO, ITS OFFICERS, AGENTS AND EMPLOYEES, MEMBERS OF COMMISSIONS, VEOLIA TRANSPORTATION, ATC, ATC VANCOM, THE FUNDING ENTITY AND ANY SUBCONTRACTOR OR AGENT OF THE PROVIDER ENGAGED IN ANY WORK UNDER THIS AGREEMENT ARE INCLUDED AS ADDITIONAL INSURED ON SAID POLICY.

CERTIFICATE HOLDER

CANCELLATION

SEPARAT

SAN FRANCISCO PARATRANSIT
RICHARD LESSER
68 12TH STREET
SAN FRANCISCO CA 9102-6055

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

AUTHORIZED REPRESENTATIVE

Paul Batmale

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 05-02-2008

GROUP:
POLICY NUMBER:
CERTIFICATE ID: 3
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

NA

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

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

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

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

James Neary
AUTHORIZED REPRESENTATIVE

Janet Frank
PRESIDENT

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.

RECEIVED

MAY 05 2008

STATE OF CALIFORNIA
INSURANCE COMMISSION

EMPLOYER

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



926

VALIDATED REGISTRATION CARD

MAKE YR MODEL YR 1ST SOLD VLF CLASS
FORD 2007 2007 FA
BODY TYPE MODEL HP NO AX MC UNLADEN/G/GW
TX G NU 2 C 03993
TYPE VEHICLE USE DATE ISSUED CC/ALCO DT FEE RECVD PIC
COMMERCIAL 07/14/07 38 06/15/07 8

EXPIRES: 04/30/0000
TYPE VEH TYPE LIC
32X 31

VEHICLE TO LICENSE

PR/HIST: TAXI

PERM FLEET REG

PR EXP DATE: 04/30/2008

MISC#: 0926

AMOUNT PAID

ACCT: 9143

\$NFEE

REGISTERED OWNER

YELLOW CAB CO OP
1200 MISSISSIPPI ST

AMOUNT DUE
\$ NONE

AMOUNT RECVD

CASH :

CHCK :

CRDT :

SAN FRANCISCO
CA 94107

LIENHOLDER

FORD MTR CRDT CO
PO BX 105704

ATLANTA
GA

30348

H00 113 AM 0000000 0076 CM H00 071407 31 8H09046 266

PERMIT A-095-440-0

RECEIVED

MAY 8 2008

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)

Regents

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) X I E M K H U U		Phone ...
Residence Address (Street Address, City, State, Zip) ... AVE S.F. CA 94116		
Joint Applicant's Name (First, Middle, Last) N/A		Phone ()
Residence Address (Street Address, City, State, Zip) N/A		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name Fog City	Business Address (Street Address, City, State, Zip) 979 Bryant St 94103	Business Phone 415 282-8749
Medallion Number(s) # 128	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I want to be with Fog City CAB

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

Executed this 06 day of May, 2008 at San Francisco, California

X I E M K H U U

Print Name of Applicant

Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: Sunny Tam	Title: Owner
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Fog City Cab. hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Sunny Tam	Date 5/6/08

OFFICE USE ONLY

Agenda Notice Date 5/13/08	Hearing Date 5/27/08	Decision of Taxicab Commission	New Declaration Signed RECEIVED
Worker's Comp Submitted yes	Insurance Submitted yes	Paint Chips Submitted	Photos Submitted
Received by: [Signature]	Receipt No. 306025	Amount 291-	Date MAY 08 2008

ACORD
TM**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
05/05/2008PRODUCER Phone: (825) 800-8000 Fax: 528-570-0808
NEW CENTURY INS SERVICES, INC.
16 N. 2ND ST.
ALHAMBRA CA 91801

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.

INSURERS AFFORDING COVERAGE

NAIC #

Agency Lic#: 0807085

INSURED
FOG CITY CAB, INC.
879 BRYANT STREET
SAN FRANCISCO CA 94103

INSURER A: Delos Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSURER LTR INHER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED. EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS- <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		08/15/07	08/15/08	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE-EA EMPLOYEE \$ 1,000,000 E.L. DISEASE-POLICY LIMIT \$ 1,000,000
	OTHER:				

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

THIS CERTIFICATE IS FOR INFORMATION-ONLY PURPOSES.

MEDALLION NUMBER: 128

CERTIFICATE HOLDERTAXI COMMISSION
CITY HALL
25 VAN NESS AVE., SUITE 420
SAN FRANCISCO, CA 94102-8055**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Attention:

ACORD 25 (2001/08)

Certificate # 65479

© ACORD CORPORATION 1988

INSURANCE IDENTIFICATION CARD

OF ID JK

STATE CA

COMPANY

COMPANY NUMBER

33855

Lincoln General Insurance Co.

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

10/12/07

10/12/08

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2002 Mercury Grand Ma

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

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 WB(2/95)

RECEIVED

MAY 06 2008

SAN FRANCISCO
TAXI COMMISSION

RECEIVED

MAY 06 2008

SAN FRANCISCO
TAXI COMMISSION



REGISTRATION CARD VALID FROM: 01/31/2008 TO: 01/31/2009

MAKE MERC YR MODEL 2002 YR 1ST SOLD 2002 VLF CLASS CC *YR 2005 TYPE VEH 32X TYPE LIC 31 LICENSE NUMBER
BODY TYPE MODEL G MP MO NZ AX WC UNLADEN/G/CGM 03860
TYPE VEHICLE USE COMMERCIAL
DATE ISSUED 12/06/07 CC/ALCO 38 DT FEE RECVD 11/21/07 PIC 9 VEHICLE ID NUMBER
PR/HIST: TAXI
REGISTERED OWNER KHUU XIEM
PR EXP DATE: 01/31/2009
STICKER ISSUED

SAN FRANCISCO
CA 94116

LIENHOLDER

AMOUNT DUE \$ 116.00
AMOUNT RECVD
CASH :
CHCK :
CRDT : 116.00
AMOUNT PAID \$ 116.00

H01 B01 5L 0011600 0035 CS H01 120607 31 7S85815 147

Notice Section Item C:

- c1 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



CITY AND COUNTY OF SAN FRANCISCO
TAXI COMMISSION
Taxi Advertising Application

RECEIVED

APR 15 2008

SAN FRANCISCO
TAXI COMMISSION

Today's Date: 3-31-08

Color Scheme Information (Please Print Clearly):

Yellow Cab Co-Op 415-593-9223
Color Scheme Name Phone Number
Richard Weiner 415-593-9223
Manager Name (Last, First) Phone Number
1200 Mississippi SF CA
Address City State Zip Code

Taxi Ad Fund (Please turn in payment with this application):

10 X 1 X \$100 = \$1000.00
Number of Vehicles used for Taxi Ad Number of Months (6 month max./vehicle) Total Fee Due

Advertiser Information (Please Print Clearly):

Dannelle Mielbrecht (510) 446-7213
Contact Person (Last, First) Phone Number
Clear Channel Taxi Media
Company Name
555 12TH STREET, SUITE 950 OAKLAND CA 94607
Address City State Zip Code
Monterey Bay Aquarium 6-2-08 - 7/27/2008
Campaign/Advertiser Duration of Campaign

10 815 825 854 991 1023 1119 1149 1181 1208 1254
Number of Taxis Being used for Campaign List all Medallion Numbers that will be used for the Campaign

Splash Zone
Brief Description of Proposed Taxi Advertising

APR 15 2008

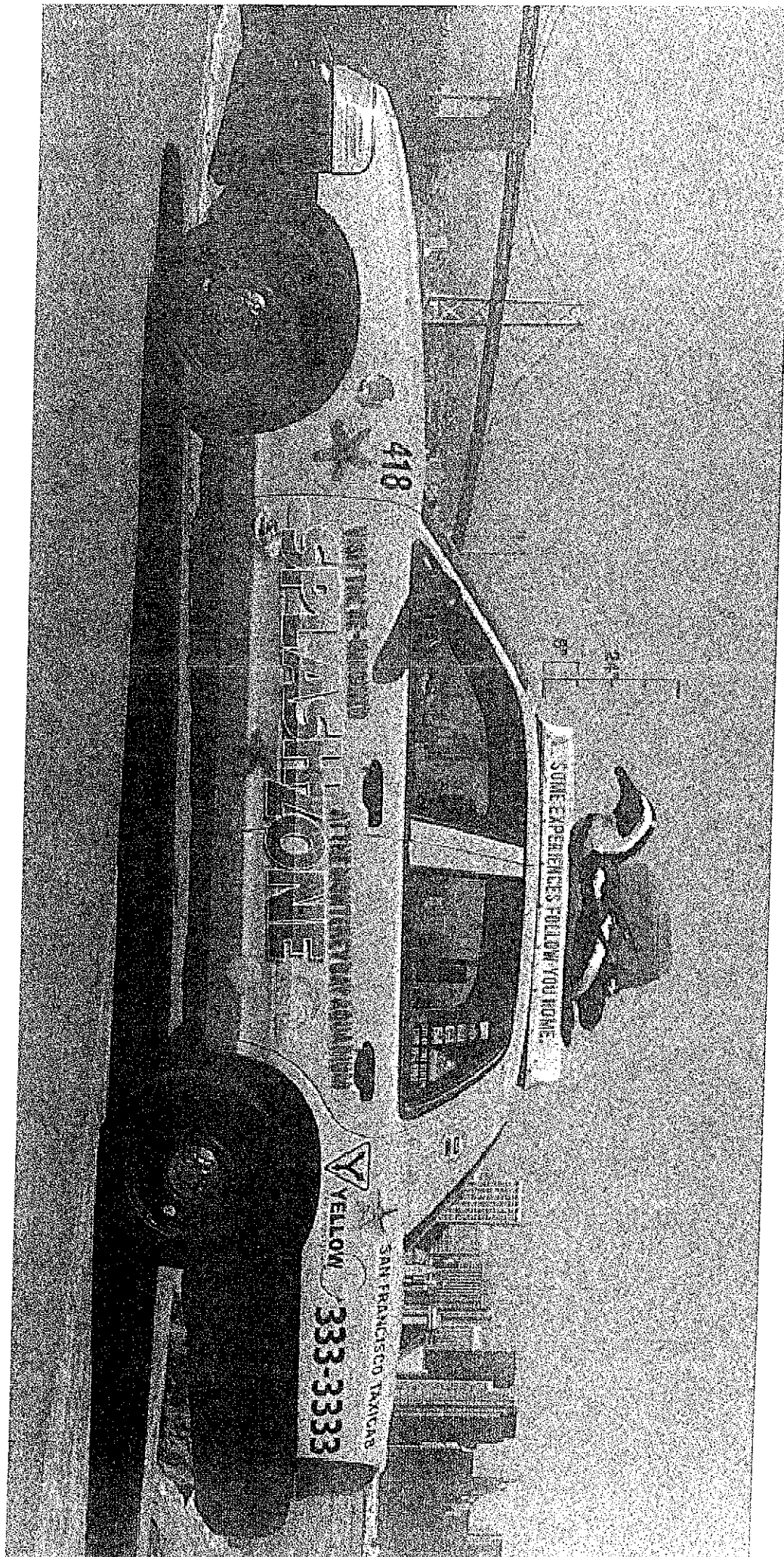
SAN FRANCISCO
TAXI COMMISSION

I (We) hereby agree to the proposed Taxi Advertising. Executed this 1st day of April, 2008.

WEINER RICHARD
Color Scheme Manager Print Name (Last, First)

[Signature]
Signature

5.13.08		5.27.08		OFFICE USE ONLY	
Agenda Notice Date	7.22.08	Hearing Date	5.13.08	Decision of Taxicab Commission	Photos Submitted
Received by:	T.O.	Receipt No.	75744	Amount	1,000.00
				Date	4.15.08





CITY AND COUNTY OF SAN FRANCISCO

TAXI COMMISSION

Taxi Advertising Application

Today's Date: 4-29-08

Color Scheme Information (Please Print Clearly):

Luxa 415-282-1224
 Color Scheme Name Phone Number
John Luxa, Tom Stanchellini 415-282-1224
 Manager Name (Last, First) Phone Number
2230 Ferroll Ave SE CA
 Address City State Zip Code

Taxi Ad Fund (Please turn in payment with this application):

20 X 1 X \$100 = \$2000.⁰⁰
 Number of Vehicles used for Taxi Ad Number of Months (6 month max./vehicle) Total Fee Due

Advertiser Information (Please Print Clearly):

Dannelle Mielbrecht

(510) 446-7213

Contact Person (Last, First) Clear Channel Taxi Media Phone Number
 Company Name 555 12TH STREET, SUITE 950 OAKLAND CA 94607
 Address City State Zip Code

Conoco Phillips 6-2-08 thru 6-29-08
 Campaign/Advertiser Duration of Campaign
20 100, 145, 146, 157, 232, 464, 662, 729, 790, 1051
 Number of Taxis Being used for Campaign 794, 840, 888, 927, 934, 952, 954, 969, 1014, 1050
 List all Medallion Numbers that will be used for the Campaign

Brief Description of Proposed Taxi Advertising

MAY 8 2008

I (We) hereby agree to the proposed Taxi Advertising. Executed this 11 day of May, 2008.

TOM STANCHELLINI
 Color Scheme Manager Print Name (Last, First)

Thomas J. Stanchellini
 Signature

OFFICE USE ONLY

Agenda Notice Date <u>5.13.08</u>	Hearing Date <u>5.27.08</u>	Decision of Taxicab Commission	Photos Submitted <u>Y</u>
Received by: <u>T.D.</u>	Receipt No. <u>366 032</u>	Amount <u>2,000.00</u>	Date <u>5.8.08</u>



671

Reduces emissions
with every tank.



Get The Spirit.



Get The Spirit.



YELLOW

333-76