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 July 22, 2008 hearing.

Notice Section Item: A

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

Medallion Holder	Medallion	Change:
Name:	#:	
1. Chad Rokeach	1199	Metro to B&W Checker
2. Long V Ngo	467	Bay to Yellow Cab
3. Grigory	822	Luxor to SF Taxi Cab
Andarasnik		:
4. Armand Moulia	266, 267,	Arrow to DeSoto Cab
	268	

TAXICAB COLOR SCHEME APPLICATION

\cdot	Sali Francisco Taxicab Commiss
NEW COLOR SCHEME CHANGE OF COLOR SCHEME - From (Complete front side only)	,
(Complete front side only) *YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INS	
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FO	
Applicant's Name (First, Middle, Last)	Phone
CHAD ROKEACH	
Residence Address (Street Address, City, State, Zip)	
Joint Applicant's Name (First, Middle, Last)	ND CA94807
	(')
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? Who Yes If yes, Name of Corporation:	
No data and an analysis of the state of the	
If this color scheme request is granted by the Taxicab Commission, list what your business name, ac Business Name Business Address (Street Address, City, State, Zip)	ddress and phone number will be.
	Business Phone (4/5) 285-37/6
BEW CHECKER 999 PENNSYLVANIA AUE Medallion Number(8)	Owner / Operator
1199	Gas & Gate Long Term Lease
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this day of	at San Francisco, California
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California Signature of Applicant
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California Signature of Applicant Title:
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California Signature of Applicant
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California Lilia Signature of Applicant TE Title: MAN OGEL
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California Signature of Applicant
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California Lilia Signature of Applicant TE Title: MAN OGEL
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California Char Signature of Applicant Title: ME Title: MAN CIG-CL CALCRICA Taxicab Color Scheme
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California Char Signature of Applicant Title: ME Title: MAN CIG-CL CALCRICA Taxicab Color Scheme
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California Character of Applicant ME Title: An Ob-CR Taxicab Color Scheme and correct.
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California Char Signature of Applicant Title: ME Title: MAN CIG-CL CALCRICA Taxicab Color Scheme
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California Charac Signature of Applicant THE: The: CHECK Taxicab Color Scheme and correct.
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California Signature of Applicant TE Title: MB AN 06-CL Taxicab Color Scheme and correct. Date
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California Signature of Applicant Title: Taxicab Color Scheme and correct. Date New Declaration Signed
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the Executed this	at San Francisco, California Signature of Applicant TE Title: MB AN OGER Taxicab Color Scheme and correct. Date

Dmitry Erenkov Insurance Agency
3450 Geary Blvd, Stc 100
San Francisco CA 94118
Tel (415) 752-4442
Fax (415) 752-4054

19 June 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that Medallion #1199, held by Chad Rokeach, can be added to Black & White Checker Cab's Auto Liability and Workers Compensation insurance policies upon transfer approval by the Taxicab Commission. Coverage is provided by our Agency through National Interstate Insurance Company (for liability) and Lincoln General Insurance Company (for workers compensation).

Sincerely,

Dmitry Erenkov Agent/Broker

DIE/ece

DECUNI 2008

JUNI 2008

BAN FRANCISCO
TAXI COMMISSION



REGISTRATION CARD VALID FROM: 06/30/2008 TO: 06/30/2009

MAKE YR MODEL YR 1ST SOLD VLF CLASS *YR TYPE VEH TYPE LIC

PE LIC LICENSE NUMBER

AMOUNT PAID

181.00

TOYT 2006 2005 AE 2008 32X 31

PR/HIST: SALVAGED

VEHICLE ID NUMBER

BODY TYPE MODEL MP MO AX WC UNLADEN/G/CGW TX G PR 2 C 03240

TYPE VEHICLE USE DATE ISSUED CC/ALCO DT FEE RECVD PIC USE TAX STICKER ISSUED

CASH BACK

COMMERCIAL 04/08/08 38 04/08/08 3 60 R0716175

PR EXP DATE: 06/16/2008

REGISTERED OWNER

BLACK AND WHITE CHECKER CAB 999 PENNSYLVANIA ST

94107

AMOUNT DUE AMOUNT RECVD

\$ 181.00 CASH: 200.00

CHCK:

:

SAN FRANCISCO CRDT:

19.00

LIENHOLDER

CA

F00 599 09 0018100 0022 CS F00 040808 31 8P63037 197

RECEIVED.

JUN 192008

Date

00

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission *CHANGE OF COLOR SCHEME - From: □ NEW COLOR SCHEME (Complete both sides) *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) Phone Residence Address (Street Address, City, State, Zip) SF. Cal Joint Applicant's Name (First, Middle, Last) Residence Address (Street Address, City, State, Zip) Is this a Corporate permit? XNo ☐ 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 Address (Street Address, City, State, Zip) Owner / Operator ☐ Gas & Gate ☐ Long Term Lease Please list the reason(s) why you are requesting this change: SAN FRANCISCO AXI 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 . TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY Name of person authorized to sign for Color Scheme Holder: 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. OFFICE USE ONLY Agenda Notice Date Hearing Date Decision of Taxicab Commission New Declaration Signed Worker's Comp Submitted Insurance Submitted Paint Chips Submitted Photos Submitted

Received by

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

Receipt No.

INSURANCE IDENTIFICATION CARD

(STATE) CA

COMPANY NUMBER

COMPANY

NATIONAL INTERSTATE INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATE 10/12/07

EXPIRATION DATE

YEAR

MAKE/MODEL

10/12/08

2003

MERC

VEHICLE IDENTIFICATION NUMBER

AGENCY/COMPANY ISSUING CARD

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

SEE IMPORTANT NOTICE ON REVERSE SIDE

INSURED

BAY CAB # 467 SFITA & AUTOS FOR HIRE 999 PENNSYLVANIA ST SAN FRANCISCO, CA 94107

RECEVED

JUL 0 1 2008

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

***** DO NOT DETACH - REGISTERED OWNER INFORMATION **********



REGISTRATION CARD VALID FROM: 04/20/2008 TO: 04/30/2009

MAKE YR MODEL YR 1ST SOLD VLF CLASS TYPE VEH TYPE LIC LICENSE NUMBER TOYT 2008 2008 FJ31S 31

BODY TYPE MODEL MP MO AX WC UNLADEN/G/CGW VEHICLE ID NUMBER

SW Q 2 C PR 03590

TYPE VEHICLE USE DATE ISSUED CC/ALCO DT FEE RECVD PIC STICKER ISSUED COMMERCIAL 04/28/08 38 04/28/08 4 R2116997

REGISTERED OWNER

AMOUNT PAID NGO LONG VINH MISC#: 205572 \$ 227.00 AMOUNT RECVD

AMOUNT DUE

\$ 227.00 CASH : CHCK : 227.00

SAN FRANCISCO CRDT :

CA 94112 PECENED LIENHOLDER

TOYOTA MTR CRDT CORP JUL 012008 PO BX 105386

SAN FRANCISCO ATLANTA TAXI COMMISSION GA 30348

A00 V31 4H 0022700 0002 CS A00 042808 31 8M32635 527

NUMBER るので department of Industrial OFFICE OF TYE DIRECTOR STATE OF CALIFORNIA MENTO ZO

Ō

YELLOW CAB COOPERATIVE, INC.

THIS IS TO CERTIFY, That (a Celifornia 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 provisions of

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

MANK OF ASSOCIATION

THE SEMPLAY OF JUMBO

TALESTAL

2003

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department of industrial helations of the state of california

Repression of Certificate,—"A certificate of commit to reli-fusure may be repliced by the Director of Industrial Relations at any time for rood cause after a practice by such employer, a grant in charge of the impatroment of the solvency of such employer, the implified by the obligations, or the practice and custom interface claimant for compensation by accept less than the compensation and obligations of any of the following: (a) Habitually and an a majer of such the compensation of any of the following: (b) Habitually and an amazer and a custom interface of the compensation of the compensation of a compensation obligations in a chimpast measure; (c) Discharging his compensation obligations in a chimpast measure; (c) Discharging his compensation obligations in a chimpast measure; (c) Discharging his compensation obligations in a chimpast measure; (c) Discharging his compensation obligations in a chimpast measure; (c) Discharging his compensation obligations in a chimpast measure; (c) Discharging his compensation obligations in a chimpast measure; (c) Discharging his compensation obligations in a chimpast measure; (c) Discharging his compensation obligations in a chimpast measure; (c) Discharging his compensation obligations in a chimpast measure; (c) Discharging his compensation obligations in a chimpast measure; (c) Discharging his compensation obligations in a chimpast measure; (c) Discharging his compensation obligations in a chimpast measure; (c) Discharging his compensation obligations in a chimpast measure; (c) Discharging his compensation obligations in a chimpast measure; (c) Discharging his compensation of the compensation of th

FORM A.4.10 A

TAXICAB COLOR SCHEME APPLICATION San Francisco Taxicab Commission

	San Francisco Taxicab Commission
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T NEW COLOR SCHEME CO-COC (Complete front a)	MOR SCHEWE - 1 (011)
ONEW COLOR SCHEME (Complete both actor)	CIETRATION CARD, & INSURANCE CARD WITH THIS APPLICATION.
WOLLDIST SUBBIT & CERTIFICATE OF WORKER'S COMPENSATION, NET	PART ETE SATIRE FORM
Applicant's Name (First, Middle Last)	1
COLCORY ANDARASNIK	21/15 7
Residence Address (Street Accress, City, State, Zip)	CA 44121
Applicant's Name (First, Middle, Last) Residence Address (Street Accress, City, State, Zip) Joint Applicant's Name (First, Middle, Last)	Phone (
Joint Apolicant's Name (First, Middle, Last)	
Residence Address (Street Address, City, State, Zip)	and the same of th
The True of Corp	poration:
is this a Corporate permit? Who I ves Tyes, Name of Con-	in the property of the second second phone number will be.
the Taxissb Commission, fi	St Milat Addi. Prisition in the
Eusiness Address (Street Address.)	CIN, State, Zp) = 94124
	City, State, 24) S.F. 9412 Courser / Operator
Mediation with the Mediation wit	and a Cale
(415) 9200709	2 2 Gas a code 1 Long Term Lessa
1413 4200101	if ancesand
Please describe why you would like to change to the above na Some free free way and profe	med taxi company (attach additional pages il necessary)
Please describe why you would like to change	. the one triens in
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The state of the s	Market State Control of the Control
	والمراجعة والمرا
I (We) certify (or declare) under penalty of perjury under the laws of t	State of California that the foregoing is true and correct.
I (Me) certify (or declare) under penalty of perjury under the laws of	and Con Francisco, California
I (We) certify (or declare) under penalty of parjury under the laws or the Executed this	and the same of th
Executed this	Griggraf Andwell The Signature of Applicant
GRIGORY ANDARASHIK	Signature of Applicant
Print Name of Applicant	Cigiral Control of the Care of
BE COMPLETED BY ACCE	PTING COLOR SCHEME ONLY
Name of person authorized to sign for Color Scheme Holder.	571-1351 SOLEPROPRIETEXSTO
Name of person authorized at sign and control of the control of th	
I, the Color Scheme Molder / person authorized to sign for the Color Scheme	C & TAXI-CAB CO.
the Harrison authorized to sign for the Color Scheme	8 Holder for Octor Schema
t, the Color Scheme rouser / pulsars named to use my color scheme. hereby give consent to the applicant named to use my color scheme.	
hereby give consent to the applicant has a series of the State of	California that the foregoing is true and correct.
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	06-30-08 Date
	Date
Signature of Copy-Scheme Holder / person substituted to sign for Color Scheme Holder	A 1025 1000
SEREMESO	THE CAN PROCESSION AND AND AND AND AND AND AND AND AND AN
Santana and a sa	USE ONLY Accessors Accessors Signed West Declaration Signed
A negria Notice Date / TOX CX Hearing Date 19210X	Paint Chips Submitted Photos Submitted 2008
Worker's Comp Submitter: Insurance Submitted	Cate
Received	SAN FRANCISCO
Received by Anelle	SAN FRANCISCO SAN FRANCISCO
	MAN AND AND AND AND AND AND AND AND AND A



Dmitry Erenkov Insurance Agency

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

1 July 2008

TO SAN FRANCISCO TAXICAB COMMISSION:

This is to confirm that Medallion #822 will be added to S F Taxi Cab Company's Auto Liability and Workers Compensation insurance policies upon transfer approval by the Taxicab Commission. Coverage is provided by our Agency through the National Interstate Insurance and Lincoln General Insurance companies.

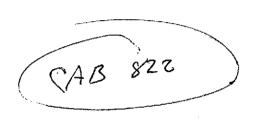
Sincerely,

Dmitry Erenkov Agent/Broker

DIE/ece

RECEVED

JUL 0 1 2008





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

*YR TYPE VEH TYPE LIC YR MODEL YR 1ST SOLD VLF CLASS MAKE NISS 2002

LICENSE NUMBER 2003 31 ΒR 2006 32V

VEHICLE ID NUMBER WC UNLADEN/G/CGW BODY TYPE MODEL MO ΑX

G 2 D 04100 PΡ VN

STICKER ISSUED PIC TYPE VEHICLE USE DATE ISSUED CC/ALCO DT FEE RECVD R0396940 9 COMMERCIAL 03/26/08 38 03/26/08

PR EXP DATE: 05/31/2008

AMOUNT PAID REGISTERED OWNER

AMOUNT DUE

\$ 168.00 AMOUNT RECVD

CASH : 168.00 168.00 CHCK :

ANDARASNIK GRIGORY

CRDT: SAN FRANCISCO

CA 94122

LIENHOLDER JUL 0 1 2008

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

	★ *CHANGE OF COLOR SCHEM	IE - From: HRRDW
□ NEW COLOR SCHEME (Complete both sides)	*CHANGE OF COLOR SCHEM (Complete front side only)	ARD & INSURANCE CARD WITH THIS APPLICATION.
*YOU MUST SUBMIT A CERTIFICAT	TE OF WORKER'S COMPENSATION, REGISTRATION CA PLEASE PRINT CLEARLY – COMPLETE EN	TIRE FORM
Applicant's Name (First, Middle, Last)	PLEASE PRINT CLEARLY - COMPLETE EN	Phone
	homus Moulia State, Zipi	(*
Residence Address (Street Address, City, S	State, Zip) Prive, Novato, CA,	94945
Joint Applicant's Name (First, Middle, Last)		Phone (
Residence Address (Street Address, City, S	State, Zip)	
Is this a Corporate permit?	No 🗆 Yes If yes, Name of Corporation:	
	granted by the Taxicab Commission, list what your busing	ness name, address and phone number will be.
If this color scheme request is g		
Business Marie (AB)	Business Address (Street Address, City, State, Zie)	n Francisco 94124
Business Phone	Medallion Number(s)	Owner / Operator
415 970 1300	266	Gas & Gate Long Term Lease
The state of the why you would	d like to change to the above named taxi compar	ny (attach additional pages if necessary):
Detter 1	Businers Opportunit)	nreen/ch
		The last of the last of
		JUL 0 3 2008
		SAN FRANCISCO
I (We) certify (or declare) under pe	enalty of perjury under the laws of the State of Californ	SAN FRANCISCO ia that the to regolnorissicus and correct.
· _ c#	enalty of perjury under the laws of the State of Californ	SAN FRANCISCO
Executed this 3 - d	day of July 20	SAN FRANCISCO ia that the to regolnorissicus and correct.
Executed this 3rd Armand Thom Print Name of Applicant	day of July , 20	SAN FRANCISCO ila that the foregoing issing and correct. O 8 at San Francisco, California Amar Woulin
Executed this 3-d Annand Thom Print Name of Applicant	day of July , 20 Signature of Application DBE COMPLETED BY ACCEPTING COLOR So	SAN FRANCISCO ila that the foregoing issing and correct. O 8 at San Francisco, California Amar Woulin
Executed this 3-d Armand Thom Print Name of Applicant ***********************************	day of July , 20 as Moulia Signature of Applica D BE COMPLETED BY ACCEPTING COLOR Se Scheme Holder:	SAN FRANCISCO is that the foregoing issions and correct. O 8 at San Francisco, California A Some Work in the content of the
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P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2008

GROUP:
POLICY NUMBER:
CERTIFICATE ID: 3
CERTIFICATE EXPIRES: 04-01-2009
04-01-2008/04-01-2009

SAN FRANCISCO TAXI COMMISSION 25 VAN NESS AVENUE ROOM 420 SAN FRANCISCO CA 94102 NG

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.

AUTHORIZED REPRESENTATIVE

PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

RECENED

JUL 032008

SAN FRANCISCO TAXI COMMISSION

EMPLOYER

SEDAN OPERATORS COOPERATIVE, INC A CORPORATION DBA: DESOTO CAB COMPANY 555 SELBY ST SAN FRANCISCO CA 94124

MO409

PRINTED : 03-18-2008



555 SELBY STREET • SAN FRANCISCO, CALIFORNIA 94124 • (415) 970-1300

July 3, 2008

San Francisco Taxi Commission:

DeSoto Cab Company is unable to provide you with the registration of a vehicle for medallion number 266.

It is the policy of our company to secure vehicles after the color transfer has been okayed by the Taxi Commission.

If you have any questions or concerns, please contact me.

Sincerely,

Cindy L\(\text{Ward}\)
General Manager

DeSoto Cab Company

Undy L. Ward

RECEIVED

JUL 032008

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

	RY +CHANGE OF	COLOR SCHEME - From:	ARROW CAB
□ NEW COLOR SCHEME (Complete both sides)	n complete	: II GITE SIGE OF IT J	
*YOU MUST SUBMIT A CERTIFICA	ATE OF WORKER'S COMPENSATION	N, REGISTRATION CARD, & INSUI	RANCE CARD WITH THIS APPLICATION.
(Cint Middle Loct)	PLEASE PRINT CLEARLY	- COMPLETE FIATIVE LOV	Phone
Applicant's Name (First, Middle, Last)	M. 1.		
Regidence Address (Street Address, City,	State, Zip)		
(Agaigettes) / Against (=)	Prive N	ovato , CA, 9	4945
Joint Applicant's Name (First, Middle, Las	t)		Phone
Residence Address (Street Address, City,	State, Zip)		
Is this a Corporate permit?			
If this color scheme request is	granted by the Taxicab Commissio	n, list what your business name, a	address and phone number will be.
ByShjess Name;	Business Address (Street Addre	ss. City, State, Zig)	C (12/17.1
Le VIII (P)	555 Sell	y St SAN Franc	
Business Phone	Medallion Number		Owner / Operator Gas & Gate
1415) 970 130		-le T	Long Term Lease
			the second second
Please describe why you wou	ild like to change to the above r	named taxi company (attach	additional pages if necessary):
	Business O		
De Tite	100 1111111		RECEIVED
			NAMES AND POST OF
			4141
			JUL 0 3 2008
			SAN FRANCISCO
Lawa cortifu (or declare) under (nenalty of periury under the laws of	f the State of California that the t	SAN FRANCISCO
r 4	penalty of perjury under the laws of	f the State of California that the f	SAN FRANCISCO TAXI S PUNANA CONTROL.
I (We) certify (or declare) under p Executed this プロ	_day of	f the State of California that the t	SAN FRANCISCO TAXI S PUNANA CONTROL.
Executed this 3rg	day of July	20 <u>08</u> a	SAN FRANCISCO TAXI S PUNANA CONTROL.
Armand Thomo Print Name of Applicant	day of July S Moulia	, 20 08 a	SAN FRANCISCO TAXY FRANCISCO foregoing is PNOVING Conrect. t San Francisco, California
Armand Thomas	day of JUly Moulia OBE COMPLETED BY ACCE	, 20 08 a	SAN FRANCISCO TAXY FRANCISCO foregoing is PNOVING Conrect. t San Francisco, California
Armand Thome Print Name of Applicant ***********************************	Description of the description o	, 20 08 a	SAN FRANCISCO TAXY FRANCISCO foregoing is PNOVING Conrect. It San Francisco, California Image Constitution
Armand Thomas	Description of the description o	, 20 08 a	SAN FRANCISCO TAXY FRANCISCO foregoing is PNOVING Conrect. t San Francisco, California
Armand Thoman Print Name of Applicant Name of person authorized to sign for Color CINDY L. WA	day of JUly Moulia OBE COMPLETED BY ACCE or Scheme Holder:	Signature of Applicant PTING COLOR SCHEME O	SAN FRANCISCO TAXY FRANCISCO foregoing is PNOVING Conrect. It San Francisco, California Image Constitution
Armand Thome Print Name of Applicant Name of person authorized to sign for Color CINDY L. W.A. I, the Color Scheme Holder / person	day of JUTY Moulia OBE COMPLETED BY ACCE or Scheme Holder: AD authorized to sign for the Color Scheme	Signature of Applicant PTING COLOR SCHEME O	SAN FRANCISCO TAXY FRANCISCO foregoing is PNOVING Conrect. It San Francisco, California Image Constitution
Armand Thoman Print Name of Applicant Name of person authorized to sign for Columby L. W.A. I, the Color Scheme Holder / person thereby give consent to the applicant	day of JUTY OBE COMPLETED BY ACCE or Scheme Holder: AD authorized to sign for the Color Scheme named to use my color scheme.	Signature of Applicant EPTING COLOR SCHEME OF A Holder for DESOTO	SAN FRANCISCO TOTEGOING IS PROMINGIONITECT. It San Francisco, California IV. 4
Armand Thoman Print Name of Applicant Name of person authorized to sign for Columby L. W.A. I, the Color Scheme Holder / person thereby give consent to the applicant	day of JUTY Moulia OBE COMPLETED BY ACCE or Scheme Holder: AD authorized to sign for the Color Scheme	Signature of Applicant EPTING COLOR SCHEME O e Holder for DESOTO california that the foregoing is true as	SAN FRANCISCO TAXI PROMINGION rect. It San Francisco, California INLY************************************
Armand Thoman Print Name of Applicant Name of person authorized to sign for Columbia L. W.A. I, the Color Scheme Holder / person thereby give consent to the applicant I certify (or declare) under penalty of	day of JUTY OBECOMPLETED BY ACCE or Scheme Holder: AD authorized to sign for the Color Scheme named to use my color scheme. perjury under the laws of the State of Color ACCE	Signature of Applicant EPTING COLOR SCHEME OF A Holder for DESOTO	SAN FRANCISCO TAXI PROMINGION rect. It San Francisco, California INLY************************************
Armand Thoman Print Name of Applicant Name of person authorized to sign for Columbia L. W.A. I, the Color Scheme Holder / person thereby give consent to the applicant I certify (or declare) under penalty of	day of JUTY OBE COMPLETED BY ACCE or Scheme Holder: AD authorized to sign for the Color Scheme named to use my color scheme.	Signature of Applicant EPTING COLOR SCHEME O e Holder for DESOTO california that the foregoing is true as	SAN FRANCISCO TAXI POPULATION FRANCISCO foregoing is POPULATION FRANCISCO, California TWO A CALL ONLY************************ Title: GEN. MGR. CAB LD. Faxicab Color Scheme Indicorrect.
Armand Thome Print Name of Applicant Name of person authorized to sign for Color CINDY L. W.A. I, the Color Scheme Holder / person hereby give consent to the applicant I certify (or declare) under penalty of Chady L. W.A. Language L. W.A. Lan	day of JUY OBECOMPLETED BY ACCE or Scheme Holder: AD authorized to sign for the Color Scheme named to use my color scheme. perjury under the laws of the State of Color Scheme Holder erson authorized to sign for Color Scheme Holder	Signature of Applicant EPTING COLOR SCHEME O e Holder for DESOTO California that the foregoing is true at 7/3/0	SAN FRANCISCO TAXI PROMINGION rect. It San Francisco, California INLY************************************
Armand Thome Print Name of Applicant Name of person authorized to sign for Cole CINDY L. WA I, the Color Scheme Holder / person hereby give consent to the applicant I certify (or declare) under penalty of Signature of Color Scheme Holder / pe	day of JUY OBE COMPLETED BY ACCE or Scheme Holder: AD authorized to sign for the Color Scheme named to use my color scheme. perjury under the laws of the State of Color Scheme Holder authorized to sign for Color Scheme Holder ***********************************	Signature of Applicant EPTING COLOR SCHEME O e Holder for DESOTO california that the foregoing is true as	SAN FRANCISCO TAXI PROPAGATION rect. It San Francisco, California IV. Q. V. Title: GEN. MGR. CAB CD. Faxicab Color Scheme Ind correct. B Date New Declaration Signed
Armand Thome Print Name of Applicant Name of person authorized to sign for Color CINDY L. W.A. I, the Color Scheme Holder / person hereby give consent to the applicant I certify (or declare) under penalty of Chady L. W.A. Language L. W.A. Lan	day of JUY O BE COMPLETED BY ACCE or Scheme Holder: AD authorized to sign for the Color Scheme named to use my color scheme. perjury under the laws of the State of Color Scheme Holder erson authorized to sign for Color Scheme Holder	Signature of Applicant EPTING COLOR SCHEME CO e Holder for DESOTO California that the foregoing is true at 7/3/0	SAN FRANCISCO TAXI PROMINGION rect. It San Francisco, California INLY************************************



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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2008

GROUP:
POLICY NUMBER:
CERTIFICATE ID: 3
CERTIFICATE EXPIRES: 04-01-2009
04-01-2008/04-01-2009

SAN FRANCISCO TAXI COMMISSION 25 VAN NESS AVENUE ROOM 420 SAN FRANCISCO CA 94102 NG

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.

SUTHORIZED REPRESENTATIVE

PRESIDE

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

RECEIVED

JUL 032008

SAN FRANCISCO TAXI COMMISSION

EMPLOYER

SEDAN OPERATORS COOPERATIVE, INC A CORPORATION DBA: DESOTO CAB COMPANY 555 SELBY ST SAN FRANCISCO CA 94124

M0409

PRINTED : 03-18-2008



555 SELBY STREET • SAN FRANCISCO, CALIFORNIA 94124 • (415) 970-1300

July 3, 2008

San Francisco Taxi Commission:

DeSoto Cab Company is unable to provide you with the registration of a vehicle for medallion number 267.

It is the policy of our company to secure vehicles after the color transfer has been okayed by the Taxi Commission.

If you have any questions or concerns, please contact me.

Sincerely,

Cindy L. Ward

General Manager

DeSoto Cab Company

Undey L. Ward

RECENT

JUL 0 3 2008

TAXICAB COLOR SCHEME APPLICATION

San Francisco Taxicab Commission

□ NEW COLOR SCHEME ★ *CHANGE OF COLOR SCHEME - From: _ (Complete both sides) (Complete front side only)	ARROW CAB
*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSUR.	ANCE CARD WITH THIS APPLICATION
PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	Dhasa
Applicant's Name (First, Middle, Lest)	Phone
Armand Thomas Monlia Residence Address (Street Address, City, State, Zip) Ivin Dr., Novato, CA 94 Loiet Applicant's Name (First, Middle, Last)	•
Residence Address (Street Address, City, State, Zip)	
1 n A) A 94	945
Joint Applicant's Name (First, Middle, Last)	Phone
John Applicant's realite (1715), intente, access	Manager As and a second
Residence Address (Street Address, City, State, Zip)	
Residence Various formers residence and a series of the se	
Is this a Corporate permit? DNo D Yes If yes, Name of Corporation:	
Is this a Corporate permit? Solvo Solves If yes, Name of Corporation:	
If this color scheme request is granted by the Taxicab Commission, list what your business name, ac	ldress and phone number will be.
· · · · · · · · · · · · · · · · · · ·	,
Business Name Business Address (Street Address, City, State, Zip)	ARRES (A GUITH
	Ancisco LA 94124
Business Phone Medallion Number(s)	Owner / Operator
415 970-1300 268	Gas & Gate
11) 910-1500	☐ Long Term Lease
I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the fo Executed this	JUL 0 3 2008 SAN FRANCISCO TWI COMMISSION regoing is true and correct.
Print Name of Applicant Moulia Signature of Applicant	
**************************************	EY*****
Name of person authorized to sign for Color Scheme Holder:	- 1 1 4
	GEN. MGR.
CINDY L. WARD	2 2
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for	LAB cicab Color Scheme
hereby give consent to the applicant named to use my color scheme.	
	correct.
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and	
1/31	08
Signalure of Coor Scheme Holder / person authorized to sign for Color Scheme Holder	Date
Signature of Coor Scheme holicer / person authorized to sign for outside signature of Coorse	
V	
*************************OFFICE USE ONLY************************************	New Declaration Signed
Agenda Notice Date 73	Photos Submitted
Worker's Comp Submitted Insurance Submitted Paint Chips Submitted	Eliotos Subulitada
Received by: Receipt No. 37 Amount 291.	Date 7.3.03



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

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ISSUE DATE: 04-01-2008

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AUTHORIZED REPRESENTATIVE

PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

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PRINTED : 03-18-2008



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Sincerely,

Cindy L. Ward

General Manager

DeSoto Cab Company

Civily L. Ward

RECENSED

JUL 0 3 2008