Consent: Item A

Consideration of the Minutes from the February 10, 2008 Taxicab Commission Meeting.

CITY AND COUNTY OF SAN FRANCISCO



TAXI COMMISSION MAYOR GAVIN NEWSOM

COMMISSIONERS TELEPHONE (415) 554-7737

PAUL GILLESPIE, PRESIDENT, ext. 3 PATRICIA BRESLIN, VICE PRESIDENT RICHARD BENJAMIN, COMMISSIONER, ext. 1 TOM ONETO, COMMISSIONER, ext. 6 MIN PAEK, COMMISSIONER, ext. 7 SUSAN SUVAL, COMMISSIONER, ext 5 ARTHUR TOM,COMMISSIONER, ext 4

JORDANNA THIGPEN, EXECUTIVE DIRECTOR

TAXICAB COMMISSION MINUTES

February 10, 2009 at 6:30 p.m. City Hall, 1 Dr. Carlton B. Goodlett Place Room 400

STAFF IN ATTENDENCE: Executive Secretary Tamara Odisho Benjamin – Taxi Commission, City Attorney Tom Owen, Sergeant Ron Reynolds- SFPD-Detail

- 1. Call to Order/Roll Call Absent Min Paek
- 2. Resolution to Recommend Allocation of the Driver Benefit Fund [INFORMATION and

DISCUSSION]

- Mark Kelleher, Senior Director of Development at SF State: Overview of why Taxi Commission should create scholarship fund.
- **Director Thigpen:** Is there a cost to the MTA through a tax?
- Mark Kelleher: No tax from a non-profit to another non-profit.
- Com Breslin: Is there any requirements for residency?
- Mark Kelleher: None.
- Com Breslin: In favor of a scholarship program but it would be favorable to have it for other schools.
- **Pres Gillespie**: The resolution would also create a benefit to cover a portion of funeral costs for any driver killed on the job.

Public Comment:

- Jane Bolig: How would the funeral fund be managed? Scholarship is a great idea.
- **Robert Cezzano**: Great misgivings on the proposal and believes SFMTA will get confused on who this money will go to. Should give all the money to a scholarship fund.
- Mark Kelleher: State law does not allow differentiating between make and/or female.
- Tariq Mehmood: The more important question is how much college tuition currently costs?
- Mark Kelleher: Estimated costs for next year are \$5,000 and fund would be perpetual.
- Name: What if a driver gets hurt on the job but cannot drive again?
- Pres Gillespie: Limited amount of money and would not be able to cover that type of accident.
- **Com Breslin**: In the change section change language to scholarship to qualified deserving applicant. Under first resolved, add future funds to be divided equally in the future.
- **Pres Gillespie**: City attorney recommended that we not suggest language on future funds. Will discuss language with the Executive Director and will present it at the next meeting.

3. Staff Report Commissioner Announcements

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- Dir Thigpen: Overview of staff report.
- Sgt Reynolds: Overview of report.

Public Comment:

- Charles Rathbone: Prepared chart of dispatch reports.
- Tariq Mehmood: Last 2 meetings Commissioners have not done anything.
- 4. Consent Calendar [ACTION]
- Director Thigpen: Sever items B and C, items in D3-15 waiver of notice is required, D2, E3 and E5 for recusals.

Public Comment:

- Charles Rathbone: Welcome to B2-Douglas Wong and congratulations to E5-Orlando David
- Richard Hybels: Congratulations to E1-Bayramali Sen and E3- Sukhdev Attal
- Marty Smith: Welcomes E5-Orlando David to Luxor. Would like a refund for color scheme change from Delta to Luxor since it was waived for the other applicants.
- Com Breslin: Motion to waive notice for D3- D15
- Com Oneto: Second motion

Ayes: Benjamin, Breslin, Gillespie, Oneto, Suval, Tom	No: 0
Absent: Paek	Recuse: 0

Com Breslin: Approve item A- Minutes, grant color scheme change to D1- Bon Huey, D3- Antone Nguyen, D4- Farouk Khodor, D5- Lam Nuong, D6- Dennis Wong, D7- Michael Chang, D8- Ray Yaghmour, D9- John Vo, D10- Donald Holvoet, D11—Wing Tse, D12- Richard lee, D13- Amin Jamally, D14- Kin Ching, D15- Daryoush Amirehsani, grant medallions E1-Bayramali Sen, E2- Jian Zhou, E4- Yury Smilovitsky, E5- Orlando David, E6- Aleksandr Malinsky, E7- Mohsen Hassan

• Com Oneto: Second motion.

Ayes: Benjamin, Bresli	n, Gillespie, Oneto, Suval, Tom	No: 0
Absent: Paek		Recuse: 0

- Com Oneto: Approve color scheme change to D2-Douglas Wong and grant medallion to E5- Orlando David.
- Com Suval: Second motion

Ayes: Breslin, Gillespie, Oneto, Suval, Tom	No: 0
Absent: Paek	Recuse: Benjamin

- Com Oneto: Motion to grant a medallion to E3- Sukhdev Attal
- Com Tom: Second motion.

Ayes: Benjamin, Breslin, Oneto, Suval, Tom	No: 0
Absent: Paek	Recuse: Gillespie

- Director Thigpen: Overview of Item B- Taxi Commission v Dev Narewatt
- Com Benjamin: Were there any waybills during the time he was working at his shop?
- **Director Thigpen:** Doesn't remember what the hearing officer reviewed.
- Attorney for Dev Narewatt: The hearing officer did not review 3 years of waybills. You would have to assume GTU records are correct at all times. The decision refers to GTU declaration that seems like there was a transponder issue. March –September 2006 gap discrepancy is an issue.
- Dev Narewatt: Has receipts for waybill payments. Ten year taxi driver and purchased a new vehicle every 3 years. What am I being punished for? This is not fair. I work 7 days a week but no one wants to listen. Very popular driver and see him all the time at the airport. Has a shop but has a manger who runs the shop.
- Name: Has seen him for years at the airport. He is a hard working man.

- Thomas George Williams: I was surprised to see Dev Narewatt on here. Smart card is confusing, waybills get lost and transponders don't work well. Airport records are not reliable.
- Name: Knows this driver and he deserves a medallion.
- Robert Cezzano: Doesn't know this driver, but smart card is enormous issue. Smart cards do not have names on it.
- Name: Knows this driver and always works on weekends and sees him at the airport, also uses his shop.
- Name: Professional engineer has known Dev for 4 years and wishes others had his honesty and work ethics. He works at nights and he has a mechanic shop.
- Paul Grezan: Taxi driver and knows Dev is a legitimate driver.
- Mike Dejami: Transponder is not working. Records from the cashier would be helpful to compare to his waybills. Smart cards option for 2-3 months allowed you to not use other exiting means.
- Ahmed: Has known Dev for at least 10 years. Smart card is an issue. Drivers each have their own cards.
- Vic Ridley: Smart card is fallible and has seen Dev driving.
- Savad Azad: Driving for over 19 years. Has seen him at the airport and in the City.
- Camile Barkookie: Dev is a hard worker and he is not lying.
- Tone Lee: Good driver. Told him to be aware of his place on this list and to begin driving again.
- Ashwan Aeir: Known Dev for over 20 years and as a driver for 10 years. Does have a shop but only works there during the days,
- **Gratch:** There may be some airport discrepancy. He is a good driver and commission should contact company to get records.
- **Tariq Mehmood:** Shuttles that go to the airport use a transponder and would have been upset if they were improperly or incorrectly being charged by SFO for wrong transponder readings. Believes there are no issues with the transponders.
- **Pres Gillespie:** Knows a really cab driver from a phony. Inclined to believe something happened with the GTU records and this case is worthy of being reheard. But it wouldn't be by our Commission.
- Com Benjamin: Hearing officer never reviewed 2005 waybills. Are transponders checked for accuracy?
- Specifically this transponder and other transponders? Motion to rehear this case with a letter sent to GTU for review of transponder and evidence.
- Director Thigpen: Cannot say why she didn't. SFO would have to answer these questions.
- Com Breslin: Second motion

Ayes: Benjamin, Breslin, Gillespie, Oneto, Suval, TomNo: 0Absent: PaekRecuse: 0

- Director Thigpen: Overview of consent item C- Taxi Commission v Kalesilassie Gebresilassie
- Com Benjamin: We have had previous problems with American Cab and production of waybills. Motion to continue the case
- Kalesilassie Gebresilassie: Would be happy for a rehearing.

Public Comment:

- Name: Thinks he has a very powerful argument including tax records and given problems at American Cab and a plausible case against them, should have an opportunity to present this again.
- Com Oneto: Second motion

Ayes: Benjamin, Bresl	lin, Gillespie, Oneto, Suva	il, Tom No: 0
Absent: Paek		Recuse: (

- 5. Clean Air Taxi Program: Second Quarter Report [INFORMATION AND DISCUSSION]
- **Director Thigpen:** Overview of numbers and there's a 10% quarterly increase of clean vehicles. Commitment is great from industry.
- Pres Gillespie: Commend mid-year commitment from companies. Two largest companies already under the goal, as are several other companies, great news. Companies not in compliance cannot bring in any more gas vehicles. Every company must meet 1/3 reduction every year until 2011. Will present a resolution at next meeting reviewing goals.

Public Comment:

• Mark Gruberg: Believes the commission's numbers for Green Cab are incorrect.

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- Director Thigpen: If the Commission has made an error it will make the change.
- <u>Taxi Commission v. Tu Lam</u>, Revocation of P-16 Permit # 896 and P-44 Permit # 48151 for violating Taxicab Rules and Regulations 4.A.1, 4.A.2, 4.A.3, 4.A.4, 5.A.1, 5.A.3, 5.A.4, 5.C.5, 5.E.1c, 5.H.3, 5.H.4, 5.H.6, 5.H.9, 5.H.15, 5.H.16, 5.H.17, 5.I.2, 5.I.3, 5.K.3, 5.C.2, MPC § 1081(f), MPC §1123, MPC § 1138, MPC § 1140(a), MPC § 1147.7 and MPC § 1148.6(b) [ACTION]
- Director Thigpen: Overview of the case
- Jessie Ralph, Attorney for Tu Lam: Reviews facts of case.
- Director Thigpen: Rebuttal
- Jessie Ralph, Attorney for Tu Lam: Rebuttal
- Public Comment: None
- **Pres Gillespie:** Commission needs to deliberate the issue. Union Cab was a company that allowed medallion holders to operate their medallion without requiring medallion holders to drive. Lack of evidence that Mr. Lam was a real driver. Town Taxi admits there were no waybills. Although he has driven in 2008, there is no evidence he drove in the previous years.
- Com Breslin: Strong supporter of revocation but should both the A card and medallion be revoked?
- **Pres Gillespie**: Serious offense and should revoke both A card and medallion.
- **Com Benjamin**: Only 2 days on the waybills missing 2 lines on each waybill. It's hard to believe that you were able to have that many pick ups while operating your vehicle. Brings question to mind since other waybills are not so completely filled out.
- Com Tom: Taxi industry is not the last resort and not finding another job is not compelling.
- **Com Breslin**: Missing payments are small but this was his second chance and he should have stuck to his plan. Ownership of the medallion is subject and not because of the driving requirement, I am hesitant to revoke the A card but not the medallion.
- **Pres Gillespie:** Doesn't want to take away his means of making money but believes he has forfeited his right to hold a medallion.
- **Com Oneto:** Issue here is that he has not shown any responsibility to hold an A card or medallion. He collected profit for years from Mr. Me. This is years of fraud.
- **Com Benjamin**: Agree and not convinced any of his waybills are real. Signature different on each waybill. Is he on any Town Taxi rosters?
- **Director Thigpen:** Did not spend resources to review the waybills, but Town Taxi did not have him scheduled on the roster.
- Com Oneto: Motion to revoke medallion and A card
- Com Benjamin: Second motion.
- Com Breslin: Doesn't present a safety hazard and can drive in other jurisdictions and can reapply in San Francisco next year.
- Com Tom: Would the Commission cash the checks?
- **Director Thigpen:** It is up to you.
- Com Oneto: The settlement agreement is void if we revoke his A card and medallion. Commission to return recent check.

Ayes: Benjamin, Breslin, Gillespic, Oneto, Suval, TomNo: 0Absent: PaekRecuse: 0

SPECIAL ORDER 8:00-8:30 PM

- 7. Public Comment (Please limit public comment to items NOT on the agenda)
- Charles Rathbone: Presented a copy of Luxor proposal for medallion auctions.
- **Richard Hybels**: Spoke with Malcolm Heinicke and he will consider modifying his proposal. Is up hauled to have to buy back his medallion.

- Zamja Douwe: This is like a liquor license. The City wouldn't take away a businesses license and shouldn't do it with medallions unless someone is violating the rules
- Mustaffa: Driver for 21 years, feeding 7 members of his family. Should have a mutually beneficial program.
- **Robert Cezzano**: The end of this Commission will be taken over to the MTA. Thanks Jordanna for ADA letter. Drivers should apply early.
- Name: Received a medallion and it's precious to him. Worked hard for this and auctioning off would be a death warrant for him.
- Mike Spain: Charter Reform meeting proposals said that the Taxi Commission was supposed to review proposal.
- Glen Mack: Cost of living has gone up but not meters. Buying power is less and can't raise a family on this income.
- Jane Bolig: No transfer proposal will work unless all interested parties are considered.
- Zuhair: Seems like this is being planned very well. Merger with SFMTA and auctioning selling these medallions.
- Steven Lee: Was on the previous calendar and wants to know what the delay is.
- Tone Lee: Game is over and party is over as well. When 2005 rule changed reminded that he should continue driving. It is not fair that he won't be able to get a medallion because he is a MUNI driver.
- Name: Has known Steven Lee for many years and he is a good driver.
- Rahimi: Driver since 1982 and for waybill violations has been removed from the industry.
- **Calvin Wong:** Here to support Steven Lee. There was no rule that if he worked for MUNI he cannot get a medallion. It is not fair. Should be reconsidered.
- Chris Franko: Known Steven Lee and wants to support him to receive a medallion.
- Name: Hard to believe that medallions will be auctioned off. No union, or medical benefits. Consideration should be put to the voters.
- Name: Hopes Steven Lee will get his medallion.
- Name: Steve Lee has been a driver for years and should be condisered for a medallion.
- Steven Web: Know very few drivers that can come up with money to buy a medallion.
- Name: Got his medallion last year after waiting 15 years and it's hurtful.
- Carl Macmurdo: Malcolm withdrew auction plan. Hopes commission allows ADA applications to come in late.
- Myriah: Likes Prop K and would like it to stay. But if drivers can buy medallions would do so if names on the list are offered a medallion.
- Bill Mounsey: Name on the list and will suffer if medallion list won't be used.
- Thomas George Williams: Was a member of Charter Reform working group and at last vote, change was considered. Real danger comes from the mayor's office. Wants to sell drivers out to bail out drivers.
- Name: Has been on the list since 1994 and was told that it would be a 10 year wait. That's why all these drivers have signed up to receive a medallion. This auction would take away our right.
- Barry Kornegold: Recently received his medallion and has concern for drivers on the list.
- Mary Maguire: If the proposal is withdrawn it's only in its present form. Do any of the proposals increase or improve taxi service?
- Peter Witt: See attached 150 words
- Tariq Mehmood: There is sympathy for drivers. Work will go on.
- Ruah Graffis: City is in a budget crisis but drivers have union wage, health care and other benefits.
- Mark Gruberg: A pandora's box was opened by the Mayor. All money driven on the mayor's part and for those who want to sell it.
- **Robert:** Father was a taxi driver who supported family on income. Business has been less than it's ever been.

8. Resolution to Recommend Draft SFMTA Rules on Medallion Leasing [ACTION]

- **Com Oneto:** Wanted the Commission to change their own rules before the merger so that the leases could be on file. Would like to adopt this resolution and to urge SFMTA to adopt it as well. This is not changing lease agreements.
- Com Breslin: Can vote on this tonight and vote on the other next week.

Public Comment:

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- **Tariq Mehood:** There are drivers who have 2 separate leases with different companies and I'm not talking about brokers.
- Mark Gruberg: Is this for a long term lease? They have very different contracts.
- Com Oncto: Motion to adopt resolution
- Com Suval: Second motion

Ayes: Breslin, Gillespie, Oneto, Suval, Tom Absent: Paek

No: Benjamin Recuse: 0

9. Adjournment

Consent: Item B

Consideration of the Taxi Commission to grant a Taxicab or Ramp Taxicab Medallion Holder Permit to:

Applicant:	Color	Medallion	Background
	Scheme:	Туре:	Check:
1. Richard B. Beal	Luxor Cab	Ramp	Cleared
2. James Sukovitzen**	Luxor Cab	Alt. Fuel	Cleared
3. Varinder Singh	Town Taxi	Alt. Fuel	Cleared
4. Eugene Samsonov*	Town Taxi	Alt. Fuel	Cleared
5. Marcelos Fonseca*	Yellow Cab	Alt. Fuel	Cleared
6. Elias Negash*	Comfort Cab	Alt. Fuel	Cleared
7. Raed Sweis	DeSoto Cab	Alt. Fuel	Cleared
8. Ghanem M. Elmashni*	Regents	Alt. Fuel	Pending
			Clearance
9. Leonid Dolinsky*	United Cab	Alt. Fuel	Cleared

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*Commission would be required to waive Notice rule **Continued from January 27, 2009 CITY AND COUNTY OF SAN FRANCISCO



TAXI COMMISSION MAYOR GAVIN NEWSOM

MEMORANDUM

To:Honorable CommissionersFrom:Jordanna ThigpenDate:February 18, 2009Re:Consent Calendar: Item B Medallion Applicants

B1: Richard Beal, Ramp

- 2005: 236 shifts 2006: 223 shifts
- 2007: 216 shifts
- 2008: 192 shifts

B2: James N. Sukovitzen, Alternative Fuel

- 2005: 840 hours
- 2006: 840 hours
- 2007: 850 hours
- 2008: 920 hours
 - Mr. Sukovitzen is currently driving on a temporary A-Card.
 - o His A-Card was revoked on May 1, 2008 for Non-Payment.
 - Mr. Sukovitzen received a temporary A-Card on July 31, 2008 and drove from January 1 July 30, 2008 with an expired A-Card.
 - MPC §1078(a) states, No person shall driver or operate any motor vehicle for hire on the public streets of the City and County of San Francisco without a permit issued by the Taxi Commission authorizing such driving or operation in accordance with the provisions of this Article. Mr. Rudsari operated a motor vehicle for hire without a permit issued by the Taxi Commission authorizing such operation.
 - MPC §1089(a) states, It shall be unlawful for any person to act as a driver of any motor vehicle for hire licensed pursuant to this Article unless that person holds a driver's permit from the Taxi Commission issued pursuant to this Section.
 - o Mr. Sukovitzen operated a motor vehicle for hire without a valid permit.
 - The Commission allows the month of January as a grace period to renew A-Cards.

B3: Varinder Singh, Alternative Fuel

- 2005: 252 shifts 2006: 289 shifts
- 2007: 276 shifts
- 2008: 293 shifts
 - 25 Van Ness Avenue, Ste. 420, San Francisco, CA 94102*(415) 503-2180*Fax (415) 503-2186*email: sftaxi.commission@sfgov.org*www.sfgov.org/taxicommission

B4: Eugene Samsonov, Alternative Fuel

2005: 940 hours 2006: 1180 hours 2007: 1250 hours 2008: 1270 hours

B5: Marcelos Fonseca, Alternative Fuel

2005: 1278 hours 2006: 1127 hours 2007: 1328 hours 2008: 1690 hours

B6: Elias Negash, Alternative Fuel 2005: 830 hours 2006: 810 hours 2007: 820 hours

2008: 810 hours

B7: Raed Sweis, Alternative Fuel

2006: 175 shifts
2007: 912 hours
2008: 1192 hours
2009: 21 shifts
*Per the Daly/Ma amendments to the full-time driving requirement (Ordinance 58-08), applicants may drive a prorated number of shifts or hours for the year 2009.

B8: Ghanem M. Elmashni, Alternative Fuel

2005: 271 shifts 2006: 292 shifts 2007: 279 shifts 2008: 258 shifts

B9: Leonid Dolinsky, Alternative Fuel

2006: 860 hours 2007: 1000 hours 2008: 950 hours 2009: 80 hours *Per the Daly/Ma a

*Per the Daly/Ma amendments to the full-time driving requirement (Ordinance 58-08), applicants may drive a prorated number of shifts or hours for the year 2009.

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) Richard Ben	iamin Beal		Type of Medallion Applying for:	trRamp
Residence Address (Street Address, C	City, State, Zip)	94109		*
Mailing Address (If different than reside	ence address)			
Residence Phone Number:		Alternate Phone Numb)er 	
Hours Available at this Number: 2 Social Security Number	U Other name(s) used	Hours Available at this	Number:	
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Racional	Sex Height (M)/ F	Weight 111175	Rue Ha	irdolor Bround
Color Scheme / Business Name			Business Num	ber 28み~1241
Luxor Cab Color Scheme / Business Address (Stre		aunal		· · · · · · · · · · · · · · · · · · ·
1230 Jerrold Are you a U.S. Citizen? Dre		<u>94124</u> : Card Number:		
• 				
Are you currently an active unv What date was your permit (A-C	er and hold a current Public Pass Card) first issued:		244-052834	
Has this permit ever been re	voked? 🔽 No 🗆 Yes, if yes	, explain:		
Vere you previously a medallion vas the medallion permit ever re Please describe why the pub \underline{L} have b	elsewhere? D No DYes, in n holder? D No DYes, Med evoked? D No DYes, Ifyes, lic will not be properly served een a cab 17 in 5. F.) offective provi	allion # If y explain for what cause: if this medallion is not <u>driver</u> for	rou answered 'Yes' to the granted (attach additiona <u>A D Y Care</u>	previous question, al pages if necessary): -5 ССГін
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If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Wes INO If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other) Luxor cab radio is, I believe the best cab

San Francisco Service If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ZYes INO If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of vour taxicab? DYes 🗆 No Read each section and sign initials to the left of each section if you agree and understand. I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder. I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

 10^{10} I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.

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

Executed on this	2/51	day of	January	, 20 <u>0 9</u>	at San Francisco, Califo	ornia.
D	in la la	B. Re	.0.			-
Signature	of Applicant	p. jud			۰ ۲۰۰۰۰	

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JAN 2 2 2009

SAN FRANCISCO IAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION San Francisco Taxicab Commission

Date

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

PLEASE PRINT CLEARLY – COMPLE	TE ENTIRE FORM
Applicant's Name (First, Middle, Last)	Phone
RICHARD BENJAMIN BEAL	
Residence Address (Street Address, City, State, Zip)	94109
Mailing Address, if different from above (Sirean Address, Gift), States (b)	

If this color scheme request is granted	by the Taxicab Commission, list what the	e taxi company name, add	ress and phone number will be:
Name of Taxl Company	Business Address of Taxi Company (Street Ad	dress, City, State, Zip)	
LUXOR CAR	2230 JERROLD	Ave, SF	, CA
Business Phone	Medallion Number	· · · ·	Owner / Operator
(415) 282-4141			Gas & Gate
· · · · · · · · · · · · · · · · · · ·			
ava mm			Long Term Lease

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

necessary):			
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and very	much like the	radio Service	years now and the
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certify (or declare) under pen	alty of perjury under the laws of l	he State of California that the fore	going is true and correct.
ixecuted on Ja	nuary 21	, 20 <u>09</u>	at San Francisco, California.
Richard Be	njamin Beal	- Richard B	Real
int Name of Applicant	· · ·	agnature of Applicant	
		CCEPTING COLOR SCHEME	ONE Y*************
ame of person authorized to sign	1 for Color Scheme Holder:		Title:
THOMAS J. S	TANGHELLINI		Operations MANAGAM
he Color Scheme Holder / perso	n authorized to sign for the Color Sci	heme Holder for <u>LM XO</u> I	2 CRB Color Scheme Name
eby give consent to the applicat	at named to use my color scheme.		
rtify (or declare) under penalty o	of perjury under the laws of the State	of California that the foregoing is true	and correct. RECEVED
Mimus & M	anyhilten	1-20-0	09
alure of Color Scheme Holder 7 pers	on authorized to sign for Color Scheme Ho	older Date	JAN 382000
			SAN PRANCISCO JAM COMBARRIDA
	***************************	EUSEONLY**********************	
ida Notice Date	Hearing Dale	Decision of Taxicab Commission	New Declaration Signed
er's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

Amount

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Receipt No.

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RECENED

JAN 222009

SAN FRANCISCO TAXI COMMISSION



ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

ENPIRES: DECEMBER 31, 2009

P44-059834 LUXOR CAB

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the Municipal Police Code, Article 1. Sections 2.26.1 and 2.27.1 and Article 16, Section 1089.





SFIMTA el automaticativamentaria

February 12, 2009

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

Dear Ms. Thigpen:

On February 6, 2009, the PCC Advisory committee to the SF Taxi Commission interviewed Richard Beal.

Summary of Review Categories:

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

Experience driving a ramp taxi/knowledge of equipment:

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

Comments/Concerns:

Recommendation:

The PCC Advisory committee is pleased to recommend Mr. Beal for the ramp taxi medallion based on the general criteria listed above.

Please let me know if further action is required by the PCC at this time. I can be reached at 701-5331.

Sincere

Jeffrey Banks, Accessibility Projects Coordinator

cc: Griff Humphrey, PCC Advisory Committee Vice Chair

Gavin Newsom | Mayor

Hev. Dr. James McCray Jr. | Chairmen Tem Nolan | Vice-Chairman Cameron Beach | Director Shirley Breyer Black | Director Malcolm Helnicke | Director Jerry Lee | Director Bruce Oka | Director

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

Satisfactory

Satisfactory



ASS. RAINING

This certifies that

Richard Beal

JAN 2.5 2003 SAN FRANCISCO TAXI COMMISSION

has successfully completed the requirements for Ramp Taxi Operators Training , on this third day of November, 2007. Valid through November, 2010

Qualified Ramp

Tance Hah aurie Graham

Certified Ramp Taxi PASS Trainer

Certificate # 2259

Cheryl Damico Certified Sensitivity PASS Trainer

N. Mamuer

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

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Applicant's Name (First, Middle, Last) TAMES NOCL SUKOVITZEN	Type of Medallion Applying for:
Residence Address (Street Address, City, State, Zip)	SF, Ca. 1100
Mailing Address (if different than residence address)	,
	Phone Number: (
Hours Available at this Number: NIGHT Hours Ava Social Security Number Other name(s) used	allable at this Number: $D A Y$
California Driver's License Number / Expiration Year 12 - 09 Date of Birth	Place of Birth
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re you currently an active driver and hold a current Public Passenger Vehicle	Driver Permit /& Card\2
The you currently an active driver and hold a current Public Passenger vehicle YesDate permit was issued: 1994 Permit #: $1^{\circ}4^{\circ}$	$4 - 05^{\circ} 4814$
as this permit ever been revoked? ⊠ No □ Yes, if yes, explain:	the side of the si
er MPC §1081(a)(3), do you holds or have you ever held any <u>other</u> permits is d County of San Francisco <u>or elsewhere</u> ? ⊠ No □Yes, if yes, explain	sued to operate a motor vehicle for hire either in the Cir.
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If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? (XIYes ΠNo If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other) DRIVE WITH cento Сь. If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? XYes INo If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the Interior and exterior of your **V**Yes taxicab? Read each section and sign initials to the left of each section if you agree and understand. I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder. 'n I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or. permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted. I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted. I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge. 名昭 DAY JANUARY 20 09 at San Francisco, California. Executed on this Signature of Applicant JAN 0 8 2009 SAN FRANCISCO TAXI COMMISSION

Page 3 of 3

COLOR SCHEME DESIGNATION APPLICATION San Francisco Taxicab Commission

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JANES SUKOVITZEN Communications Taxi commission Interview Signature of Applicant Signature of Applicant Taxi commission Interview Signature of Applicant Signature of Applicant Taxi commission Interview Signature of Applicant Signature of Applicant Title: Interview Title: Title: M	The OTH	00	•		
rint Name of Applicant		, 20 <u></u>	at San Franc		
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lame of person authorized to sign for Color Scheme Holder:		PHINIS COLOR SELIEN	, Elenrik Markelskeater	****	
THOMAS J. STANGHELLINI OPERATIONS MANIAGA	ame of person authorized to sign for Color Scheme Holder:		A CONTRACTOR OF A CONTRACT		
	THOMAS J. STANGHELLI	MI	OPENAT	HANNA MANIA	GA.
he Color Scheme Holder / person authorized to sign for the Color Scheme Holder for $\underline{hy XOR}$	he Color Scheme Holder / person authorized to sign for the Color Scheme	Holder for <u>LUX</u>	OR CAL	ß	
reby give consent to the applicant named to use my color scheme.	eby give consent to the applicant named to use my color scheme.		Color Scheme Nam	e	
ertify (or periode) under penalty of perfury under the laws of the State of California that the foregoing is true and correct.	ertify (or register) under penalty of perjury under the laws of the State of Ca.	ifornia that the foregoing is true	and correct.		1
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Agenda Notice Date	Hearing	Date		Decisi	on of Taxicab Commission	New	Declaration Signed
Worker's Comp Submitted	Insuranc	e Submitted		Paint C	hips Submitted	Photo	os Submitted
Received by:	/	Receipt No.	ł.,	· 1	Amount		Date
	· ·· ·	i		(



SAN FRANCISCO POLICE DEPARTMENT TAXICAB DETAIL

DRIVER PUBLIC PASSENGER VEHICLE FOR HIRE TEMPORARY PERMIT

Permission is hereby given to JAMES N. SUKOUITZEN to operate as a "Driver Public Passenger Vehicle" for _____ Kuck CM Taxicab Company. 77X This temporary permit expires at 5:00 p.m. on MSR Paul Makaveckas Police Officer #1601 Issued on behalf of the San Francisco Taxicab Commission by Code Enfrircement of the San Francisco Police Taxicab Enforcement Unit.

Date of Issuance 7-31-00

CALIEC #

RECEIVED

JAN 0 9 2009

SAN FRANCISCO TAXI COMMISSION

850 Bryant Street, San Francisco, CA 94103 • Phone (415) 553-9844 • Fax (415) 553-7969

TLA2 ACCT. NO	D: P44 0548	14 TAX ID	- CEN	SUS	OLD# 052322
DBA LUXO	DR CAB		CERTIF NBR	DATE STA	RTED 07-16-02.
SITUS 0000) VARIOUS L	OCATIONS	0000	DATE INACTIV	ATED 05-01-08
OWNER SUKC	DVITZEN, JAM	ES NOEL	CARE OF		
ADDRESS :			SAN FRANCISCO	D, CA	94115
CONDOMINIUM	DISTRICT	CODE NON-MA	TCHING ADDRESS	UNIT COUNT	ŧ
PERMIT NO. 06	8540 SUB-C	LASS DESC	, DRIVER-PUB.PA	ASS.VEH. ACCO	UNT TYPE A
COMMENT: REVO	KED NONPAYM	ENT			
EXPIRE DTE			<u> </u>	12-31-07	12-31-06
DATE PAID				04-30-07	04-27-06
BATCH NO				0625	0016
ISSUE DT	00-00-00	00-00-00	00-00-00	05-04-07	04-28-06
DUE: FEE				52.00	51,00
SURCHRG				3.00	9.00
MISC.					
PENALTY				11.75	11.50
TOTAL				66.75	71.50
PAID: FEE				52,00	51.00
SURCHRG				3.00	9.00
MISC.					
PENALTY				11.75	11.50
TOTAL				66.75	
BALANCE				0.00	0.00
P44 054814 1	RECORD RETRI	EVED - ENTER (CLASS-ACCOUNT F	OR NEXT RECORI)

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PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION San Francisco Taxicab Commission

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Applicant's Name (First, Middle, Last)		Type of Medallion Applying for:
	SINGH	Ar Regular □ Ramp
Residence Address (Street Address, City, Stale, Zip)	<u> </u>	Innon City Ca 94587.
Mailing Address (If different than residence address)	SAME	<u>, 10-0 (10)</u>
Residence Phone Number:	Alternate Phone Nu	m!
Hours Available at this Number: 2477 723	•	his Number: 2-117 70 2 Arry
Social Security Number	Other name(s) used	· · · · · · · · · · · · · · · · · · ·
California Driver's cicense number / Expiration Year	Date of Birth	Place of Birth / NI DI 4
Race (Optional)	Sex Height , .// Weight	
Asign Indun (N	Sex Height, // Weight N/F 5-6 140LBS	Eye Color BLK Hair Color BLK
Color Scheme / Business Name To WAI	TAXI	Business Number (415) 404 - 8900
Color Scheme / Business Address (Street Address, City, S	Pennensylvania Ane,	SP C AUDIZ
vre you a U.S. Citizen? QYes □No	Aller Desident Or ad Number	· · · · · · · · · · · · · · · · · · ·
		48.
are you currently an active driver and hold a c Vhat date was your permit (A-Card) first issue		Permit (A-Card)? ∐No ⊠Yes ₽4440444686
las this permit ever been revoked? .X N		177-077000
	· · · · · · · · · · · · · · · · · · ·	
nd County of San Francisco or elsewhere?		perate a motor vehicle for hire either in the City
		you answered 'Yes' to the previous question,
as the medallion permit ever revoked? 🛛 No		· · · · · · · · · · · · · · · · · · ·
	·	
ease describe why the public will not be	properly served if this medallion is no	ot granted (attach additional pages if necessary):
Jam francieco is à	lways busy for	pusiness and formests.
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And indiana staroi from	ertime, St. ne	odo alzanas
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rangican?	ou lived within a 30 r		n How many y Francisco?		ence do you have in rsmonths	San [®] Are you physi safely?	. 1	drive a standard ve
lst employm	ient for last five y			h additional pages	if needed)			
From Date	To Date	Company Nan		,	Street Address, City, Emmsy Lucan	State, Zip)	94/102	Type of Work
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	ht impaired?	Yes XN	o farsightedness	s corrected by e	əyeglasse s .	Is your hea	ring impaire No	d?
your eyesigi not include				Yes, if ves desc	cribe the impairn	ient:		
not include	ny physical imp	pairments?	ALNO L					

and some substitutions

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If you are granted a taxicab perm If yes, explain how you will use a					etail information
about new service, other)		•			,
Town	itaxi disk	artch :	24 Honnis	Radio	dispatch,
	, y				,
					· · ·
If you are granted a taxicab perminent seal? A Yes □No	, will you use an accurate	taximeter at all tim	es and possess a val	id current Weights	and Measures
If you are granted a taxicab permit and smog inspection certificate a taxicab? XYes □No					
Read each section and sign initials	to the left of each section	if you agree and u	nderstand.		•
V, C I understand that in	addition to the regulations	adopted by the T	axicab Commission	and of the City ar	nd County of San
Francisco Controller there are sect that are applicable to my business	ions of the San Francisco	Municipal Code, S	San Francisco Traffic	Code and Califor	nia Vehicle Code
permit. There are copies of the Sa at <u>www.sfgov.org</u> . If a Letter of Inti- penalty of perjury that the foregoi incomplete information provided by revoke the permit that is granted.	ent is required, I acknowlee ng is true and correct. E me, relative to this applic	dge that the Letter Executed at San cation, may be cor	of Intent is part of the Francisco, California Insidered cause to eit	e application, and I understand the her deny the requ	l I declare under hat any false or uested permit or
<u>V</u> , <u>C</u> I will actively and pers any twenty-four (24) hour period a nformation submitted on my appli nformation provided by me relative permit if granted.	it least seventy-five perce cation and financial state	nt (75%) of the t ment is true and	ousiness days during correct. I understa	i the calendar ye ind that any false	ar and that the or incomplete
have read and completed all of the ny knowledge.	above statements and dec	lare under penalty	of perjury that they a	re true and correc	t to the best of
Executed on this	day of	my 1 1	, 20 <u>0</u> 9	at San Francisc	co, California.
	Nariver	· Senpl			
Signature of Applicant	· · · · · · · · · · · · · · · · · · ·				
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				0 3 2009	

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SAN FRANCISCO JAKI COMMISSION

104 511

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

PLEASE PRINT C	LEARLY - COMP	LETE ENTIR	EFORM	
Applicant's Name (First, Middle, Last) VARINDER	SINGH		Phone +++	· And And
Residence Address (Street Address, City, State, Zip)		COURT,	UNION	CITY, CA 94587
Mailing Address, if different from above (Street Address, City, State, Zip)	SAME			, , ,

If this color scheme request is granted	i by the Taxicab Commission, list what the taxi company name, ad	dress and phone number will be:		
Name of Taxi Company	Business Address of Taxl Company (Street Address, City, State, Zip)	+ 11		
TOWN TAXI	999 Pennsylvania Ane, SF, CA 94107			
Business Phone (415) 401 - 8900	Medallion Number	Owner / Operator		
	(INKNOWN	Gas & Gate		
		Long Term Lease		

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

Asidin 700/ Ð 2008 SAN FRANCISCO I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. at San Francisco, California. Executed on rNGf VARIND Print Name of Applicant Signature of Applican ACCEPTING COLOR SCHEME ONLY o begowelened by Name of person authorized to sign for Color Scheme Holder: Olin I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Color Scheme Name 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 correct. 02-02-0 Ignature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date

· · · · · · · · · · · · · · · · · · ·	MARAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	SECONLY ATALASA AND AND AND AND A	· · · · · · · · · · · · · · · · · · ·
enda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
orker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
	· · · · · · · · · · · · · · · · · · ·		



ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR Ż

AN 29.206

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2009 VARINDER SINGH

P44-044686 TOWN CAB CO.

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the Municipal Police Code, Article 1. Sections 2.26.1 and 2.27.1 and Article 16, Section 1089.



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
EUGENE SAMSONOV Residence Address (Street Address Gale Zinter Stale Zinter Control Con	
Mailing Address (if different finan residences gedress)	co, CA-94122
SAME AS ABOVE	
Residence Phone Number:	
Hours Available at this Number: Hours Available a Hours Available a Social Security Number Other name(s) used	at this Number:
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
	RUSS14
Race (Optional) W (M) / F S-6 Vight 180	
Color Scheme / Business Name TOLUM TAXI	Business Number (415) 401-8900
Color Scheme / Business Address (Street Address, City, Stater Zip)	· · · · · · · · · · · · · · · · · · ·
999 PENNSYLVANIA ST. SAN FRANCIS Are you a U.S. Citizen? Ares DNo Alien Resident Card Number:	60 CA- J4107
	V At
Are you currently an active driver and hold a current Public Passenger Vehicle Drive What date was your permit (A-Card) first issued: 2000 Permit #	r Permit (A-Card)? □ No X Yes # 5
Has this permit ever been revoked? X No Yes, if yes, explain:	
Per MPC §1081(a)(3), do you hold or have you ever held any <u>other</u> permits issued to and County of San Francisco <u>or elsewhere</u> ? 🕅 No 🏾 Yes, if yes, explain:	o operate a motor vehicle for hire either in the City
Were you previously a medallion holder? \boxed{X} Nó \Box Yes, Medallion #	If you answered 'Yes' to the previous question.
was the medallion permit ever revoked? XI No Yes, If yes, explain for what cau	
Please describe why the public will not be properly served if this medallion is I am a RESIDENT OF CITY OF SA I HAVE GEEN & CAB DELVER SANFRANCICCO JU IN PU & 40	IN CITY OF
	CITI Que Via
	Print Chiff Children The
people who lives the this certy.	THOPE VICAS
my knowless of city of Site	Phancisco Wille
PROVIDE à grave Bénefirs for	e me beffer
SERVICE FOR THE REPEOCACE	5 and Touriss
of my below po city	·
OFFICE USE ONLY	
Ceived by:	/Date
fice Date:	

From Date To Date Residence Address (Street Ad	
1980 preser	SAN PRANCISCO CA- 74122
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w long have you lived within a 30 mile radius of San ncisco? 30 years months	Sol years months
t employment for last five years (List most recent first, attac	
om Date To Date Company Name	Address (Street Address, City, State, Zip) Type of Work
present 1000 M	SANFRANCISCO, CA-94107 - DRIVER
	Contest to any crime? XNo Yes, if yes, provide the information required below. (Attach additional pages if needed) uilty pleas or not contest pleas may be considered cause to deny the permit.
se Date	Place of Arrest Disposition
KIL	
1.2/4	<u> </u>
ur eyesight impaired? □ Yes 赵No of include ordinary nearsightedness or farsightedness	s corrected by eyeglasses.
	Vos if vos describe the impelment:
bu have any physical impairments? XINO □Y	Tes, il yes describe the impairment.
	Vertigo IVes KiNo Heart Trouble IVes KiNo
you ever had: Epilepsy □Yes 🏹 No.ु	Vertigo □Yes ĂNo Heart Trouble □Yes XNo

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If you are grante	d a taxicab per	mit, will you us	e or provide 24	-hour radio dispa	atch service? XYe	s □No io cab company, detail infor	mation
about new service	e. other)						
r	TOWN	VAXI	RADIO	DISPATO	CHP/GAS	E' GATE OPE	RASTI
		÷			1		
						•	
If you are granted seal? XYes ⊡t		nit, will you use	an accurate ta	aximeter at all tim	es and possess a v	alid current Weights and Me	asures
If you are granted and smog inspec taxicab? XYes	tion certificate	it, will you obta and submit to	ain a San Fran 5 an annual in	cisco Airport deca spection of the g	al, submit annually a general appearance	State of California brake, ro of the interior and exterio	oad lamp r of you
Read each section	a and sign initia	is to the left of	each section if	you agree and u	nderstand.	·	
				-		and of the Other and Council	
Francisco Controll	ler there are se	ctions of the S	an Francisco M	adopted by the T Municipal Code, S	axicab Commission San Francisco Traffi	and of the City and Count c Code and California Vehi	y or San cle Code
					utition Code thete	a anntiachta ta mu huainac	a anallar
ermit. There are	copies of the S	an Francisco I	Municipal Code	e available at Cit	y Hall, The Public Li	e applicable to my busines brary, Legal bookstores an	d on-line
t www.staov.ora.	if a Letter of Ir	ntent is require	d. I acknowled	ge that the Lette	r of Intent is part of	the application, and I decla	re under
enalty of perjury	that the forego	oing is true ai	na correct. E	xecuted at San	Francisco, Californi	a. I understand that any	raise or
ncomplete informa	ation provided b	ov me, relative	to this application	ation, may be co	nsidered cause to e	illiner deny ine requested p	
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and the state of the

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY – COMPLETE EN	TIRE FORM
Applicant's Name (First, Middle, Last)	Phone
EUGENE SAMSONOV	المرجعين المرجعين
Residence Address (Street Address, City, State Zip)	4-94122
Mailing Address, if different from above (Street Address, City, State, Zip)	

If this color scheme request is granted	by the Taxicab Commission, list what the taxi company n	ame, address and phone number will be:
Name of Taxi Company	Business Address of Taxi Company (Street Address, City, State, Zi	ə)
TOWN TAXI	999 PENNSYLVANIA AV. S.	ANTRANCISCO, CA-94107
Business Phone (415) 401-8900	Medallion Number	Owner / Operator
(415) 401-8100	UNKNOWM	🖉 Gas & Gate
		Long Term Lease

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

WAS WITH TRUS COMPAN BECAUSE I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 20 Ø at San Francisco, Californía. Executed on A RISOMOL EUGENE Print Name of Applicant Signature of App ACCEPTING COLOR SCHEME ONLY TOBECOMPLETEDBY Name of person authorized to sign for Color Scheme Holder: an<u>e</u> SA OWM I, the Color Scheme Holder, / person authorized to sign for the Color Scheme Holder for _ Color Scheme Name hereby give consent to the applicant named to use my color scheme. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. $\mathcal{O}\mathcal{Q}$ 22 Ø Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Date i fil gifting prog

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





ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2009

EUGENE SAMSONOV P44-054048 TOWN TAXI

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the Municipal Police Code, Article 1. Sections 2.26.1 and 2.27.1 and Article 16, Section 1089.



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FEB 04 2009

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION San Francisco Taxicab Commission

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Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
MARCELOS DA FONSECA	i in Regular □ Ramp
Residence Address (Streat Address City State Till - SAN FRANCISC	$\Delta = C \Delta = 0 \pm 100$
Mailing Address (menteren has residence address)	10 Mil Deliad
Cardidarea Dhara Mumber (11 1/a)	A CONTRACTOR
Residence Phone Number: (H)(h) Hours Available at this Number: 11:30AM - 02:00 PM Hours Available a	at this Number: 12:00 NOON - 03:00 AM
Social Security Number	
California cive: Underse Symbor / Expiration Year Date of Birth	Place of Birth The set
Race (Optional)	Eye Color Cortan Hair Color A Land
Delor, Scheme / Business Name	Business Number
VELLOW CAD LOOP.	(415) 282-3737
Color Scheme / Business Address (Street Address, City, State, Zip)	CA - 94107
re you a U.S. Citizen? Ares □No Alien Resident Card Number:	
re you currently an active driver and hold a current Public Passenger Vehicle Drive	r Permit (A-Card)?
Vhat date was your permit (A-Card) first issued: $02 \cdot 27 \cdot 89$ Permit #	· PAH - 05922A
las this permit ever been revoked? 🕅 No 🛛 Yes, if yes, explain:	
er MPC §1081(a)(3), do you hold or have you ever held any other permits issued to	operate a motor vehicle for hire either in the City
nd County of San Francisco or elsewhere? X No Yes, if yes, explain:	
/ere you previously a medallion holder? X No Yes, Medallion #	If you answered 'Yes' to the previous question,
as the medallion permit ever revoked? \Box No \Box Yes, If yes, explain for what cau	156:
ease describe why the public will not be properly served if this medallion is	not granted (attach additional pages if pecessary)
WE DEEN with Vellow CAB FOR, 20 YEARS. IN MY 20 YEAR, CAR	
1 A COURTEOUS AND PROFESSIONAL MANNER. MY GEOGRAPHICAL KNN	
TEAS AND MY EXCELLENT DRIVING RECORD HAVE ALLOWED ME	,
LOCAL AND OUT OF TOWN CAD USERS THROUGHOLT ALL THESE YE	ARS. I AM VERY PROUD OF MEVER
ting involved in an accident at my fault with can be	ATTESTED TO by VELLOW CAD'S
AMAGEMENT WHO HAS ISSUED THE SAFE DRIVING AWARDS (COPIEE	ATTACHED).
E I AM GRAWTED THIS MEDALLION, THE PRIDE OF OWNERSHIP,	
ESPONSAbilities, MY EXPERIENCE AND MY COMMITMENT 10.	
PROVIDE EVEN GREATER QUALITY OF SERVICE AND THE PUBLIC	
This madallion is not granted it will be A loss to	THE PUBLIC, DECADER MAY
TERIENCE IS OF GREAT VALUE TO CAL USER.S.	
UNICATION OF UNITED AND TO THE COMPANY	. •
OFFICE USE ONLY	

OFFICE USE ONLY Dale Receipt No. \tilde{c} Ļ, Stlearing Date: Date)

List residence addresses for	•			d)		
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(<u>) CT. 1999 PRASEN</u>	Contra C		AVENUE - DAM	JKANNO	U^{-} U^{-}	CMIZOLO
	9 VEAR	25 OM 5A	ME ADDRESS.			· (^a .
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list employment for last five y	-	ent first, attach addit	ional pages if needed)	<u>_</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
From Date To Date	Company Name		Address (Street Address, City,			Type of Work
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ave you ever been convicted					(Attach additional	pages if needed)
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ailure to provide full information re ffense your eyesight impaired?	Plative to prior con Date	victions, guilty ple Place	as or not contest pleas may of Arrest	be considered c Disposition	(Attach additional ause to deny the	pages if needed) 9 permit.
ailure to provide full information re ffense	Plative to prior con Date	victions, guilty ple Place	as or not contest pleas may of Arrest	be considered c Disposition	(Attach additional ause to deny the	pages if needed) 9 permit.
ailure to provide full information re ffense your eyesight impaired?	Plative to prior con Date Ves XNo Intedness or farsi	victions, guilty ple Place	eas or not contest pleas may of Arrest	be considered c Disposition	(Attach additional ause to deny the	pages if needed) 9 permit.

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If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? XYes DNo If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information
about new service, other)
AHROUGH VELLOW CAD COOP.
If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? XYes □No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab?
Read each section and sign initials to the left of each section if you agree and understand.

Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

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

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

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

Executed on this 511	;day of	FEDRUARY	 09	at San Francisco, California.
Managlar ma	Monseca			
Signature of Applicant	MUNDUUN	·	 	<u>.</u>

JEB 0 9 200
	COLOR SCHEME DESIGNATION APPLICATIO
	San Francisco Taxicab Commissio 3 COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATIO
	NT CLEARLY - COMPLETE ENTIRE FORM
Applicant's Name (First, Middle, Last)	
CYARCELOS DA FOME	ECA I'ME U
Residence Address (Street Address, City, State, Zip)	An Thenelices CA (11109
Mailing Address, if different from above (Street Address, City, Stat	AN. FRANCISCO - CA - 92122
	-, -, -, -, -, -, -, -, -, -, -, -, -, -
Name of Taxi Company	ab Commission, list what the taxi company name, address and phone number will be: dress of Taxi Company (Street Address, City, State, Zip)
VELLOW LAD LOP 1200	MISSISSIPPI SI - CAVI - WAVUSCO · UI - 9/104
Bušiness Phone	Medailion Number Owner / Operator
110 - 222-3737	
Diagon departies why you would like to use the p	olor scheme for the above named taxl company (attach additional pages if
necessary):	out schema for the above hamed taxi company (attach additional pages in
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HAVE THE JOEST DATE THE	SAFEST EDITIPMENT. I IMEND TO
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certify (or deciare) under penalty of perjury under the la	ws of the State of California that the foregoing is true and correct.
xecuted on FEDRUARY, 5	11 , 20 (2°) at San Francisco, California.
MARCELOS DA FONSE	CA MANCELOS TRA ZEONSELLA
int Name of Applicant	signature of Applicant
	BY ACCEPTING COLOR SCHEME ONLY
ime of person authorized to sign for Color Scheme Holder.	Title:
RICNAND WENER	- AFTINDIASS MAR.
RICHNO WISTS	- OPELNTION MAN.
e Color Scheme Holder / person authorized to sign for the Co	olor Scheme Holder for VELLOW CAB U-UP, Color Scheme Name
aby give consent to the applicant named to use my color sche	
rtify (or declare) under penalty of perjury under the laws of the	State of California that the foregoing is true and correct.
e had tal	
ature of Color Scheme fielder / person authorized to sign for Color Sch	FEB 0 5 20/19

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of the Address

PARAMANANANANANANANANANAN OFFICE USE ON LY ATAANAA ATAANA					
enda Notice Date Hearing Date Decision of Taxicab Commission New Declaration Signed					
orker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted		
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ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

ENPIRES: DECEMBER 31, 2009

MARCELOS D A FONSECA P44-059224 YELLOW CAB CO

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the Municipal Police Code, Article 1. Sections 2.26.1 and 2.27.1 and Article 16, Section 1089.





PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

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Applicant's Name (First, Middle, Last)	Type of Medallion Applying for: Regular DRamp
Residence Address (Street Address, City, State Ziets) Residence ()	KKAND, (A. 94605
Mailing Address (If different than residence address)	S((Y)))) (F- (400)
Residence Phone Number: (5/())	Alternate Phone Number, CS (C)
Hours Available at this Number 14 AT N (5 Other name(s) used	Hours Available at this Number: DATTINE
Canonia Drivers License Aumber / Expiration Year Date of B	idh Place of Birth
Race (generation)	Weight Eye Color
Color Scheme / Business Name	Business Number
Color Scheme / Business Address (Street Address, City, State, Zip)	
Are you a U.S. Citizen? Dres DNo //Alien Resident Card	- AUS. 44/01 - 34 57
Are you currently an active driver and hold a current Public Passenger What date was your permit (A-Card) first issued: $1-18-1980$	Permit #: 4465,67 056683
Has this permit ever been revoked? The Yes, if yes, expl	ain:
Per MPC §1081(a)(3), do you hold or have you ever held any <u>other</u> pe	
and County of San Francisco <u>or elsewhere</u> ? No Yes, if yes, Were you previously a medallion holder? No Yes, Medallion	
was the medallion permit ever revoked?	
Please describe why the public will not be properly served if this	medailion is not granted (attach additional pages if necessary):
E DON'T THINK THE	Reic Will BE Rofsely
SERVED IF THE MEDALLIDAN IS	NOT FERNITED FOR THESS & ATONS
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MONTALS A YEAR AND FROM 1	995 ON ABAIN/
- MAINTAINED (CEM DAV RECO	RD ASATAXI DRIVER AND
No CUSTONER GOMPLAINTS	
- KEPT CCEAN VEHICLE IN	EXCENT CONSILION ASA
IAXI XRIVER.	
- AM KERY KNOWLEDGA	ABCE DE THE CITY INC.
POINTS OF I NIGRES FOR	HIE CITY OF, SAN FRANCISCO
	DNLY
Received by: Dunchus CLACGA Amount	$[D_{a}]_{a}$ and $[D_{a}]_{a$
lotice Date:	10 Date 2^{10} as a static measure of the second state 2^{10} (C) in the second state state 2^{10} (C) in the second state state 2^{10} (C) in the second state state state 2^{10} (C) in the second state state state state state 2^{10} (C) in the second state sta
	I AN CONNEROM

I have driven a taxicab in the City of San Francisco and I meet the current year's driving Police Code Section 1121(b).	requirement pursuant to SFPD Municipal
List residence addresses for last five years (List most recent first, atlach additional pages if needed) From Date To Date Residence Address (Street Address, City, State, Zip) 7/1978 3009	4KKAND, (A-94605
	8
How long have you lived within a 30 mile radius of San How many years driving experience do you have in San	
Francisco? Image: Company Name Francisco? Image: Company Name From Date Tg Date Company Name Address (Street Address, City, State)	ate, Zip) / Type of Work
4/01 3/09 OWNER OPERATOR 779/ENNSYLVA	VIA AVE JAVI (AB ST. SF. CO. DRIVING
Have you ever been convicted of, or plead guilty or No Contest to any crime?	es, if yes, provide the information required below. (Attach additional pages if needed) considered cause to deny the permit.
Offense Date Place of Arrest	
NA	
s your eyesight impaired?	Is your hearing impaired? □Yes IDNo
oo you have any physical impairments? □No □Yes, if yes describe the impairmen	nt:
lave you ever had: Epilepsy □Yes ⊡No Vertigo □Yes ☑No	Heart Trouble □ Yes ☑ No
re you now, or have you ever been, ddicted to the use of intoxicating liquor? □ Yes □ No Any Narcot	ic Drug? 🗆 Yes 🖺 No
·	2019 - 1993 - 19

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If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service?	∕es □No	
If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing ra about new service, other)	adio cab company, detail	information
COMFORT (AB.		<u> </u>
CHSCKER DISP. SERVICE		
If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a seal?	valid current Weights an	d Measures
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually and smog inspection certificate and submit to an annual inspection of the general appearant taxicab?	/ a State of California bra ce of the interior and e:	ke, road lamp, derior of your
Read each section and sign initials to the left of each section if you agree and understand.		
$\underline{\underline{K}}$ \underline{N} I understand that in addition to the regulations adopted by the Taxicab Commissi Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Tra that are applicable to my business as a taxicab permit holder.	on and of the City and C affic Code and California	County of San Vehicle Code
F - N. I understand that there may be sections of the San Francisco municipal Code that permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public at <u>www.sfgov.org</u> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part penalty of perjury that the foregoing is true and correct. Executed at San Francisco, Califor incomplete information provided by me, relative to this application, may be considered cause to revoke the permit that is granted.	: Library, Legal bookstore of the application, and I o rnia. I understand that	s and on-line leclare under any false or
\overrightarrow{K} · · · · · · · · · · · · · · · · · · ·	uring the calendar year erstand that any false o	and that the r incomplete
I have read and completed all of the above statements and declare under penalty of perjury that the my knowledge.	ey are true and correct to	the best of
Executed on this MONTAY day of ANUART 26, 20 09	at San Francisco,	California.
Signature of Applicant		
	-E8 0 9 2000	
	AN FRANCISCO XI COMMISSION	
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	A CONTRACTOR OF THE OWNER	<u>,</u>

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COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM Applicant's Name (First, Middle, Last) Phone Residence Address (Street Address, City, State, Zip) Mailing Address, If diversit normalione (Speet Address, City, State,

If this color scheme request is granted	by the Taxicab Commission, list what the taxi company na	me, address and phone number will be:
Name of Taxi Company	Business Address of Taxi Company (Street Address, City, State, Zip)	a la CC MQUIDT
COMPORT AD	197 ENNSYLVANIA	ATE- (+ 4/11)
Business Phone	Medallion Number	Owner / Operator
(413) 64(-161)	7267	🗖 Gas & Gate
	. / 40 /	Long Term Lease

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

necessary):	,		i taki oompany (attaon adamonal pages ji
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COLORS	CHENE-A	VI CURRENTLY	1 A SHAREHOLDER
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certify (or declare) under p	penalty of perjury under the l	aws of the State of California that the f	oregoing is true and correct.
Executed on	VARY - 2	<u>00 9</u> , 20 <u>0</u> 6	at San Francisco, California.
FLIAS A	E67354	signature of Applicant	Dag di
	-		
ame of person authorized to a	TO BE COMPLETED	BY ACCEPTING COLOR SCHEI	
JELCHIA	Duith L	NTB2	MANAGER
he Color Scheme Holder / pe	erson authorized to sign for the C	Color Scheme Holder forCO117	DRA CAR.
eby give consent to the appli	icant named to use my color sof	ieme.	Color Scheme Name
intify (or declare) under penal	Ity of perjury under the laws of th	ie State of California that the foregoing is tr	ue and correct.
<u>(-</u>	- ingut	02	65 09 FEB 0 9 2 7 .
ature of Color Scheme Holder / p	person authorized to sign for Color S	heme Holder Date	SWI PRANCISICO
			(AN COMMISSION
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da Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
er's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
ved by:	Receipt No,	. Amount	Date

FEB 0 9 2003

SAN FRANCISCO TAXI COMMISSION





ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

and as a

EXPIRES: DECEMBER 31, 2009 ELIAS B. NEGASH P44-056683 COMFORT CAB CO.



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

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Applicant's Name (First, Middle, Last)	A Swels	۲ 	ype of Medallion Applying for:	□ Ramp
Residence Address (Street Address, City, State, Zip)		rdera cA 9	5670	
Mailing Address (# diverse interestioners)	<u> </u>			
Residence Phone Number: (4/15)	· · · · · · · ·	Alternate Phone Numbe	· · · · · · · · · · · · · · · · · · ·	ata
Hours Available at this Number: Worthing Social Security Number	Other name(s) used	Hours Available at this N	iumber:	
			· · · · · · · · · · · · · · · · · · ·	
California Driver's License Number / Expiration Year	Date of	Birth	Place of Birth	•
Race Optionaly	Sex Height			ir Color,
Color Scheme / Business Name	<u> </u>	,, <u>, ;; ,</u> ,, <u>, ; ,</u> , <u>, ,</u> , <u>, , , , , , , , , , , , , , , , , , </u>	Business Num	ber 1701405
Color Scheme / Business Address (Street Address, City, St	-		<u> </u>	90005
555 Selby 5+ 5F	A 79/29 Alien Resident Car	d Number	······································	
		450	555816	
Are you currently an active driver and hold a cu What date was your permit (A-Card) first issue Has this permit ever been revoked?	d: around -1993	Permit #:ρ4	mit (A-Card)? □ No ¼ - ೮5665 %	A Yes
Were you previously a medallion holder? IN was the medallion permit ever revoked? X No Please describe why the public will not be	o □Yes, If yes, exp	ain for what cause:		
A TAKE ABOT OF AL	DID DALLS.		· •	
Alexandre Harris Alexan	of radio	HS AP	By Stak	A Jour
pe course				· · · · · · · · · · · · · · · · · · ·
ectived by: DC4nC11C	eipt No. Amount	ONLY 牛」 シルー	Date Statistics	

ndated: October 24, 2008. G/Medallion/Applications: Forms & femplates Med Application/PCN Application-3og doc.

SAN SEANCISCO WARE COMPARESE Page 1 of 3

the public will be property will served because the exclant server thave been providing in the last 16 yerrs of experiment How been driving for 10 year Fhare beendrim 6 glan per 16/25 1 think the public will be very disaponted become thave been driving a taxi, For 16 year and have been doing agood job of by taking alat of vadio call.

List residence addresses	for last five years	(List most recent first, a	attach additional pages if needed)	,	
From Date To Date		ess (Street Address, Ci		A ¹	
Jun -31.09. 2009			Cordeia	: CA 9567-0)
Jan 2107 Jan 211	<u>(</u> 1917–16	$\sum_{i=1}^{n} e_{i} e_{i} e_{i}$	Fray Rauth	10- Cat Lova	0445670
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low long have you lived within a	30 mile radius of San	How many years driv	ving experience do you have in San	Are you physically qualified	d to drive a standard vehicl
rancisco? 1.5 years	months	Francisco?	yearsmonths	safely?	
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ist employment for last fiv		cent first, attach additio		· · · ·	Turner (1) Marta
From Date To Date	Company Name		Address (Street Address, City, Sta		Type of Work
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ave you ever been convic	ted of or plead gu	ilty or No Contest	to any crime? MNo CY	es. If yes provide the informa	tion required below
			to any crime? ⊠No □Ye	(Attach addition	al pages if needed)
			to any crime? I No IY	(Attach addition	al pages if needed)
ilure to provide full informati		nvíctions, guilty plea		(Attach addition	al pages if needed)
ilure to provide full informati	on relative to prior co	nvíctions, guilty plea	as or not contest pleas may be c	(Attach additior considered cause to deny	al pages if needed)
ilure to provide full informati	on relative to prior co	nvíctions, guilty plea	as or not contest pleas may be c	(Attach additior considered cause to deny	al pages if needed)
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ilure to provide full informati ense 	on relative to prior co Date	nvictions, guilty plea	as or not contest pleas may be o	(Attach addition considered cause to deny Disposition is your hearing imp	al pages if needed) the permit.
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ilure to provide full informati	on relative to prior co Date 	nvictions, guilty plea Place o	as or not contest pleas may be o	(Attach addition considered cause to deny Disposition is your hearing imp	al pages if needed) the permit.
ilure to provide full informati ense (our eyesight impaired? not include ordinary near	on relative to prior co Date 	nvictions, guilty plea Place o	as or not contest pleas may be o of Arrest	(Attach addition considered cause to deny Disposition is your hearing imp	al pages if needed) the permit.

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? If Yes , Koo If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

Hie Radio d

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

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? CEYes

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

 $\frac{\sqrt{S}}{1}$ I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

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

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

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

FEB 042003

SAN FRANCISCO VANI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORI	VI
Applicant's Name (First, Middle, Last)	Phone
RAED A SWEIS	(1/15) (2
Residence Address (Street Address, City, State, Zip)	
CA 95670	
Malling Address, fr onterent from above (Street Address, City, Stale, Zip)	

If this color scheme request is grante	ed by the Taxicab Commission, list what th	te tax! company name, address and phone number will be:
Name of Taxi Company	Business Address of Taxi Company (Street A	ddress, Cily, State, Zio)
Desoto Cab	1555 Selwist s	WERANCISCO CA 9V17V
Business Phone	Medallion Number	
(4/5) 970 -1405		Guir Owner / Operator
		🗍 Gas & Gate
	· ·	

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

I HAVE BEEN AT DESOTD FOR 4	YEARS.	· · · · · · · · · · · · · · · · · · ·
RADID BUSINESS IS GOOD. and	love to	play The valin-
and the company # so Kak +1	ae hest	F. 7 PC Parance
certify (or declare) under penalty of perjury under the laws of the State of	California that the foregoi	ing is true and correct.
ixecuted on Feb 3PD	, 20 <u>09</u>	at San Francisco, California.,
Red A Sweis Int Name of Applicant signe	and lines	
MANA MANA TO BE COMPLETED BY ACCEPTING	COLOR SCHEMEIO	SAM FRANCISC
ime of person authorized to sign for Color Scheme Holder:		Title:
CINDY L. WARD		GEN. MGR.
e Color Scheme Holder / person authorized to sign for the Color Scheme Holder		CAB CO.
eby give consent to the applicant named to use my color scheme.	Co	lor Scheme Name
rtify (or declare) under penalty of perjury under the laws of the State of California t	hat the foregoing is true and	correct.
Cindles X. Ward	/	43,2009
ature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Date	
· · · ·		

 Insurance Submitted
 Receipt No.
 Amount
 Date

RECENT.

FEB 0 4 2000

SAN FRANCISCO (AXI COMMISSION



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

EXPIRES: DECEMBER 31, 2009

RAED A. SWEIS P44-056658 DESOTO CAB

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the Municipal Police Code, Article 1. Sections 2.26.1 and 2.27.1 and Article 16, Section 1089.





PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
Ghanem Mahmoud Elmashni	Regular □Ramp
Residence Address (Street Address, City, State, Zip)	
Mailing Address (If different than residence address)	
Same.	•
Residence Phone Number: / Alternate Phone Nu	
	this Number 211 la on
Hours Available at this Number: 24 Mrs Hours Available at Social Security Number Other name(s) used	this Number: 24 hrs
NONF	
Date of Birth	Place, of Birth
Vace (Optional)	Eye Color Hair Color
(M) F Hi = -09 185	BRN Gry
PESENTE Cat Company	Business Number (45)487-(004
Color Scheme / Business Address (Street Address, City, State, Zip)	(40)401-1004
92 Pennsy Ivania, Santrancisco, C	1A 94127
re you a U.S. Citizen? XYes □No Alien Resident Card Number:	· · · · · ·
re you currently an active driver and hold a current Public Passenger Vehicle Driver	Permit (A-Card)?
	P44-044898
'as this permit ever been revoked? 💢 No 🛛 Yes, if yes, explain:	
er MPC §1081(a)(3), do you hold or have you ever held any other permits issued to c	operate a motor vehicle for hire either in the City
nd County of San Francisco <u>or elsewhere</u> ? 💢 No 🛛 Yes, if yes, explain:	
'ere you previously a medallion holder? 🖾 No 🗆 Yes, Medallion # I	f you answered 'Yes' to the previous question,
as the medallion permit ever revoked? 🔀 No 🛛 Yes, If yes, explain for what caus	e:
ease describe why the public will not be properly served if this medallion is n	ot granted (attach additional pages if necessary):
18- this Madallion is not growted the pu	ublic. Will be Umited
in the amount at available transp	ortation Being an.
experienced taxi driver, not having	ig a meatamon with
Limit the amount of taxi Ser	vice to S.F. neighborhoads
because I am a "city driver"	Inizital tax Serving
also Causes Long wait times	For Visitors to the
City at son francisco as Well a.	sithe Lacals.
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Luxill Operat an ALternativ	e fuel Car
OFFICE USE ONLY	
Ved by: . Amount	Dale
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From Date To Date		(List most recent first, ess (Street Address, (attach additional pages if	needed)	• • • • •	
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low long have you lived within a 30	mile radius of San	How many years dr	riving experience do you h	ave in San Are yo	u physically qualified to	o drive a standard ve
Francisco? <u>34</u> years		Francisco?	yearsm	onths safely?		□No .
ist employment for last five	years (List most rec	cent first, attach addit				<u> </u>
From Date To Date	Company Name	0.	Address (Street Addres		÷ A	Type of Work
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ilure to provide full information.		nvictions, guilly ple	as or not contest pleas	may be considere	(Attach additional ad cause to deny the	pages if needed)
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ave you ever been convicted	relative to prior cor	nvictions, guilly ple	as or not contest pleas	may be considered Dispositio	(Attach additional ad cause to deny the	pages if needed)
illure to provide full information	relative to prior cor Date	nvictions, guilty ple Place	as or not contest pleas of Arrest	i may be considere Dispositio	(Attach additional ad cause to deny the	pages if needed)
ilure to provide full information	relative to prior cor Date	ightedness corre	as or not contest pleas of Arrest	Is you	(Attach additional ad cause to deny the	pages if needed)

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? \mathbf{M} Yes \Box No If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

Provide an state existing radio Cab company 185 1211 If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ⊠Yes □No If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? XYes □ No Read each section and sign initials to the left of each section if you agree and understand. - 5- I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder. 5. E . I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org. If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted. 5. S + will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during

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

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

eb. day of Peb. Executed on this 7-H

Signature of Ap

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM Applicant's Name (First, Middle, Last) I Phone Chanem Mahmour Residence Address (Street Address, City, State, Zip) ahmoud mashni Ca. 94539 fremon C-Mailing Address, if different from above (Street Address, City, State, Same

	I by the Taxicab Commission, list what the	taxi company name, address and phone number will be:
Name of Taxl Company Reserves Can Co.	Business Address of Taxi Company (Street Add	ress, City, State, Zip) A. San Pancisco, CA 9407
Business Phone (415)427-1004	Medallion Number	Owner / Operator
40,000		Gas & Gate

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

Because. I have been working with Regents Cab company for Almost 10 years I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 20 0 9 at San Francisco, California. Elmashni anoni Janem Print Name of Applicant Signature of Applicani MAN, TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY Name of person authorized to sign for Color Scheme Holder: Title: General Managa Steven Anton sents Carb. Co. , the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Color Scheme Name 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 correct. 2-3-09 Scheme Holder / person authorized to sign for Color Scheme Holder Data Ignature of Color

· · · · · · · · · · · · · · · · · · ·	***************************************	DEFICE USE ONLY ***************	
nda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
er's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Anna an Arras	December	Annavak	

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ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2009

GHANEM M. ELMASHNI P44-044898 REGENTS CAB CO.

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the Municipal Police Code, Article 1, Sections 2.26.1 and 2.27.1 and Article 16, Section 1089.



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PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
LEONID DOLINSKY Residence Address (Street Address City State Zio) - C	Regular □ Ramp
Mailing Address (If different han residence address)	<u>, CA 94066</u>
Mailing Address (if different than residence address)	· · · ·
Residence Phone Number	
	is Number: AFTCR 5:30 p.k.
Social Security Minimum Chier name(s) used	
Cenfornia Driver's License Number / Expiration Year Date of Birth	Place of Birth UKROLWE
Race (Optional)	Eye Color Hair Color Brown Brown
Color Scheme / Business Name UNITED CCD CO	Business Number (415) 552-85,62
Color Scheme / Business Address (Street Address, City, State, Zip) UNITED Cab C. 20 HEROH ST. S.	F. CA 94103
United Cab C ⁶ , 20 Herrow Sr. S. Are you a U.S. Citizen? ⊠Yes □No Alien Resident Card Number:	.F. CA J9105
Are you currently an active driver and hold a current Public Passenger Vehicle Driver P	Permit (A-Card)?
What date was your permit (A-Card) first issued: $03/1394$ Permit #: 1 Has this permit ever been revoked? 🛛 No 🗌 Yes, if yes, explain:	P44-046105
Per MPC §1081(a)(3), do you hold or have you ever held any other permits issued to or	perate a motor vehicle for hire either in the City
and County of San Francisco <u>or elsewhere</u> ? 🛛 No 🗌 Yes, if yes, explain:	
Were you previously a medallion holder? 🛛 No 🗌 Yes, Medallion # If	
was the medallion permit ever revoked? [I No \Box Yes, If yes, explain for what cause);
Please describe why the public will not be properly served if this medallion is no	
Thave been driving taxi cab in	he cory of San
Francisco for the last fifteen	years and y
love my Tob. I have deviving	people of our
beautiful city and it's aneste	Mille QUERIE GOOD
Pratestifier is fand to syleens	, and the court of social
Radio planer and a cube +	he cory very well.
and when I am granted my person	ut Juill work
even harder and provide great	service to del
net bassauders it in warkere of	the tracis drive
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L.V. I understand	d that in addition to the are sections of the Sa	regulations adopted by n Francisco Municipal Co	the Taxicab Comm ode, San Francisco	ission and of the City and Co Traffic Code and California V	unty of San ehicle Code
hat are applicable to my b	usiness as a taxicab pe	ermit holder.			
L.D. I understand	I that there may be sec	tions of the San Francisc	co municipal Code t	that are applicable to my busi	ness and/or
ermit. There are copies of	of the San Francisco M ter of Intent is required	lunicipal Code available a . I acknowledge that the l	at City Hall, The Pu Letter of Intent is p	blic Library, Legal bookstores art of the application, and I de	and on-line
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		COLOR SO	CHEME DESIGNATION APPL	ICATION
			San Francisco Taxicab (
*YOU MUST SUBMIT A CERTIFICATE				PLICATION
Applicant's Name (First, Middle, Last)	PLEASE PRINT CLEARLY	- COMPLETE ENTIRE	Phone Phone	
hi. n				
Residence Address (Street Address, City, Sta	<u></u> i	· · · · · · · · · · · · · · · · · · ·		
, Kesidence Address (Silegi Address, Chy, Sta		meno, CA 9	4066	
Mailing Address, if different from above (Street	Address, Cily, State, Zip)			
		· · · · · · · · · · · · · · · · · · ·		
If this color scheme request is grant Name of Taxl Company	ed by the Taxicab Commission, II Business Address of Taxi Compar	ist what the taxl company r	name, address and phone number w	/III be:
United Calo C		S. San Frau		×
Business Phone	Medallion Number	······	Owner / Operator	
(415) 552-8562			🖾 Gas & Gate	×
			Long Term Lease	
Juoph for Un Time Jlike H and Juphld Hie same co	ited Cab C° uis location like to com incpong		<i>d</i>	
ertify (or declare) under penalty of perju	<u> </u>	of California that the forego	oing is true and correct.	
ecuted on 31 of	January	, 20, 69	_ at San Francisco, California.	
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Name of Applicant d	Sig	nature of Applicant		
	OMPLETED BY ACCEPTIN	IG COLOR SCHEME	CANTAR AND A THE CASE	
e of person authorized to sign for Color S		•	Title:	
TED TEHRANI			CENEDAL MAVAGEN	
TO THEAN		· · · · · ·	I PATAGON	
Color Scheme Holder / person authorized	to sign for the Color Scheme Holde	er for		
y give consent to the applicant named to i	ise my color scheme.		Color Scheme Name	
fy (or declare) under penalty of perjury und	ler the laws of the State of California	a that the foregoing is true an	d correct.	
tedatta	ici.	2.2.	09	_
ure of Color Scheme Holder / person authorized	to sign for Color Scheme Holder	Date	1	- .

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and included as

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· · · ·	274777777777777777777777777	FRICE USE ONLY***********************		
a Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed	
's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted	
		L Americak	T	

Consent: Item C

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

Medallion Holder	Medallion	Change:
Name:	#:	
1. Eric Grattan Schaefer	395	Delta to Luxor

/ 1	
CHANGE OF COLOR SCHEME - From:	To: Luxor
and color scheme change questionnaire,	pensation, Registration Card, Insurance Card, Vehicle Introduction Form
Applicant's Name (First, Middle, Last)	
ERIC GRATTAN SCHAEFER	Phone
Residence Address (Street Address, City, State, Zip)	
Theson, HZ 8	5712-
Joint Applicant's Name (First, Middle, Last)	Phone
Residence Address (Street Address, City, State, Zip)	
Is this a Corporate permit? 🕅 No 🛛 Yes If yes, Name of	f Corporation:
If this color scheme request is granted by the Taxicab Commission	on, list what your business name, address and phone number will be.
Dualassa Mama	
	OST. SANFRANCISCO. CA 94124
Medallion Number	ST. SANFRANCISCO, CA 94124 r(s) DWNEr/Operator
(415) 282-1224 395	
	Long Term Lease
PASSED AWAY + THAT COMPANY WILL	MCAB & ITS COLOR SCHEME HAS BE WOUND 4P.
PASSED A-WAY + THAT COMPANY WILL (We) certify (or declare) under penalty of perjury under the laws of	the State of California that the foregoing is true and correct.
<u>PASSED</u> <u>AWAY</u> + <u>THAT</u> <u>ComPANY</u> <u>WILL</u> (We) certify (or declare) under penalty of perjury under the laws of Executed this <u>29</u> th day of <u>JANUARY</u>	BE WOUND UP.
PASSED AWAY + THAT COMPANY WILL (We) certify (or declare) under penalty of perjury under the laws of Executed this 29% day of $JAWUBRY$ ERIC G. SCHAEFER	the State of California that the foregoing is true and correct.
<u>PASSED</u> <u>AWAY</u> <u>+</u> <u>THAT</u> <u>ComPANY</u> <u>WILL</u> (We) certify (or declare) under penalty of perjury under the laws of Executed this <u>29</u> th day of <u>JAWUARY</u> <u>ERIC</u> <u>G.</u> <u>SCHAEFER</u> Print Name of Applicant	he State of California that the foregoing is true and correct.
PASSED A-WAY + THAT COMPANY WILL (We) certify (or declare) under penalty of perjury under the laws of Executed this <u>29</u> ^M day of <u>JANUARY</u> <u>ERIC G. SCHAEFER</u> Trint Name of Applicant ************************************	the State of California that the foregoing is true and correct. , 20_9 at San Francisco, California
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Jpdated: July 23, 2008, G: Forms & Templates Applications & Driver Info sheets CoforSchemeApplication.doc

02-02-'09 17:10 FROM-

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Luxor Cabs, Inc.

2230 Jerrold Avenue, San Francisco CA 94124, Tel. (415) 282 1224 Fax (415) 282 1706

SF Taxicab Commission 25 Van Ness Avenue #420 San Francisco, CA 94102

January 30, 2009

Re: Medallion 395

This is to verify that Luxor Cab is happy to welcome Eric Schaefer as a medallion holder with our color scheme.

Liability and workers' compensation insurance policies are in place, as documented with the attached certificates.

Luxor will advise the commission of the vehicle particulars when Mr. Schaefer's color scheme change is approved.

Sincerely,

Malie B Surry

Martin Smith Operations Department

LUXORCAB MAY 6 2008 AM 10:56 lient#: 6212 ACORD. CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 05/02/08 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION RODUCER ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE InionBanc Insurance Svcs, Inc. HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. 50 B Street, Suite 2400 San Diego, CA 92101 NAIC # INSURERS AFFORDING COVERAGE 100 421-6744 35408 INSURER A: Delos Insurance Company SURED Luxor Cab Company INSURER B: 2230 Jerrold Avenue INSURER C: San Francisco, CA 94124 INSURER D: INSURER E: OVERAGES 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. POLICY EFFECTIVE POLICY EXPIRATION DATE (MM/DD/YY) DATE (MM/DD/YY) LIMITS SR ADD'L POLICY NUMBER TYPE OF INSURANCE \$ EACH OCCURRENCE GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) \$ COMMERCIAL GENERAL LIABILITY \$ MED EXP (Any one person) OCCUR CLAIMS MADE \$ PERSONAL & ADV INJURY GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRO-POLICY LOC COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 5 ANY AUTO ALL OWNED AUTOS BODILY INJURY \$ (Per person) SCHEDULED AUTOS BODILY INJURY (Per accident) HIRED AUTOS \$ NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) \$ AUTO ONLY . EA ACCIDENT s. GARAGE LIABILITY EA ACC \$ OTHER THAN AUTO ONLY: ANY AUTO AGG \$ EACH OCCURRENCE \$ EXCESS/UMBRELLA LIABILITY AGGREGATE ŝ OCCUR CLAIMS MADE \$ \$ DEDUCTIBLE \$ RETENTION

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RTIFICATE HOLDER	CANCELLATION Ten Day Notice for Non-Payment of Premium
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
Port of Oakland/Oakland International Airport Attn: Risk Transfer Office One Airport Drive Box 45 Oakland, CA 94621	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>31</u> 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

05/01/08

05/01/09

ORD 25 (2001/08) 1	of	2	#M441068
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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

If yes, describe under SPECIAL PROVISIONS below

oof of Coverage

OTHER

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

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

DARAM © ACORD CORPORATION 1988

X WC STATU-

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

\$1,000,000

	Clien	t#: 1253559		30	<u>3LUXORCAB</u>			
<u> </u>	CORD. CERTIF	CATE OF L				DATE (MM/DD/YY 11/24/2008		
PRODU	CER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			UED AS A MATTER OF			
BB&1	T-John Burnham Ins Services				RIGHTS UPON THE CE			
750 B	Street Suite 2400			HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
San D	Diego, CA 92101							
	31-1010		MOUDER	S AFFORDING CO	VEDAGE	NAIC #		
			·······					
NSURE			INSURER A:	Burlington Insu	rance Company	23620		
	Luxor Cabs Inc.		INSURER B:					
	2230 Jerrold Avenue		INSURER C:					
	San Francisco, CA 9412	4	INSURER D;		*******			
			INSURER E:					
OV/EF	RAGES		f indeviation			·····		
THE P ANY P MAY I	POLICIES OF INSURANCE LISTED BELC REQUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFORDED DIES, AGGREGATE LIMITS SHOWN MAY	OF ANY CONTRACT OR OTHE BY THE POLICIES DESCRIBE	R DOCUMENT WITH R D HEREIN IS SUBJECT	ESPECT TO WHICH T	HIS CERTIFICATE MAY BE I	SSUED OR		
R ADE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECT	VE POLICY EXPIRATIO	N Lin	ITS		
	GENERAL LIABILITY	- dramer r searchildenere	06/12/08	06/12/09	EACH OCCURRENCE	\$1.000.000		
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	X COMMERCIAL GENERAL LIABILITY					\$50,000		
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$5,000		
	X BI/PD Ded:2,500		1	1	PERSONAL & ADV INJURY	\$1,000,000		
ł				1	GENERAL AGGREGATE	\$2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:			1	PRODUCTS - COMP/OP AGG	\$2,000,000		
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	HIRED AUTOS				SODILY INJURY			
	NON-OWNED AUTOS				(Per accident)	\$		
					PROPERTY DAMAGE (Per accident)	\$		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
	ANY AUTO				OTHER THAN EA ACO AUTO ONLY:	\$		
					AUTO ONLY: AGG	\$		
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
	OCCUR CLAIMS MADE				AGGREGATE	\$		
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	DEDUCTIBLE		· ·			\$		
	RETENTION \$					\$		
NOR	KERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER			
	LOYERS' LIABILITY				E.L. EACH ACCIDENT	\$		
any (Offici	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?				EL, DISEASE - EA EMPLOYEE			
	, describe under CIAL PROVISIONS below			1 1				
SPEC DTHE					E.L. DISEASE - POLICY LIMIT	\$		
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IPTIC	ON OF OPERATIONS / LOCATIONS / VEHICLE	S / EXCLUSIONS ADDED BY ENDO	RSEMENT / SPECIAL PRO	VISIONS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
fica	te holder is named as addition	al insured as their inter	est may					
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	ATE HOLDER		CANCELLAT	ON Ten Day Noti	ce for Non-Payment of	of Premium		
TFIC			SHOULD ANY OF	THE ABOVE DESCRIBED	POLICIES BE CANCELLED BEF	ORE THE EXPIRATION		
TFIC	1			HE ISSUING INSURER W	ILL ENDEAVOR TO MAIL	DAYS WRITTEN		
TIFIC	County of San Francisco	••••••••••••••••••••••••••••••••••••••			ATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL DAYS WRITTEN			
TFIC	-	Dív	NOTICE TO THE C	DTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
TIFIC	Central Admin/Purchasing	Dív.				1		
TIFIC	Central Admin/Purchasing 1DR Cariton B.	Dîv.	IMPOSE NO OBLIG	ATION OR LIABILITY OF	ANY KIND UPON THE INSURER	, ITS AGENTS OR		
<u>TFIC</u>	Central Admin/Purchasing 1DR Cariton B. Goodlett Place	Dîv.	IMPOSE NO OBLIG	ATION OR LIABILITY OF S.		1		
IFIC	Central Admin/Purchasing 1DR Cariton B.	Dív.	IMPOSE NO OBLIG	ATION OR LIABILITY OF S.		, ITS AGENTS OR		

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Client#: 1253559	3U3LOXORCAB
ACORD. CERTIFICATE OF LIABI	LITY INSURANCE 02/02/09
FRODUCER BB&T - John Murnham Insurance Services 750 B Street, Suite 2400	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.
San Diago, CA 92101 800 421-6744	INSURERS AFFORDING COVERAGE NAIC #
Luxor Cab Company	INSURER & Mercury Casualty Co. INSURER D: By Authority of Mercury INSURER (7: Ins Group INSURER 0.

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWH HSTANDING 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 BHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

EIABB INSR	TYPE OF INSURANCE	POLICY NUMBER	DATE (MMDDIVY)	DATE INMIND/YY)	LINUT	I
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}			1		MPD FXP (Any one parson)	\$
	CLAIMS MADE GOODE	,]		PERSONAL & ADV INJURY	\$
	an a				O-NERAL AGGREGATE	5
	MEN'S AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGO	\$
	POUGY PRO-		10/12/08	10/12/09		
	Nature contract	W I 1	10, 11, 10		COMDIMED SINGLE LIMIT (Fo accident)	\$1,000,000
	ANY AUTO ALL OWNED AUTOS	-			BODIEY INJURY (Per person)	\$
	X SCIEDULED AUTOS				BODILY INJURY (Yor aucident)	\$
	NON OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
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	ANY AUTO			OTHER HAN EA ACC AINTO ONLY: AGG	<u>\$.</u> S	
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	EXCESSIONARELLA LIABOJTY				AGGREGATE	\$
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	PROPRIE FOR/PARTN/P//-XEGUTIVE			F	E.L. DISEASH - HA HMPLOYEE	<u>></u>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

	CANCELLATION
EVIDENCE OF COVERAGE ONLY	SHOULD ANY OF THE ABOVE DESCRIDED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISBUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> , DAYS WRITTEN NOTICE TO THE CERTIFICAYE HOLDER NAMED TO THE LEFT, DUT FAILURE TO DO 50 SHALL IMPOBE NO DELIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
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