

Consent: Item A

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



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 ATTENDANCE: 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 male 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

- **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, Breslin, 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 Dejani:** 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.
- **Sayad 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, Tom **No:** 0

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

Absent: Paek **Recuse:** 0

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.

- **Director Thigpen:** If the Commission has made an error it will make the change.

6. **Taxi Commission v. Tu Lam**, 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, Gillespie, Oneto, Suval, Tom
Absent: Paek

No: 0
Recuse: 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 condiseder 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:

- **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 Oneto:** Motion to adopt resolution
- **Com Suval:** Second motion

Ayes: Breslin, Gillespie, Oneto, Suval, Tom

No: Benjamin

Absent: Paek

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 Scheme:	Medallion Type:	Background 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

*Commission would be required to waive Notice rule

**Continued from January 27, 2009



MEMORANDUM

To: Honorable Commissioners
From: Jordanna Thigpen
Date: February 18, 2009
Re: 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. Sukovitzten, Alternative Fuel

2005: 840 hours
2006: 840 hours
2007: 850 hours
2008: 920 hours

- Mr. Sukovitzten is currently driving on a temporary A-Card.
- His A-Card was revoked on May 1, 2008 for Non-Payment.
- Mr. Sukovitzten 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.
- Mr. Sukovitzten 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

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 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) <u>Richard Benjamin Beal</u>				Type of Medallion Applying for: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) <u>E. CA 94109</u>					
Mailing Address (If different than residence address)					
Residence Phone Number: _____			Alternate Phone Number: _____		
Hours Available at this Number: <u>24</u>			Hours Available at this Number: _____		
Social Security Number		Other name(s) used			
California Driver's License Number / Expiration Year		Date of Birth		Place of Birth	
<u>[REDACTED]</u>		<u>[REDACTED]</u>		<u>Washington, D.C.</u>	
Race (optional)	Sex	Height	Weight	Eye Color	Hair Color
<u>[REDACTED]</u>	<input checked="" type="radio"/> M <input type="radio"/> F	<u>6'1"</u>	<u>175</u>	<u>Blue</u>	<u>Brown</u>
Color Scheme / Business Name <u>Luxor Cab</u>				Business Number <u>(415) 282-1241</u>	
Color Scheme / Business Address (Street Address, City, State, Zip) <u>2230 Jerrold Ave S.F. CA 94124</u>					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes					
What date was your permit (A-Card) first issued: <u>11/91</u>			Permit #: <u>P44-059834</u>		
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:					
Per MPC §1081(a)(3), do you hold or have you ever held any <u>other</u> permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, if yes, explain: <u>Taxi driver, Boston MA</u>					
Were you previously a medallion holder? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Medallion # _____ If you answered 'Yes' to the previous question, was the medallion permit ever revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, explain for what cause:					
Please describe why the public will not be properly served if this medallion is not granted (attach additional pages if necessary):					
<u>I have been a cab driver for 25 years (8 in Boston and 17 in S.F.) and I believe I am a good and effective provider of cab service to the public.</u>					

RECEIVED

OFFICE USE ONLY

Received by: <u>Daniel</u>	Receipt No: <u>124451</u>	Amount: <u>453</u>	Date: <u>JAN 2 2009</u>
Notice Date: <u>Feb 10, 2009</u>	Hearing Date: <u>Feb 24, 2009</u>	SAN FRANCISCO TAXI COMMISSION	

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residence addresses for last five years (List most recent first, attach additional pages if needed)

From Date To Date Residence Address (Street Address, City, State, Zip)

May 2003 - Present 1 [REDACTED] S.F. CA 94109

How long have you lived within a 30 mile radius of San Francisco? 17 years 2 months

How many years driving experience do you have in San Francisco? 17 years 11 months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date To Date Company Name Address (Street Address, City, State, Zip) Type of Work

12/04 Present Luxor Cab 2230 Jerrald Ave S.F. 94124 Cab driver

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ No ☒ Yes, if yes, provide the information required below.

(Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition
[REDACTED]			[REDACTED]

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

Do you have any physical impairments? ☒ No ☐ Yes, if yes describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

Luxor cab radio is, I believe the best cab
dispatch service in San Francisco

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

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

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

RB 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.

RB 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.

RB 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 21st day of January, 20 09 at San Francisco, California.

Richard B. Beal
Signature of Applicant

RECEIVED

JAN 22 2009

SAN FRANCISCO
TAXI 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 FORM

Applicant's Name (First, Middle, Last)		Phone
RICHARD BENJAMIN BEAL		
Residence Address (Street Address, City, State, Zip)		
SF, CA 94109		
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 name, address and phone number will be:

Name of Taxi Company	Business Address of Taxi Company (Street Address, City, State, Zip)	
LUXOR CAB	2230 JERROLO AVE, SF, CA	
Business Phone	Medallion Number	<input type="checkbox"/> Owner / Operator
(415) 282-4141		<input checked="" type="checkbox"/> Gas & Gate
		<input type="checkbox"/> 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 have been with Luxor for five years now
and very much like the radio service and the
management

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

Executed on January 21, 2009 at San Francisco, California.

Richard Benjamin Beal
Print Name of Applicant

Richard B. Beal
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder:		Title:
THOMAS J. STANGHELLINI		Operations Manager
The Color Scheme Holder / person authorized to sign for the Color Scheme Holder for LUXOR CAB		
Color Scheme Name		
I hereby give consent to the applicant named to use my color scheme.		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder		Date
Thomas J. Stanghellini		1-20-09

RECEIVED

JAN 28 2009

SAN FRANCISCO
TAXI COMMISSION

OFFICE USE ONLY

Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date

RECEIVED

JAN 22 2009

SAN FRANCISCO
TAXI COMMISSION



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

EXPIRES: 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.



CALIFORNIA
DRIVER LICENSE
CLASS: C

RICHARD BENJAMIN BEAL, III
SAN FRANCISCO, CA 94109

SEX: M HAIR: BRN
HT: 6-01 WT: 170 EYES: BRN

RSTR: CORR LENS

Richard Beal

Gavin Newsom | Mayor
Rev. Dr. James McCray Jr. | Chairman
Tom Nolan | Vice-Chairman
Cameron Beach | Director
Shirley Breyer Black | Director
Malcolm Heinicke | Director
Jerry Lee | Director
Bruce Oka | Director
Nathaniel P. Ford, Sr. | Executive Director/CEO

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:

Satisfactory

Experience driving a ramp taxi/knowledge of equipment:

Satisfactory

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

Satisfactory

Comments/Concerns:

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.

Sincerely,



Jeffrey Banks, Accessibility Projects Coordinator

cc: Griff Humphrey, PCC Advisory Committee Vice Chair

RAMP TAXI OPERATORS TRAINING CLASS

This certifies that

Richard Beal

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

RECEIVED

JAN 25 2008

SAN FRANCISCO
TAXI COMMISSION

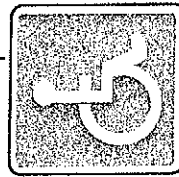
Cheryl Danico

Cheryl Danico
Certified Sensitivity PASS
Trainer

Laurie Graham

Laurie Graham
Certified Ramp Taxi PASS Trainer

Ramp



Qualified

Certificate #
2259

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

Applicant's Name (First, Middle, Last) James Noel Sukovitz		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 101 SF, CA, 94100			
Mailing Address (if different than residence address)			
Residence Phone Number		Alternate Phone Number (
Hours Available at this Number: NIGHT		Hours Available at this Number: DAY	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year 12-09		Date of Birth 3.1.51	
Race (Optional) White	Sex M/F	Height 6' 1"	Weight 170
Color Scheme / Business Name Luxor Cab		Eye Color Blue	Hair Color BRN-GREY
		Business Number (415) 282-4141	
Color Scheme / Business Address (Street Address, City, State, Zip)			

Are you a U.S. Citizen? ☒ Yes ☐ No, Alien Resident Card Number:

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? ☐ No ☒ Yes
If Yes -Date permit was issued: **1994** Permit #: **P44-054814**

Has this permit ever been revoked? ☒ No ☐ Yes, if yes, explain:

Per MPC §1081(a)(3), do you holds or have you ever held any other permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere? ☒ No ☐ Yes, if yes, explain:

Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary):

We need more cabs on the road would be #1. We need good driver like me. I play the Luxor radio, in the neighborhoods put-up wheel chair and 1000's of elderly. I also have a perfect driving record and no complaints. Plus I work for the #1 Cab. Co. Luxor!

RECEIVED

OFFICE USE ONLY

Received by: Daniel	Receipt No: 24734	Amount: \$121.00	Date: 11/2/94
Notice Date: 11/2/94	Hearing Date: 11/2/94		

TAXI COMMISSION

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residence addresses for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1995	NOW	1234 5th St. #301. SF, CA. 94103

How long have you lived within a 30 mile radius of San Francisco? 58 years months

How many years driving experience do you have in San Francisco? 25 years months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1991	NOW	LUXOR	mo Gerald	DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ No ☒ Yes, if yes, provide the information required below.

(Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition
1971	1971	S.F.	Summary

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

Do you have any physical impairments? ☒ No ☐ Yes, if yes describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

Were you previously a medallion holder? ☒ No ☐ Yes, If yes, was the medallion permit ever revoked? ☐ No ☐ Yes
If yes, it was revoked, explain for what cause:

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

I DRIVE WITH LUXOR who has a
complete GPS system / computer

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

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

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

J.S. 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.

J.S. 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.

J.S. 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 8th DAY 1-08-09 day of JANUARY, 20 09 at San Francisco, California.

James Sukit
Signature of Applicant

RECEIVED

JAN 08 2009

SAN FRANCISCO
TAXI 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 FORM	
Applicant's Name (First, Middle, Last) <u>JAMES NOEL SUKOVITZEN</u>	Phone <u>415 221 2215</u>
Residence Address (Street Address, City, State, Zip) <u>221, SF, CA</u>	
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 name, address and phone number will be:			
Name of Taxi Company <u>LUXOR CAB</u>	Business Address of Taxi Company (Street Address, City, State, Zip) <u>2230 JERROLD, SF, CA 94124</u>		
Business Phone (415) <u>282-4141</u>	Medallion Number	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> 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):

Because Luxor Cab is the #1 Company
and gives the best service to San
Francisco. Has the BEST RADIO - BEST
DRIVERS.

RECEIVED

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. JAN 08 2009

Executed on JAN. 8TH, 2009 at San Francisco, California SAN FRANCISCO TAXI COMMISSION

JAMES SUKOVITZEN
Print Name of Applicant

James Sukovitz
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: <u>THOMAS J. STANGHELLINI</u>	Title: <u>OPERATIONS MANAGER</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR CAB</u> <div align="right" style="margin-right: 50px;">Color Scheme Name</div> hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Thomas J. Stanghellini</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>1-8-2009</u> Date

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



SAN FRANCISCO POLICE DEPARTMENT TAXICAB DETAIL

DRIVER PUBLIC PASSENGER VEHICLE FOR HIRE TEMPORARY PERMIT

Permission is hereby given to JAMES N. SUKOVITZEN to operate as a "Driver
Public Passenger Vehicle" for LEXON Taxicab Company.

This temporary permit expires at 5:00 p.m. on ~~10-31-08~~ 1/31/09 TTX

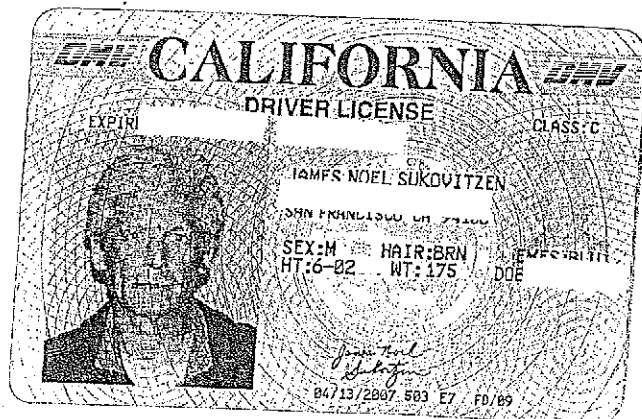
Issued on behalf of the San Francisco Taxicab Commission by Paul Makaveckas
Police Officer #1601
Code Enforcement MSR
of the San Francisco Police Taxicab Enforcement Unit.

Date of Issuance 7-31-08

RECEIVED

JAN 09 2009

SAN FRANCISCO
TAXI COMMISSION



TLA2 ACCT. NO: P44 054814 TAX ID	-	CENSUS	OLD# 052322
DBA LUXOR CAB	CERTIF NBR	DATE STARTED 07-16-02	
SITUS 0000 VARIOUS LOCATIONS	0000	DATE INACTIVATED 05-01-08	
OWNER SUKOVITZEN, JAMES NOEL	CARE OF		
ADDRESS :	SAN FRANCISCO, CA 94115		
CONDOMINIUM DISTRICT CODE	NON-MATCHING ADDRESS	UNIT COUNT	
PERMIT NO. 068540 SUB-CLASS	DESC. DRIVER-PUB.PASS.VEH.	ACCOUNT TYPE A	
COMMENT: REVOKED NONPAYMENT			
EXPIRE DTE	- - - -	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	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	71.50
BALANCE		0.00	0.00

P44 054814 RECORD RETRIEVED - ENTER CLASS-ACCOUNT FOR NEXT RECORD

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) VARINDER SINGH		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) [REDACTED] Union City, Ca 94587.			
Mailing Address (If different than residence address) SAME			
Residence Phone Number: [REDACTED]	Alternate Phone Num: [REDACTED]		
Hours Available at this Number: 2AM to 2AM	Hours Available at this Number: 2AM to 2AM		
Social Security Number [REDACTED]	Other name(s) used NONE		
California Driver's License Number / Expiration Year [REDACTED]	Date of Birth [REDACTED]	Place of Birth INDIA	
Race (Optional) Asian Indian	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height 5'6"	Weight 140LBS
		Eye Color BLK	Hair Color BLK
Color Scheme / Business Name TOWN TAXI		Business Number (415) 404-8900	
Color Scheme / Business Address (Street Address, City, State, Zip) 999 Pennsylvania Ave, SF, CA 94017			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Alien Resident Card Number: NA	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
What date was your permit (A-Card) first issued: Feb 1992		Permit #: P44-044686	
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per 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 and County of San Francisco or elsewhere? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain: NA			
Were you previously a medallion holder? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Medallion # NA If you answered 'Yes' to the previous question, has the medallion permit ever revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, If yes, explain for what cause: NA			
Please describe why the public will not be properly served if this medallion is not granted (attach additional pages if necessary): San Francisco is always busy for business and tourists. They always need cabs in neighbourhood, Hotels Airport, and in the downtown area. I been driving taxi long time. SF needs always experienced cab drivers.			

RECEIVED

OFFICE USE ONLY

Reviewed by: Daniel	Receipt No: 024486	Amount: 1207	Date: 02/19/97
Date: 02/19/97	Hearing Date: 02/19/97		

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residence addresses for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
JAN 1999	Present	1234 5th St Union City, CA 94587

How long have you lived within a 30 mile radius of San Francisco? 20 years 3 months

How many years driving experience do you have in San Francisco? 18 years 11 months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
2003	Present	TOWN TAXI	999 Pennsylvania Ave, SF, CA 94107	Cab Driver

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ No ☐ Yes, if yes, provide the information required below.
(Attach additional pages if needed)
Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition
NA	NA	NA	NA

Is your eyesight impaired? ☐ Yes ☒ No
Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☐ Yes ☒ No

Do you have any physical impairments? ☒ No ☐ Yes, if yes describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been, Addicted to the use of intoxicating liquor? ☐ Yes ☒ No Any Narcotic Drug? ☐ Yes ☒ No

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

Town Taxi dispatch 24 hours Radio dispatch.

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

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

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

V.S. 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.

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

V.S. 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 1st day of February, 20 09 at San Francisco, California.

Signature of Applicant

Varinder Singh

RECEIVED

FEB 03 2009

SAN FRANCISCO
TAXI 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 FORM

Applicant's Name (First, Middle, Last) VARINDER SINGH		Phone [REDACTED]
Residence Address (Street Address, City, State, Zip) [REDACTED] COURT, UNION CITY, CA 94587		
Mailing Address, if different from above (Street Address, City, State, Zip) SAME		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company TOWN TAXI	Business Address of Taxi Company (Street Address, City, State, Zip) 999 Pennsylvania Ave, SF, CA 94107		
Business Phone (415) 401-8900	Medallion Number UNKNOWN	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> 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 have been driving with this Cab Co. for last Ten years. Good dispatch throughout the City.

RECEIVED

FEB 03 2009

SAN FRANCISCO
TAXICAB COMMISSION

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 Feb 01, 2009 at San Francisco, California.

VARINDER SINGH
Print Name of Applicant

Varinder Singh
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: Jacob Mayzel	Title: Manager
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>SF Town Taxi</u> Color Scheme Name	
I hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>02-02-09</u> Date

OFFICE USE ONLY			
enda Notice Data	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
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.



CALIFORNIA
DRIVER LICENSE CLASS: C

EXPIRES: [REDACTED]

VARINDER SINGH
UNION CITY CA 94587

SEX: M HAIR: BLK EYES: BRN
HT: 5-06 WT: 140 DOB: [REDACTED]

Varinder Singh
08/26/2004 579 15 FD/09

JAN 29 2009

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

Applicant's Name (First, Middle, Last) EUGENE SAMSONOV		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SAN FRANCISCO, CA-94122			
Mailing Address (If different than residence address) SAME AS ABOVE			
Residence Phone Number: [REDACTED]		Alternate Phone Number: (415) [REDACTED]	
Hours Available at this Number: EVEN.		Hours Available at this Number: ANY	
Social Security Number: [REDACTED]		Other name(s) used: N/A	
California Driver's License Number / Expiration Year: [REDACTED]		Date of Birth: [REDACTED]	
Place of Birth: RUSSIA			
Race (Optional): W	Sex: <input checked="" type="radio"/> M / <input type="radio"/> F	Height: 5'-6"	Weight: 180LB
Eye Color: GRAY		Hair Color: GRAY	
Color Scheme / Business Name: TOWN TAXI		Business Number: (415) 401-8900	
Color Scheme / Business Address (Street Address, City, State, Zip) 999 PENNSYLVANIA ST. SAN FRANCISCO CA-94107			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Alien Resident Card Number: N/A	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
What date was your permit (A-Card) first issued: 2000		Permit #: 54048	
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per 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 and County of San Francisco or elsewhere? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Were you previously a medallion holder? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Medallion # _____ If you answered 'Yes' to the previous question, was the medallion permit ever revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain for what cause:			
Please describe why the public will not be properly served if this medallion is not granted (attach additional pages if necessary): I am a RESIDENT OF CITY OF SAN FRANCISCO FOR 30Y I HAVE BEEN A CAB DRIVER IN CITY OF SAN FRANCISCO BY IN BY I NEVER HAD A COMPLAINT FILED AGAINST ME. I LOVE MY CITY AND THE PEOPLE WHO LIVES IN THIS CITY. I HOPE THAT MY KNOWLEDGE OF CITY OF SAN FRANCISCO WILL PROVIDE A GREAT BENEFITS FOR THE BETTER SERVICE FOR THE RESIDENTS AND TOURISTS OF MY BELOVED CITY.			

RECEIVED

OFFICE USE ONLY

Received by: DANIEL	Receipt No: 24478	Amount: 402.00	Date: 4/21/01
Office Date: 4/21/01	Hearing Date: 4/21/01		

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residence addresses for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1980	present	SAN FRANCISCO CA-94122

How long have you lived within a 30 mile radius of San Francisco? 30 years _____ months

How many years driving experience do you have in San Francisco? 30 years _____ months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
2000	present	TOWN TAXI	999 PENNSYLVANIA AVE. SAN FRANCISCO, CA-94107	TAXI-DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ No ☐ Yes, If yes, provide the information required below.
(Attach additional pages if needed)
Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition
	N/A		

Is your eyesight impaired? ☐ Yes ☒ No
Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☐ Yes ☒ No

Do you have any physical impairments? ☒ No ☐ Yes, if yes describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No, Vertigo ☐ Yes ☒ No, Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been, addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

TOWN TAXI RADIO DISPATCH / GAS & GATE OPERATION

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

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

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

ES 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.

ES 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.

ES 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 02/04 day of FEBRUARY, 20 09 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED
FEB 09 2009
SAN FRANCISCO
TAXI 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 FORM

Applicant's Name (First, Middle, Last) EUGENE SAMSONOV		Phone [REDACTED]
Residence Address (Street Address, City, State, Zip) [REDACTED] 31 SAN FRANCISCO CA-94122		
Mailing Address, if different from above (Street Address, City, State, Zip) SAME AS ABOVE		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company TOWN TAXI		Business Address of Taxi Company (Street Address, City, State, Zip) 999 PENNSYLVANIA AV. SAN FRANCISCO, CA-94107	
Business Phone (415) 401-8900		Medallion Number UNKNOWN	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> 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):

BECAUSE I WAS WITH THIS COMPANY 9y.

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 **FEBRUARY, 4**, 20 **09** at San Francisco, California.

EUGENE SAMSONOV
Print Name of Applicant

Signature of Applicant
[Signature]

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: Jacob Mayzel	Title: Manager
I, the Color Scheme Holder, / person authorized to sign for the Color Scheme Holder for SF Town Taxi hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder [Signature]	Date 02/04/09

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed [Signature]
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date SAN FRANCISCO

RECEIVED

CALIFORNIA
DRIVER LICENSE
CLASS: C
EXPIRES: [REDACTED]
EUGENE LEONID SAMSONOV
SEX: M HAIR: BLK EYES: GRV
HT: 5-08 WT: 163 DOB: [REDACTED]
12/16/2008 235 RB FD/14



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.



FEB 04 2009

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

Applicant's Name (First, Middle, Last) MARCELOS DA FONSECA		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 1111 E - SAN FRANCISCO - CA - 94122			
Mailing Address (if different than residence address)			
Residence Phone Number: (415) 222-1111		Alternate Phone Number: (415) 222-1111	
Hours Available at this Number: 11:30AM - 02:00 PM		Hours Available at this Number: 12:00 NOON - 03:00 AM	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year 2009		Date of Birth	
Race (Optional)		Place of Birth BRAZIL	
Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 6'1"	Weight 200	Eye Color GREEN
Hair Color BLACK		Business Number (415) 282-3737	
Color Scheme / Business Name YELLOW CAB COOP.			
Color Scheme / Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI ST - SAN FRANCISCO - CA - 94107			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Alien Resident Card Number:	

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? ☐ No ☒ Yes
 What date was your permit (A-Card) first issued: **02-27-89** Permit #: **PAH-059224**
 Has this permit ever been revoked? ☒ No ☐ Yes, if yes, explain:

Per 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 and County of San Francisco or elsewhere? ☒ No ☐ Yes, if yes, explain:

Were you previously a medallion holder? ☒ No ☐ Yes, Medallion # _____ If you answered 'Yes' to the previous question, has the medallion permit ever revoked? ☐ No ☐ Yes, if yes, explain for what cause:

Please describe why the public will not be properly served if this medallion is not granted (attach additional pages if necessary):

I've been with Yellow Cab for 20 years. In my 20 year career I have dealt with my passengers in a courteous and professional manner. My geographical knowledge of the city and surrounding areas and my excellent driving record have allowed me to provide good and safe service local and out of town cab users throughout all these years. I am very proud of never being involved in an accident at my fault which can be attested to by Yellow Cab's management who has issued me safe driving awards (copies attached).

If I am granted this medallion, the pride of ownership, the awareness of my new responsibilities, my experience and my commitment to this profession will allow me to provide even greater quality of service and the public will be even better served. This medallion is not granted it will be a loss to the public because my experience is of great value to cab users.

OFFICE USE ONLY			
Reviewed by: AC	Receipt No. 029496	Amount \$1267.00	Date 2-9-89
Hearing Date			

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residence addresses for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
OCT. 1999	PRESENT	██████████ AVENUE - SAN FRANCISCO - CA 94122
		9 YEARS ON SAME ADDRESS.

How long have you lived within a 30 mile radius of San Francisco? 24 years 10 months

How many years driving experience do you have in San Francisco? 24 years 0 months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
FEB. 89	PRESENT	YELLOW CAB COOP	1200 MISSISSIPPI ST SAN FRANCISCO - CA 94107	TAXI DRIVER

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ No ☐ Yes, if yes, provide the information required below.

(Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No
Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☐ Yes ☒ No

Do you have any physical impairments? ☒ No ☐ Yes, if yes describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been, Addicted to the use of intoxicating liquor? ☐ Yes ☒ No Any Narcotic Drug? ☐ Yes ☒ No

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

THROUGH Yellow Cab 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? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

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

M.F. 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.

M.F. 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.

M.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 5th day of FEBRUARY, 20 09 at San Francisco, California.

Manuelos da Fonseca
(Signature of Applicant)

FEB 09 2009

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) MARCELOS DA FONSECA		Phone [REDACTED]
Residence Address (Street Address, City, State, Zip) [REDACTED] - SAN FRANCISCO - CA - 94122		
Mailing Address, if different from above (Street Address, City, State, Zip) [REDACTED]		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company YELLOW CAB COOP	Business Address of Taxi Company (Street Address, City, State, Zip) 1200 MISSISSIPPI ST - SAN FRANCISCO - CA - 94122		
Business Phone (415) - 282-3737	Medallion Number	Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> 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 HAVE BEEN WITH YELLOW CAB COOP FOR 20 YEARS. THEY HAVE THE BEST AND THE SAFEST EQUIPMENT. I INTEND TO STAY WITH YELLOW CAB FOR SURE.

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 **FEBRUARY, 5TH**, 20 **09** at San Francisco, California.

MARCELOS DA FONSECA
Print Name of Applicant

Marcelos da Fonseca
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

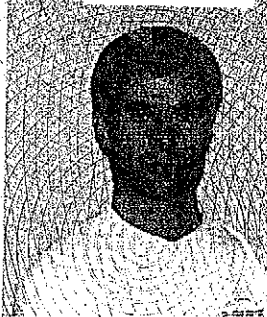
Name of person authorized to sign for Color Scheme Holder: RICHARD WENSA	Title: OPERATIONS MGR.
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for YELLOW CAB CO-OP Color Scheme Name	
hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder [Signature]	Date FEB 05 2009

OFFICE USE ONLY

Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

CALIFORNIA
DRIVER LICENSE CLASS: C

EXPI

 **MARCELOS DA FONSECA**
SAN FRANCISCO CA 94122

SEX: M HAIR: BLK EYES: GRN
HT: 6-02 WT: 170 DOB

Marcelo Da Fonseca
07/28/2004 235 RB FD/09



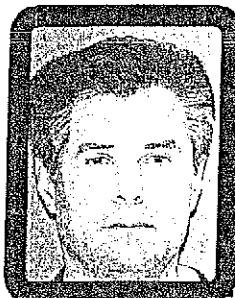
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: 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.



SEP 09 2009

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) ELIAS DEGAISH		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) ROAD OAKLAND, CA 94605			
Mailing Address (if different than residence address)			
Residence Phone Number: (510) [REDACTED]		Alternate Phone Number: (510) [REDACTED]	
Hours Available at this Number: EVENING		Hours Available at this Number: DAY TIME	
Social Security Number		Other name(s) used N/A	
California Driver's License Number / Expiration Year [REDACTED] 2013		Date of Birth [REDACTED]	
Place of Birth ETHIOPIA		Race (Optional) BLACK	
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F		Height 5-11	
Weight 187		Eye Color BROWN	
Hair Color BLACK		Color Scheme / Business Name COMFORT CAB	
Business Number ()		Color Scheme / Business Address (Street Address, City, State, Zip) 999 PENNSYLVANIA AVE. 94107-3451	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Resident Card Number:	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
What date was your permit (A-Card) first issued: 1-18-1980 Permit #: 41666 056683			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per 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 and County of San Francisco or elsewhere? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, if yes, explain: DROVE AIRPORT SHUTTLE			
Were you previously a medallion holder? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Medallion # 9069 If you answered 'Yes' to the previous question, was the medallion permit ever revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain for what cause:			
Please describe why the public will not be properly served if this medallion is not granted (attach additional pages if necessary):			
<p>I DON'T THINK THE PUBLIC WILL BE PROPERLY SERVED IF THE MEDALLION IS NOT GRANTED FOR THESE REASONS</p> <ul style="list-style-type: none"> I HAVE DRIVEN TAXI IN SF FROM JANUARY 1980 FOR MONTHS A YEAR AND FROM 1985 ON AGAIN. MAINTAINED CLEAN DMV RECORD AS A TAXI DRIVER AND NO CUSTOMER COMPLAINTS. KEPT CLEAN VEHICLE IN EXCELLENT CONDITION AS A TAXI DRIVER. I AM VERY KNOWLEDGABLE OF THE CITY INC. POINTS OF INTEREST FOR THE CITY OF SAN FRANCISCO I HAVE A RAMP MEDALLION NOW WITH NO ACCIDENTS. 			
OFFICE USE ONLY			
Received by: Daniel	Receipt No. 024997	Amount 912.67	Date 2/21/04
Notice Date 2/21/04	Hearing Date 2/21/04	(R)	

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residence addresses for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
7/1998	3/2009	ROAD OAKLAND, CA-94605

How long have you lived within a 30 mile radius of San Francisco? 21 years 4 months

How many years driving experience do you have in San Francisco? 15 years 8 months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
4/01	3/09	OWNER OPERATOR	999 PENNSYLVANIA AVE.	TAXI CAB
5/05	1/06	DESO TO CAB	555 SHERBY ST. SF. CA	DRIVING
7/06	10/08			

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ No ☐ Yes, if yes, provide the information required below.
(Attach additional pages if needed)
Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition
		N/A	

Is your eyesight impaired? ☐ Yes ☒ No
Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☐ Yes ☒ No

Do you have any physical impairments? ☒ No ☐ Yes, if yes describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been, addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

COMFORT CAB
CHECKER DISP. 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? ☒ Yes ☐ No

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

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

E.N. 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.

E.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.

E.N. 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 Monday day of JANUARY 26th, 20 09 at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

FEB 09 2009

SAN FRANCISCO
TAXI 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 FORM

Applicant's Name (First, Middle, Last) ELIAS B. NEGASH		Phone _____
Residence Address (Street Address, City, State, Zip) ROAD OAKLAND, CA 94605		
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 name, address and phone number will be:			
Name of Taxi Company COMFORT CAB	Business Address of Taxi Company (Street Address, City, State, Zip) 999 PENNSYLVANIA AVE. SF. CA 94107		
Business Phone (415) 641-1611	Medallion Number 9069	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> 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 AM ONE OF THE FOUNDER OF THE COLOR SCHEME AND CURRENTLY A SHAREHOLDER

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

Executed on **FEBRUARY 5th 2009**, 20 **09** at San Francisco, California.

ELIAS NEGASH Print Name of Applicant	 Signature of Applicant
--	----------------------------

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: JELCHA DURA SAMBO	Title: MANAGER

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for **COMFORT CAB**,
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.

 Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Date 02/05/09
--	----------------------

RECEIVED
FEB 09 2009
SAN FRANCISCO
TAXI COMMISSION

OFFICE USE ONLY			
Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Filed by:	Receipt No.	Amount	Date

RECEIVED

FEB 09 2009

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE CLASS: C

EXPIRES

ELIAS BEZABHE NEGASH
OAKLAND CA 94605

SEX: M HAIR: BLK EYES: BRN
HT: 5-11 WT: 180 DOB:

ELIAS NEGASH
07/24/2008 239 RB FD/13



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

EXPIRES: DECEMBER 31, 2009

ELIAS B. NEGASH

P44-056683 COMFORT CAB CO.



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) Raed A Sweis		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) Rancho Cordera CA 95670			
Mailing Address (If different than residence address) _____			
Residence Phone Number: (415) _____		Alternate Phone Number: _____	
Hours Available at this Number: morning		Hours Available at this Number: _____	
Social Security Number: _____		Other name(s) used: _____	
California Driver's License Number / Expiration Year: _____		Date of Birth: _____	
Place of Birth: Jordan		Race (Optional): _____	
Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height: 5.8	Weight: 130	Eye Color: Brown
Color Scheme / Business Name: Desert Cab		Business Number: (415) 9701405	
Color Scheme / Business Address (Street Address, City, State, Zip) 555 Selby St SF CA 94124			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Alien Resident Card Number: 433555846	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
What date was your permit (A-Card) first issued: around 1993 Permit #: P44-056658			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain: _____			
Per 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 and County of San Francisco or elsewhere? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain: _____			
Were you previously a medallion holder? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Medallion # 9007 If you answered 'Yes' to the previous question, was the medallion permit ever revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, If yes, explain for what cause: _____			
Please describe why the public will not be properly served if this medallion is not granted (attach additional pages if necessary): TAKE A LOT OF RADIO CALLS I take a lot of radio calls and I have been a taxi driver for about sixteen years that's about all I can say because			

OFFICE USE ONLY

Received by: Danette	Receipt No: _____	Amount: \$1207	Date: _____
Office Date: 11/10/08	Hearing Date: 11/20/08		

the public will be properly will served
because the excellent service I have been providing
in the last 16 years of experience

^{cab driver}
~~I have been driving for 16 years~~
I think the public will be very disappointed

~~I have been driving a taxi for 16 years~~

I think the public will be very disappointed

because I have been driving a taxi for

16 years and I have been doing

a good job as by taking a lot

of radio calls.

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residence addresses for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
Jan 31 05	2009	[REDACTED] cardena CA 95670
Jan 31 07	Jan 31 05	[REDACTED] Rancho Cardena CA 95670

How long have you lived within a 30 mile radius of San Francisco?

15 years months

How many years driving experience do you have in San Francisco?

16 years months

Are you physically qualified to drive a standard vehicle safely?

☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
Oct 05	2009	Desoto cab	555 Sedby St SF CA 94124	driver
Jan 02	Oct 05	Black/whit checker	999 penselcanna San Fran	driver

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☒ No ☐ Yes, if yes, provide the information required below.

(Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

Do you have any physical impairments? ☒ No ☐ Yes, if yes describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been,

addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☒ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

*I'm a full Time driver so cannot from the Fair
I get are from the Radio dispatch service*

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

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

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

PS 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.

PS 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.

PS 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 Tuesday the 3rd day of Feb, 20 09 at San Francisco, California.

Rael Garcia
Signature of Applicant

RECEIVED

FEB 04 2009

SAN FRANCISCO
TAXI 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 FORM

Applicant's Name (First, Middle, Last) RAED A SWEIS		Phone (415) [REDACTED]
Residence Address (Street Address, City, State, Zip) [REDACTED] CA 95670		
Mailing Address, if different from above (Street Address, City, State, Zip) [REDACTED] CA 95670		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company Desoto cab	Business Address of Taxi Company (Street Address, City, State, Zip) 555 selby st SAN FRANCISCO CA 94124		
Business Phone (415) 970-1405	Medallion Number	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> 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 HAVE BEEN AT DESOTO FOR 4 YEARS.
RADIO BUSINESS IS GOOD. and I love to play the radio
and the company is so far the best**

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

Executed on **Feb 3RD**, 20**09** at San Francisco, California.

Raed A Sweis
Print Name of Applicant

Raed A Sweis
Signature of Applicant

FEB 04 2009

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY		SAN FRANCISCO COMMISSION
Name of person authorized to sign for Color Scheme Holder: CINDY L. WARD		Title: GEN. MGR.
I am Color Scheme Holder / person authorized to sign for the Color Scheme Holder for DESOTO CAB CO.		Color Scheme Name
I 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.		
Cindy L. Ward Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder		February 3, 2009 Date

OFFICE USE ONLY			
Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Filed by:	Receipt No.	Amount	Date

RECEIVED

FEB 04 2009

SAN FRANCISCO
TAXI COMMISSION



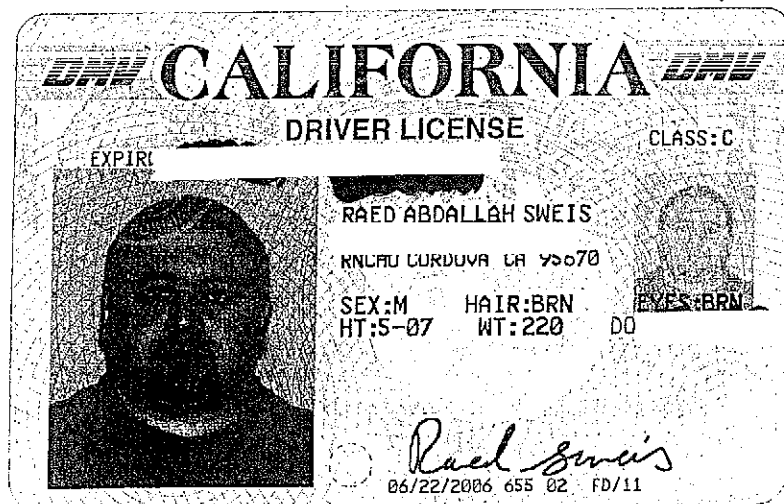
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

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) Ghanem Mahmoud Elmarshni				Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) Fremont, Ca/ 94539					
Mailing Address (If different than residence address) Same					
Residence Phone Number: ---			Alternate Phone No: ---		
Hours Available at this Number: 24 hrs.		Hours Available at this Number: 24 hrs.			
Social Security Number: ---		Other name(s) used NONE			
Permit License Number / Expiration Year ---			Date of Birth ---		Place of Birth Jordan
Race (Optional) ---	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 5'09	Weight 185	Eye Color BRN	Hair Color Gray
Color Scheme / Business Name Regents Cab Company				Business Number (415) 487-1004	
Color Scheme / Business Address (Street Address, City, State, Zip) 98 Pennsylvania, San Francisco, CA 94127					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Alien Resident Card Number: ---			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes					
What date was your permit (A-Card) first issued: Nov 1992 Permit #: P44-044898					
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:					
Per 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 and County of San Francisco or elsewhere? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:					
Were you previously a medallion holder? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Medallion # --- If you answered 'Yes' to the previous question, has the medallion permit ever revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain for what cause: ---					
Please describe why the public will not be properly served if this medallion is not granted (attach additional pages if necessary): If this Medallion is not granted the public will be limited in the amount of available transportation. Being an experienced taxi driver, not having a medallion will limit the amount of taxi service to S.F. neighborhoods because I am a "city driver" limited taxi service also causes long wait times for visitors to the city at San Francisco as well as the locals. I will operate an Alternative Fuel Car					

OFFICE USE ONLY			
Reviewed by: AG	Receipt No: 024510	Amount: 12675	Date: 2-11-04
Date: 2-11-04	Hearing Date: ---		

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residence addresses for last five years (List most recent first, attach additional pages if needed)

From Date To Date Residence Address (Street Address, City, State, Zip)

1975 Now ~~██████████~~ Fremont Cal. 94539

Same address For 34 Years

How long have you lived within a 30 mile radius of San Francisco?

34 years months

How many years driving experience do you have in San Francisco?

26 years months

Are you physically qualified to drive a standard vehicle safely?

☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date To Date Company Name Address (Street Address, City, State, Zip) Type of Work

1997 Now Regents Cab Co. 98 Pennsylvania Ave. Driver
San Francisco Ca. 94127

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ No ☒ Yes, if yes, provide the information required below.

(Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense

Date

Place of Arrest

Disposition

~~██████████~~

~~██████████~~

San Francisco

~~██████████~~

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

Do you have any physical impairments? ☒ No ☐ Yes, if yes describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No

Vertigo ☐ Yes ☒ No

Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been,

Addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

Yes I will provide an state existing radio Cab company

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

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

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

C.E. 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.

C.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.

C.E. 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 7th Feb. day of Feb., 2009 at San Francisco, California.

Chareem Eslam

Signature of Applicant

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
Ghanem Mahmoud Elmahshni		
Residence Address (Street Address, City, State, Zip)		
[Redacted] Ct. Fremont Ca. 94539		
Mailing Address, if different from above (Street Address, City, State, Zip)		
Same		

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company	Business Address of Taxi Company (Street Address, City, State, Zip)		
Regents Cab Co.	48 Pennsylvania, San Francisco, CA 94107		
Business Phone	Medallion Number	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	
(415) 487-1004			

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 Feb 07, 2009 at San Francisco, California.

Ghanem Elmahshni
Print Name of Applicant

Ghanem Elmahshni
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder:	Title:
Steven Anton	General Manager
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Regents Cab Co.	
Color Scheme Name	
I hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	Date
[Signature]	2-3-09

OFFICE USE ONLY			
enda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
orker's Comp Submitted	Insurance Submitted	Paint Chlps Submitted	Photos Submitted



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.



CALIFORNIA
DRIVER LICENSE CLASS: C

EXPIRES: 12/31/09

GHANEM MAHMOUD ELMASHNI
FREMONT CA 94539

SEX: M HAIR: GRY EYES: BRN
HT: 5-09 WT: 185 DOB: _____

RSTR: CORR LENS

Chah
09/11/2007 644 21 FD/12

6-683

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) LEONID DOLINSKY		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SAN BRUNO, CA 94066			
Mailing Address (If different than residence address)			
Residence Phone Number		Alternate Phone	
Hours Available at this Number: AFTER 5:30 p.m.		Hours Available at this Number: AFTER 5:30 p.m.	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth Ukraine			
Race (Optional) U	Sex (M) / F	Height 5'8"	Weight 165 lb
Color Scheme / Business Name United Cab Co.		Eye Color Brown	Hair Color Brown
Color Scheme / Business Address (Street Address, City, State, Zip) United Cab Co. 20 Heron St. S.F. CA 94103		Business Number (415) 552-8562	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Alien Resident Card Number:	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
What date was your permit (A-Card) first issued: 03/1994		Permit #: P44-046105	
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per 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 and County of San Francisco or elsewhere? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Were you previously a medallion holder? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Medallion # _____ If you answered 'Yes' to the previous question, was the medallion permit ever revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, If yes, explain for what cause:			
Please describe why the public will not be properly served if this medallion is not granted (attach additional pages if necessary): I have been driving taxi cab in the city of San Francisco for the last fifteen years. and I love my job. I enjoy driving people of our beautiful city and its guests. I'm a very good Radio player and I know the city very well. And when I am granted my permit I will work even harder and provide great service to all my passengers. I'm working the worst time in the city not getting all time to sleep. I'm working for the public. I help old people to get into the cab. the tourists I would like to show the best places in our beautiful city.			
OFFICE USE ONLY			
Received by: AC	Receipt No. 014515	Amount 1267.00	Date Feb 19 2007
Notice Date:		Hearing Date:	

I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☒ Yes ☐ No

List residence addresses for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Residence Address (Street Address, City, State, Zip)
12/02	present	Ln San Bruno, CA 94066

How long have you lived within a 30 mile radius of San Francisco? 16 years 2 months

How many years driving experience do you have in San Francisco? 16 years 0 months

Are you physically qualified to drive a standard vehicle safely? ☒ Yes ☐ No

List employment for last five years (List most recent first, attach additional pages if needed)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
04/94	present	United Cab Co	20 Heron, S.F. CA 94603	Cab driver
04/98	present	Poppers on the Pier	Pier 39 #161, S.F. CA 94133	Sales

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ No ☒ Yes, if yes, provide the information required below.
(Attach additional pages if needed)

Failure to provide full information relative to prior convictions, guilty pleas or not contest pleas may be considered cause to deny the permit.

Offense	Date	Place of Arrest	Disposition
	02-02-96	San Mateo	

Is your eyesight impaired? ☐ Yes ☒ No
Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☐ Yes ☒ No

Do you have any physical impairments? ☒ No ☐ Yes, if yes describe the impairment:

Have you ever had: Epilepsy ☐ Yes ☒ No Vertigo ☐ Yes ☒ No Heart Trouble ☐ Yes ☒ No

Are you now, or have you ever been, addicted to the use of intoxicating liquor? ☐ Yes ☒ No

Any Narcotic Drug? ☐ Yes ☒ No

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☒ Yes ☐ No

If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

National cab Co radio dispatch

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

If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? ☒ Yes ☐ No

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

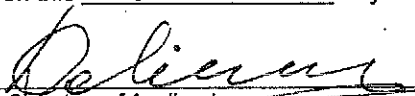
L.D. I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco, Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.

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

L.D. 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 31 day of January, 20 09 at San Francisco, California.


Signature of Applicant

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) LEONID DOLINSKY		Phone _____
Residence Address (Street Address, City, State, Zip) _____ n. San Bruno, CA 94066		
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 name, address and phone number will be:			
Name of Taxi Company United Cab Co	Business Address of Taxi Company (Street Address, City, State, Zip) 20 Heron St. San Francisco CA 94103		
Business Phone (415) 552-8562	Medallion Number _____	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> 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 work for United Cab Co from 04/94 till present time. I like this location and radio dispatch and I would like to continue working with the same company

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 31 of January, 2009 at San Francisco, California.

DOLINSKY _____
 Name of Applicant Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: TED TEHRANI	Title: GENERAL MANAGER
I, _____, as Color Scheme Holder / person authorized to sign for the Color Scheme Holder for _____, _____ by give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <i>Ted Tehrani</i>	Date 2.2.09

OFFICE USE ONLY			
Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

Consent: Item C

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

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

TAXICAB COLOR SCHEME CHANGE APPLICATION
San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME -- From: DELTA To: LUXOR

*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY -- COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>ERIC GRATTAN SCHAEFER</u>		Phone <u>550</u>
Residence Address (Street Address, City, State, Zip) <u>TUCSON, AZ 85712</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ()
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.			
Business Name <u>LUXOR CAB COMPANY</u>		Business Address (Street Address, City, State, Zip) <u>2230 JERROLD ST. SAN FRANCISCO, CA 94124</u>	
Business Phone <u>(415) 282-1224</u>		Medallion Number(s) <u>395</u>	<input type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input checked="" type="checkbox"/> Long Term Lease

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

DAVID VAN, SOLE PROPRIETOR OF DELTA CAB + ITS COLOR SCHEME HAS PASSED AWAY + THAT COMPANY WILL BE WOUND UP.

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

Executed this 29th day of JANUARY, 2009 at San Francisco, California

ERIC G. SCHAEFER
Print Name of Applicant

E. G. Schaefer
Signature of Applicant

***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <u>Martin B. Smith</u>	Title: <u>Color Scheme Manager</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Luxor Cab Co.</u> hereby give consent to the applicant named to use my color scheme. <small>(Taxicab Color Scheme)</small>	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Martin B. Smith</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>1-29-09</u> Date

***** OFFICE USE ONLY *****			
Agenda Notice Date <u>2.10.09</u>	Hearing Date <u>2.24.09</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted <u>Y</u>	Insurance Submitted <u>Y</u>	Paint Chips Submitted	Photos Submitted <u>2009</u>
Received by: <u>T.O/A.G</u>	Receipt No. <u>024481</u>	Amount <u>416.00</u>	Date

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

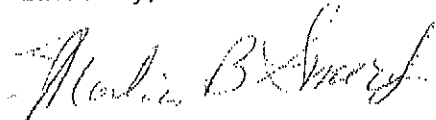
Re: Medallion 395

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,



Martin Smith
Operations Department

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
05/02/08

PRODUCER

UnionBanc Insurance Svcs, Inc.
50 B Street, Suite 2400
San Diego, CA 92101
602 421-6744

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

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Delos Insurance Company

35408

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURED

Luxor Cab Company
2230 Jerrold Avenue
San Francisco, CA 94124

COVERAGES

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

SR ADD'L R INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		05/01/08	05/01/09	X WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

Proof of Coverage

CERTIFICATE HOLDER

Port of Oakland/Oakland
International Airport
Attn: Risk Transfer Office One
Airport Drive Box 45
Oakland, CA 94621

CANCELLATION Ten Day Notice for Non-Payment of Premium

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

AUTHORIZED REPRESENTATIVE

Masoud Shahr

DARAM © ACORD CORPORATION 1988

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/24/2008
PRODUCER BB&T-John Burnham Ins Services 750 B Street Suite 2400 San Diego, CA 92101 619 231-1010		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Luxor Cabs Inc. 2230 Jerrold Avenue San Francisco, CA 94124		
		INSURERS AFFORDING COVERAGE
		INSURER A: Burlington Insurance Company
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		NAIC # 23620

COVERAGES

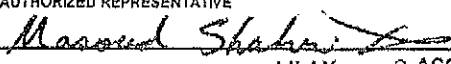
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:2,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		06/12/08	06/12/09	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder is named as additional insured as their interest may appear.

CERTIFICATE HOLDER**CANCELLATION Ten Day Notice for Non-Payment of Premium**

County of San Francisco Central Admin/Purchasing Div. 1DR Carlton B. Goodlett Place San Francisco, CA 94102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</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 
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Client#: 1253559

303LUXORCAB

ACORD CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
02/02/09

PRODUCER BB&T - John Burnham Insurance Services 750 B Street, Suite 2400 San Diego, CA 92101 800 421-6744		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Luxor Cab Company 2230 Jerrold Avenue San Francisco, CA 94124		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Mercury Casualty Co.	
		INSURER B: By Authority of Mercury	
		INSURER C: Ins Group	
		INSURER D:	
		INSURER E:	

COVERAGES

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

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

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

CERTIFICATE HOLDER

EVIDENCE OF COVERAGE ONLY

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Masoud Shaban

LILAY

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