

Consent Item: E

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

| Applicant: | Color Scheme: | Medallion Type: | Background Check: |
|-----------------------|----------------------|----------------------------|------------------------------|
| 1. Bayramali Sen | Metro Cab | Alt. Fuel | Cleared |
| 2. Jian X. Zhou | Bay Cab | Alt. Fuel | Pending Clearance |
| 3. Sukhdev S. Attal | Yellow Cab Co- Op | Alt. Fuel | Pending Clearance |
| 4. Yury Smilovitsky | United Cab | Alt. Fuel | Pending Clearance |
| 5. Orlando P. David | Luxor Cab | Alt. Fuel | Cleared |
| 6. Aleksandr Malinsky | Town Taxi | Alt. Fuel | Pending Clearance |
| 7. Mohsen Hassan | Royal Taxi | Alt. Fuel | Cleared |

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

| | | | |
|--|---|--|--------------------------|
| Applicant's Name (First, Middle, Last) BAYRAMALI Sen | | Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp | |
| Residence Address (Street Address, City, State, Zip) | | | |
| Mailing Address (if different than residence address) | | | |
| Residence Phone Number: () - - - - - | | Alternate Phone Number: () - - - - - | |
| Hours Available at this Number: P.M. | | Hours Available at this Number: A.M. | |
| Social Security Number | | Other name(s) used BAYRAMALI SABANOV; STEVE ELLIS | |
| California Driver's License Number / Expiration Year | | Date of Birth | |
| Place of Birth | | | |
| Race (Optional) | Sex <input checked="" type="radio"/> M <input type="radio"/> F | Height 5'06" | Weight 180 |
| | | Eye Color BRN | Hair Color BLK |
| Color Scheme / Business Name METRO CAB | | Business Number (415) 648-8500 | |
| Color Scheme / Business Address (Street Address, City, State, Zip) 2121 EVANS AVE SAN FRANCISCO CA 94124 | | | |
| 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: 1989 Permit #: 046514 | | | |
| Has this permit ever been revoked?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 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 nineteen years and have never had a complaint. If I receive a medallion the spirit of Proposition K will be upheld. Were I denied a medallion the spirit of Prop. K would not be upheld. | | | |

OFFICE USE ONLY

| | | | |
|------------------------------|------------------------------|------------------------|-----------------------|
| Received by: AG | Receipt No: 024438 | Amount: 1267.00 | Date: 01/27/09 |
| Notice Date: 01/27/09 | Hearing Date: 2/10/09 | | |

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) |
|-----------|----------|--|
| Sep 2006 | present | 450 - 12th St |
| MAY 2004 | Sep 2006 | 1400 14th St |
| APR 1996 | MAY 2004 | 1400 14th St |
| | | |
| | | |
| | | |

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

How many years driving experience do you have in San Francisco? 22 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 |
|-----------|----------|--------------|--|--------------|
| Sep 2006 | present | METRO CAB | 2121 EVANS SF CA 94124 | driver |
| 2002 | JAN 2004 | ROYAL CAB | 2121 EVANS SF CA 94124 | driver |
| | | | | |
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| | | | | |

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 |
|---------|------|-----------------|-------------|
| | | | |
| | | | |
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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:

MISSING 1 finger from the factory job.

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 will be using City Wide 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.

A 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.

A 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.

A 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 31st day of DECEMBER, 2008 at San Francisco, California.

Signature of Applicant

Ban A. Sam

RF 30
JAN 1 9 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) <u>BAYRAMALI Sen</u> | | Phone <u>415 648-8500</u> |
| Residence Address (Street Address, City, State, Zip) <u>1234 5th Ave, San Francisco, CA 94114</u> | | |
| Mailing Address, if different from above (Street Address, City, State, Zip) <u>1234 5th Ave, San Francisco, CA 94114</u> | | |

| | | | |
|---|---|---|--|
| 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>METRO CAB INC</u> | Business Address of Taxi Company (Street Address, City, State, Zip) <u>2121 EVANS ST, CA 94124</u> | | |
| Business Phone <u>(415) 648-8500</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):

I have driven at Metro several of the last 10 years and am satisfied that my medallion will be operated in the appropriate manner.

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 DEC 31, 2008 at San Francisco, California.

BAYRAMALI Sen
Print Name of Applicant

Ban A. Sen
Signature of Applicant

| TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY | |
|--|------------------------|
| Name of person authorized to sign for Color Scheme Holder: <u>Richard Hynds</u> | Title: <u>Prop.</u> |
| I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Metro Cab</u> 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. | |
| <u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder | <u>1.12.08</u> Date |

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



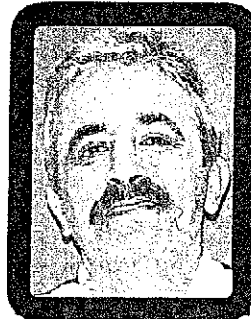
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2009

BAYRAMALI SEN

P44-046514 METRO 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

EXPIRES CLASS: C

BAYRAMALI SEN

SEX: M HAIR: BLK EYES: BRN
HT: 5-06 WT: 180 DO:

Bayramali Sen
06/13/2008 599 31 FD/13

JAN 13 2009

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

| | | | |
|---|--------------------------------------|--|----------------------------|
| Applicant's Name (First, Middle, Last) LIAN XUAN ZHOU | | Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp | |
| Residence Address (Street Address, City, State, Zip) | | | |
| Mailing Address (If different than residence address) | | | |
| Residence Phone Number: (415) _____ | | Alternate Phone Number: (____) _____ | |
| Hours Available at this Number: | | 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 | | Race (Optional) | |
| Sex <input checked="" type="radio"/> M <input type="radio"/> F | | Height: 5-06 | |
| Weight: 135 | | Eye Color: BRN | |
| Hair Color: BLK | | Color Scheme / Business Name BAY CAB | |
| Business Number (415) 206-1908 | | Color Scheme / Business Address (Street Address, City, State, Zip) 999 PENNSYLVANIA AVE 94107-3451 | |
| 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: 1993 | | Permit #: 64-178 | |
| 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 # 9068 | | | |
| 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 BELIEVE THE PUBLIC WILL NOT BE PROPERLY SERVED IF THIS MEDALLION IS NOT GRANTED FOR THE FOLLOWING REASONS: - LICENSED TAXI DRIVER SINCE 1994, WITH A RAMP MEDALLION SINCE 2001 - MAINTAINED CLEAN DMV RECORD AS A TAXI DRIVER AND HAVE HAD NO CUSTOMER COMPLAINTS - CONSTANTLY KEPT A CLEAN VEHICLE IN EXCELLENT CONDITION AS A TAXI DRIVER - VERY KNOWLEDGEABLE OF ALL LAND MARKS, RESIDENCES, AND POINTS OF INTEREST IN THE CITY OF SAN FRANCISCO I THANK YOU FOR YOUR CONSIDERATION AND FOR ALLOWING ME TO SERVE THE PUBLIC OF SAN FRANCISCO | | | |
| OFFICE USE ONLY | | | |
| Received by Danielle | Receipt No. 624453 | Amount \$1207 | Date JAN 28 2009 |
| Notice Date Jan 27th 2009 | Hearing Date Feb 10th 2009 | | |

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) |
|-----------|---------|--|
| 1-10-02 | 1-11-09 | |
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How long have you lived within a 30 mile radius of San Francisco? 22 years 1 months

How many years driving experience do you have in San Francisco? 23 years 2 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 |
|-----------|---------|--------------|--|--------------|
| 1-6-04 | 1-11-09 | BAY CAB | 94107 999 PENNSYLVANIA AVE | TAXI-DRIVER |
| | | | | |
| | | | | |
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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 | |
| | | | |
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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 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.

JXZ 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.

JXZ 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.

JXZ 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 15 day of JAN, 20 09, at San Francisco, California.

[Signature]
Signature of Applicant

RECEIVED

JAN 16 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>JIAN XUAN ZHOU</u> | Phone |
| Residence Address (Street Address, City, State, Zip) | |
| 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>BAY CAB</u> | Business Address of Taxi Company (Street Address, City, State, Zip) <u>999 PENNSYLVANIA AVE 94107-3451</u> | | |
| Business Phone <u>(415) 206-1908</u> | 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):

5 YRS. DRIVING, WITH SAME CO.
BAY CAB. HELPED ME WITH THE PURCHASE OF MY LAST RAMP VAN.
MANAGEMENT IS ALWAYS AVAILABLE TO SERVE THE DRIVER
24 HOURS A DAY. WHEN WE NEED SERVICE, THE CO. IS
THERE TO HELP, AND FOR THOSE REASONS, I'D LIKE TO
REMAIN WITH BAY CAB.

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 15 JAN, 20 09 at San Francisco, California.

JIAN XUAN ZHOU
Print Name of Applicant

[Signature]
Signature of Applicant

| TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY | |
|---|------------------------|
| Name of person authorized to sign for Color Scheme Holder: <u>ROGER CARDENAS</u> | Title: <u>MMGR.</u> |
| I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAY CAB INC.</u> 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. | |
| <u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder | <u>1-14-09</u> Date |

RECEIVED

| 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 |

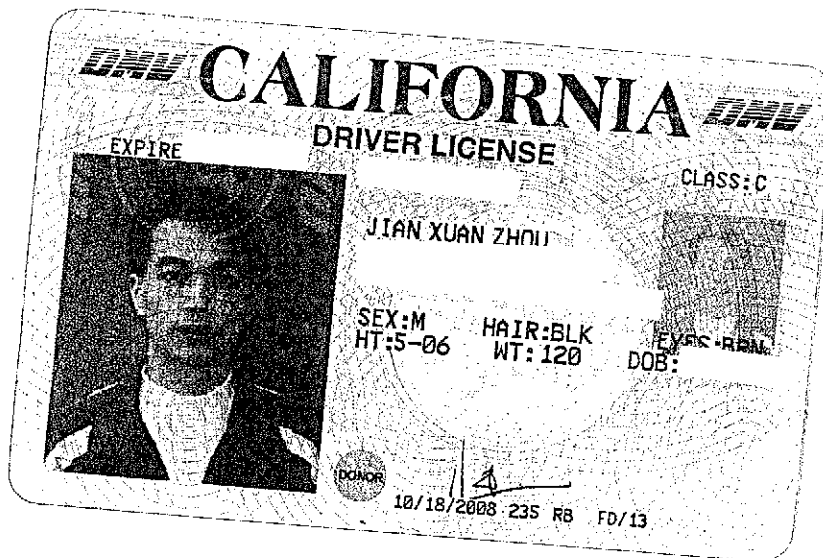
JAN 16 2009

SAN FRANCISCO
TAXICAB COMMISSION

RECEIVED

JAN 16 2009

SAN FRANCISCO
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2009

JIAN X. ZHOU

P44-064178 SUNSHINE CAB CO.

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



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

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|---|---|--|---|--|--------------------------|
| Applicant's Name (First, Middle, Last) SLIKHDEV S. ATTAL | | | | Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp | |
| Residence Address (Street Address, City, State, Zip) | | | | | |
| Mailing Address (If different than residence address) AS ABOVE | | | | | |
| Residence Phone Number: | | | Alternate Phone Number: | | |
| Hours Available at this Number: 7AM to 8PM | | | Hours Available at this Number: 8PM to 7AM | | |
| Social Security Number | | Other name(s) used None | | | |
| California Driver's License Number / Expiration Year | | | Date of Birth | | Place of Birth |
| Race (Optional) | Sex <input checked="" type="radio"/> M <input type="radio"/> F | Height 5'10" | Weight 240 | Eye Color BLK | Hair Color BLK |
| Color Scheme / Business Name YELLOW CAB COOPERATIVE | | | | Business Number (415) 282-3737 | |
| Color Scheme / Business Address (Street Address, City, State, Zip) 1200 MISSISSIPPI ST. SF. CA 94107 | | | | | |
| 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: NOV 05, 1991 Permit #: 62419 | | | | | |
| 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 # NA 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: NA | | | | | |
| Please describe why the public will not be properly served if this medallion is not granted (attach additional pages if necessary): Because there is a shortage of cabs in SF. Passengers have to wait long time for cab. I have been driving cab more than seventeen years in the city and County of San Francisco. I have that of experience to deal with passengers. I will serve the public in a better way and transport the passengers with honest, safe, secure and pleasant way to satisfy their all needs. | | | | | |

RECEIVED

| OFFICE USE ONLY | | | |
|---------------------------------|---------------------------------|-------------------------|-------|
| Received by: Danille | Receipt No: 02448 | Amount: \$207 | Date: |
| Notice Date: 01/11/09 | Hearing Date: 2/10/09 | | |

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) |
|-----------|----------|--|
| 06/06/07 | Present | |
| 09/08/05 | 06/06/07 | |
| 10/01/02 | 09/08/05 | |
| | | |
| | | |
| | | |

How long have you lived within a 30 mile radius of San Francisco? 20 years 02 months

How many years driving experience do you have in San Francisco? 17 years 02 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 |
|------------|------------|------------------|--|-----------------|
| 06/01/2008 | Present | Yellow Cab Corp. | 1200 Mississippi St. SF CA 94107 | Taxi Cab Driver |
| 10/01/1997 | MAY 31, 08 | Metso Cab Co | 2121 Evans Ave, Suite 2, SF, CA 94114 | Taxi 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 |
|---------|------|-----------------|-------------|
| | | | |
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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 will use yellow cab coop for a computerised 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.

SS 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.

SS 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.

SS 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 13th day of JANUARY, 20 09 at San Francisco, California.

Alexander Sisk Attel
Signature of Applicant

RECEIVED

JAN 15 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) SUKHDEV SINGH ATTAL | | Phone () - - - - |
| Residence Address (Street Address, City, State, Zip) | | |
| 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 Yellow Cab Corp. | Business Address of Taxi Company (Street Address, City, State, Zip) 1200 MISSISSIPPI ST. SF CA 94104 | |
| Business Phone (415) 282-3737 | 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):

Good dispatch City wide. Conveniently Credit Card
accepting system.

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 JANUARY 13, 20 09 at San Francisco, California.

SUKHDEV S. ATTAL
Print Name of Applicant

Sukhdev S. Attal
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

| | |
|---|------------------------|
| Name of person authorized to sign for Color Scheme Holder: <u>Hal Mellegaard</u> | Title: <u>GM</u> |
| I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Hal Mellegaard</u> 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. | |
| <u>Hal Mellegaard</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder | <u>1/17/09</u> Date |

RECEIVED

JAN 25 2009

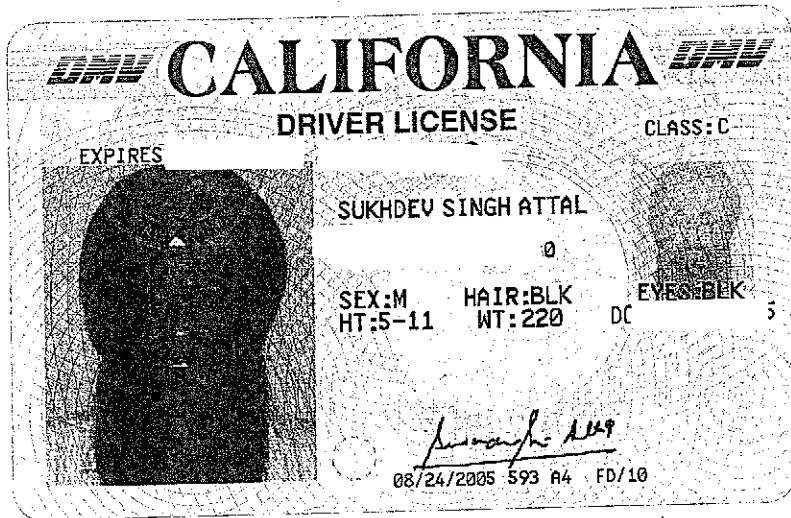
OFFICE USE ONLY

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

REC

JAN 15 2009

SAN FRANCISCO
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2009

SUKHDEV S. ATTAL

P44-062419 YELLOW CAB CO

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



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

| | | | |
|--|----------------------|--|--|
| Applicant's Name (First, Middle, Last) Gury Smilovitski | | Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp | |
| Residence Address (Street Address, City, State, Zip) | | | |
| Mailing Address (if different than residence address) | | | |
| Residence Phone Number: | | Alternate Phone Number: (415) _____ | |
| Hours Available at this Number: At night | | Hours Available at this Number: 24 HRS | |
| Social Security Number: _____ | | Other name(s) used | |
| California Driver's License Number / Expiration Year | | Date of Birth | |
| Place of Birth | | 15 | |
| Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F | Height 6'0 | Weight 180 | Eye Color Brown |
| Hair Color Black | | | |
| Color Scheme / Business Name Orange & Blue United Cab Co | | | Business Number (415) 552-8562 |
| Color Scheme / Business Address (Street Address, City, State, Zip) Orange & Blue 20 Heron | | | |
| 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: 1-24-1995 Permit #: | | | |
| 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? ☒ No ☐ Yes, if yes, explain:

Were you previously a medallion holder? ☒ No ☐ Yes, Medallion # _____ If you answered 'Yes' to the previous question, was 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):

*If this medallion is not issued, a life long, courteous, friendly, respectable, honest, pleasant conversation-
-alist, abreast on all current topics would most likely
lose interest in the business. On a daily occurrence
I am told by my passengers that I'm either the
nicest or best cab driver they have ever had and I
am sure they would want to see me prosper so I
could continue to serve my hometown of San
Francisco. If I was replaced by any other driver,
the quality of service to the San Francisco public
would suffer. My General knowledge of San Francisco and its*

OFFICE USE ONLY

| | | | |
|---------------------------------|----------------------------------|------------------------|-------------|
| Received by: [Signature] | Receipt No: 024-52 | Amount: 1267.00 | Date: _____ |
| Notice Date: Jan 27 2009 | Hearing Date: Feb 10 2009 | | |

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) |
|-----------|---------|--|
| 6-89 | Now | 10151 Divisadero St. S.F. CA 94115 |
| | | |
| | | |
| | | |
| | | |
| | | |

How long have you lived within a 30 mile radius of San Francisco? 28 years _____ months

How many years driving experience do you have in San Francisco? 14 years 1 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 |
|-----------|---------|------------------|--|-----------------|
| 2004 | Now | United Cab | 20 Heron St SF CA 94106 | Driver |
| 2006 | Now | Trust Auto Sales | 7361 Mission St Daly City | Part time 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 |
|---------|------|-----------------|-------------|
| | | | |
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| | | | |

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

JAN 15 2009

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 will use national Radio 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.

VS 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.

VS 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.

VS 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 12 day of January, 20 09 at San Francisco, California.

Gary Smilovitsky
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) <u>YURY A. Smilovitskiy</u> | Phone <u>415-552-8562</u> |
| Residence Address (Street Address, City, State, Zip) <u>1011 Union St, San Francisco, CA 94103</u> | |
| Mailing Address, if different from above (Street Address, City, State, Zip) <u></u> | |

| 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>United Cab Co</u> | Business Address of Taxi Company (Street Address, City, State, Zip) <u>20 Huron St SF CA 94103</u> | | |
| Business Phone <u>(415) 571-7688</u> <u>(415) 552-8562</u> | Medallion Number <u></u> | <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 have driven for this company for many years
and like the people I work with.

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 1-12-09, 2009 at San Francisco, California.

YURY Smilovitskiy
Print Name of Applicant

[Signature]
Signature of Applicant

| TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY | |
|---|----------------------------------|
| Name of person authorized to sign for Color Scheme Holder: <u>TED TEHRANI</u> | Title: <u>GENERAL MANAGER</u> |
| I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>UNITED CAB CO.</u> 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. | |
| <u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder | <u>1-14-09</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 |

CALIFORNIA
DRIVER LICENSE CLASS: C

EXPIRES

YURY SMILOVITSKY

SEX: M HAIR: BLK EYES: BRN
HT: 6-00 WT: 180 DOB

01/24/2008 599 E1 FD/13



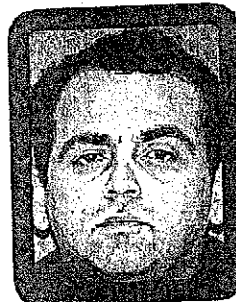
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2009

YURY SMILOVITSKY

P44-064348 UNITED 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.



REC'D
JAN 16 2009

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

| | | | |
|--|--|--|--|
| Applicant's Name (First, Middle, Last) ORLANDO PUNZALANG DAVID | | Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp | |
| Residence Address (Street Address, City, State, Zip) | | | |
| Mailing Address (If different than residence address) | | | |
| Residence Phone Number: () | | Alternate Phone Number: () | |
| Hours Available at this Number: 24 | | Hours Available at this Number: 20 | |
| Social Security Number | | Other name(s) used N/A. | |
| California Driver's License Number / Expiration Year | | Date of Birth | |
| Place of Birth | | Place of Birth | |
| Sex <input checked="" type="radio"/> M <input type="radio"/> F | | Height 5'8" | |
| Weight 175 | | Eye Color Brown | |
| Hair Color Black | | Business Number (415) 282-1224 | |
| Color Scheme / Business Name Lulu's Cab Company | | Business Number | |
| Color Scheme / Business Address (Street Address, City, State, Zip) 2230 JERROLD AVE SAN FRANCISCO, CA 94124 | | | |
| 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: 03-30-93 Permit #: PH4-048233 | | | |
| 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 # 9065 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): The public will miss out on a good, safe, polite driver who cares about the welfare of his passengers. | | | |

OFFICE USE ONLY

| | | | |
|--------------------------------|---------------------------------|---------------------------|-----------------------------|
| Received by: AG | Receipt No: 024450 | Amount: 1267.00 | Date: JAN 10 2008 |
| Notice Date: 1-27-08 | Hearing Date: 2-10-08 | | |

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)

How long have you lived within a 30 mile radius of San Francisco? 27 years 4 months

How many years driving experience do you have in San Francisco? 24 years 3 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

03-25-93 Present Lyter Cab Company 2230 Terrold Ave San Francisco 94104 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 |
|------------|------|-----------------|-------------|
| <u>N/A</u> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

RECEIVED

JAN 13 2009

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 will stay with Lutor Cab Company, which have
a 24-hour Radio/Computer 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.

C.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.

C.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.

C.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 January day of 13, 20 09 at San Francisco, California.

Orlando P. David

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) ORLANDO PUNZALANG DAVID | Phone |
| Residence Address (Street, City, State, Zip) | |
| 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 LUXOR CAB | Business Address of Taxi Company (Street Address, City, State, Zip) 2230 JERROLD Ave, SF, CA 94124 | | |
| Business Phone (415) 282-4141 | 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):

Luxor Cab company has a lot of regular customer,
good dispatch and number one company in S.F. city.

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 JAN 13th, 2009 at San Francisco, California.

ORLANDO P. DAVID
Print Name of Applicant

Orlando P. David
Signature of Applicant

| TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY | |
|---|-------------------------------------|
| Name of person authorized to sign for Color Scheme Holder: THOMAS J. STANGHELLINI | Title: OPERATIONS Manager |
| I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR CAB C</u> 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. | |
| <u>Thomas Stanghellini</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder | <u>1-13-09</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 |



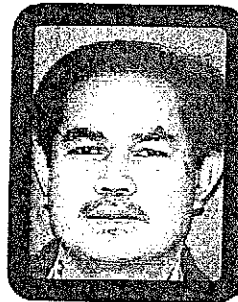
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2009

ORLANDO P DAVID

P44-048283 LUXOR 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

EXPIRE CLASS: C

ORLANDO PUNZALANG DAVID

SEX: M HAIR: BLK EYES: BRN
HT: 5-08 WT: 170 DOB:

Orlando P. David

01/03/2006 599 47 FD/11

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

| | | | |
|---|---|--|----------------------|
| Applicant's Name (First, Middle, Last) ALEX MALINSKY | | Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp | |
| Residence Address (Street Address, City, State, Zip) | | | |
| Mailing Address (if different than residence address) | | | |
| Residence Phone Number | | Alternate Phone Number | |
| Hours Available at this Number: 5PM-10PM | | Hours Available at this Number: 8AM-7PM | |
| Social Security Number | | Other name(s) used | |
| California Driver's License Number / Expiration Year | | Date of Birth | |
| Place of Birth | | | |
| Race (Optional) W | Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F | Height 6-02 | Weight 198 |
| Eye Color BLUE | | Hair Color GRAY | |
| Color Scheme / Business Name SF Town Taxi, Inc. | | Business Number (415) 401-8900 | |
| Color Scheme / Business Address (Street Address, City, State, Zip) 999 Pennsylvania Ave 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)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |
| What date was your permit (A-Card) first issued: 1994 | | Permit #: 944-046840 | |
| 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 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 offering to the public my 15 years of spotless experience as a cab driver. My love for the city I've been leaving in for the past 18 years, my compassion and care for the citizens of San Francisco I am serving. This medallion can help every body. disabled going to Hospital food Bay and every body enjoy this life city S.F. and this medallion | | | |

| OFFICE USE ONLY | | | |
|--------------------------------|--------------------------------|--------------------------|-------------------------|
| Received by: AG | Receipt No. 024455 | Amount 1267.00 | Date 11-12-09 |
| Notice Date: 1-27-09 | Hearing Date 2-10-09 | | |

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) |
|-----------|---------|--|
| 4/2003 | Present | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

How many years driving experience do you have in San Francisco? 18 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 |
|-----------|---------|--------------|--|--------------|
| 5/2005 | Present | SF Town Taxi | 999 Pennsylvania Ave | Driver |
| 1999 | 4/2005 | Desoto CAB | | Driver |
| | | Yellow CAB | | |
| | | | | |
| | | | | |
| | | | | |

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 |
|---------|------|-----------------|-------------|
| | | | |
| | | | |
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| | | | |
| | | | |

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

RECEIVED
JAN 31 2008

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)

Radio cab company
town cab co

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.

Am 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.

Am 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.

Am 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 27 day of January, 20 09 at San Francisco, California.

A. Martinez

Signature of Applicant

RECEIVED

JAN 27 2009

SAN FRANCISCO
CITY CLERK



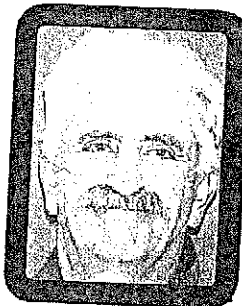
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2009

ALEKSANDR MALINSKY

P44-046840 TOWN TAXI 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

EXPIRES CLASS: C

ALEX MALINSKY

SEX: M HAIR: GRY EYES: BLU
HT: 6-02 WT: 198 DOB:

Alex Malinsky
10/14/2005 503 A8 FD/10

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

| | | | | | | | | | |
|--|--|---------------------|-----------------------|----------------------|--|--|--|--|--|
| Applicant's Name (First, Middle, Last) MOHSEN HASSAN | | | | | Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp | | | | |
| Residence Address (Street Address, City, State, Zip) | | | | | | | | | |
| Mailing Address (If different than residence address) | | | | | | | | | |
| Residence Phone Number: | | | | | Alternate Phone Number: | | | | |
| Hours Available at this Number: 24 HOURS | | | | | Hours Available at this number: 24 HOURS | | | | |
| Social Security Number | | | | | Other name(s) used | | | | |
| California Driver's License Number / Expiration Year | | | | | Date of Birth | | Place of Birth | | |
| Race (Optional) white | | Sex (M) F | Height 5'10 | Weight 218 | Eye Color BRWN | | Hair Color BRWN | | |
| Color Scheme / Business Name ROYAL TAXI | | | | | | | Business Number (415) 643-9500 | | |
| Color Scheme / Business Address (Street Address, City, State, Zip) 2121 EVANS AVE #G S.F. CA 94124 | | | | | | | | | |
| 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: 1993 | | | | | Permit #: P 44-045377 | | | | |
| 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: | | | | | | | | | |
| Were you previously a medallion holder? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Medallion # 9063 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): THE PUBLIC CURRENTLY HAS THE A HARD TIME FINDING TAXI CABS AND I WILL CONTINUE TO SERVE THE PUBLIC AND THEIR NEEDS IN THE CITY OF SAN FRANCISCO. | | | | | | | | | |

| OFFICE USE ONLY | | | |
|--------------------------------|---------------------------------|---------------------------|-------------------------|
| Received by: AG | Receipt No: 024456 | Amount: 1267.00 | Date: 1/16/04 |
| Notice Date: 1/16/04 | Hearing Date: 1/16/04 | | |

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) |
|-----------|---------|--|
| 3/08 | NOW | |
| 8/04 | 3/08 | |
| 2/04 | 8/04 | |
| 2/03 | 2/04 | |
| | | |
| | | |

How long have you lived within a 30 mile radius of San Francisco? 23 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 |
|-----------|---------|--------------|--|------------------------|
| 4/04 | NOW | ROYAL TAXI | 2121 EVANS AVE #G S.F. CA | (DRIVER PERMIT HOLDER) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 will use City Wide Dispatcher

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.

WJH 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.

WJH 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.

WJH 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 14 day of JAN, 2009 at San Francisco, California.

WJH
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) MOHSEN HASSAN | Phone () - - |
| Residence Address (Street Address, City, State, Zip) | |
| Mailing Address, if different from above (Street Address, City, State, Zip) P.O. BOX 622 SO. SAN FRANCISCO CA 94088 | |

| 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 ROYAL TAXI | Business Address of Taxi Company (Street Address, City, State, Zip) 2121 EVANS AVE #9, SF, CA, 94124 | | |
| Business Phone (415) 643 9500 | Medallion Number TBD | <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):

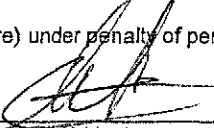
STRONG RADIO BUSINESS AND I PREFER VOICE DISPATCH

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

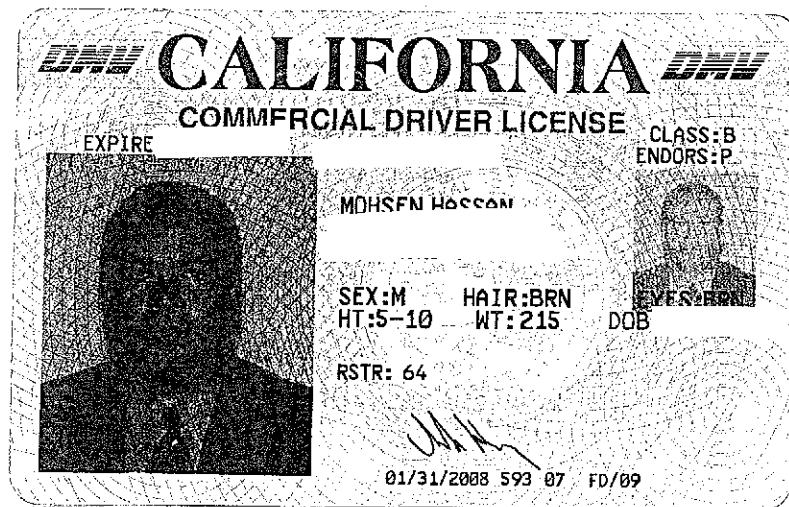
Executed on 1 / 14, 2009 at San Francisco, California.

MOHSEN HASSAN
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: CHRIS SWEIS | Title: MANAGER |
| I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>ROYAL TAXI</u> 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 | <u>1/14/09</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 |



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

EXPIRES: DECEMBER 31, 2009

MOHSEN HASSAN

P44-045377 ROYAL 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.

