Consent Item: E

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

Applicant:	Color Scheme:	Medallion	Background Check:	
1 D 1 C	34 01	Type:		
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-	Alt. Fuel	Pending	
	Op		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	

Applicant's Name (First, Middle, Last)	<u></u>	Type of Medallion Applying for:	
BAYRANAL,"	Den	<i>t</i> ⊵∕Regular	□ Ramp
Residence Address (Street Address, City, State, Zin)	1 -		
Mailing Address (If different than residence address)		· ~/	10-6
Mailing Address (i) different than residence address)		•	
Residence Phone Number: (Alternate Phone Nun	nbor (- G - G - G - G - G - G - G - G - G - G
		1 1	
Hours Available at this Number: D. M., Social Security Number Other name(s) used	Hours Available at th	ils Number: # · / 7 /	
BAVAL	will Sakar	INV , STOVAS	=//c
	ate of Bigh	Place of Birth	<u>///8,23</u>
and the second of the second second			
Race (Optional) Sex Height	Weight /	Eye Color	air Color
Color Scheme / Business Name //	6 100	DK // Business Num	nher
MOTRO JAB			548-8500
Color Scheme / Business Address (Street Address, City, State, Zip)		0 0 0	<u> </u>
212/ EVANS AVE SANI	FRANCISIO	CA 9412.	4
	t Card Number:		· · · · · · · · · · · · · · · · · · ·
Are you currently an active driver and hold a current Public Pass	senger Vehicle Driver F	Permit (A-Card)? 🔲 No	Z Yes
What date was your permit (A-Card) first issued:	<i>989</i> Permit#:	046514	
Has this permit ever been revoked? ☑ No ☐ Yes, if yes	, explain:	140,	•

Per MPC §1081(a)(3), do you hold or have you ever held any other		perate a motor vehicle for	hire either in the City
and County of San Francisco <u>or elsewhere</u> ? A No Yes, i	f yes, explain:		*
Were you previously a medallion holder? ☑ No ☐ Yes, Med	allion#I	f you answered 'Yes' to th	e previous question,
was the medallion permit ever revoked? No Yes, If yes,	explain for what caus	٠ ٩٠	
Tractic mediane. permit eres recented. El 110 = 100, it jour	oxplain for what dado	o.	
Diagno deposibe why the myblic will get be according			
Please describe why the public will not be properly served	if this medallion is n	IOI Granted (attach addition	ial pages if necessary):
Λ			
I have been driving	r redainteen	\100AA = A.	1 land
I viove been ariving	Wineteen	MARS MIC	1 M 4 V e
never had a complaint.	IL T RO	seive a mel	Vallion
11 . 611 . 1 2. 11	1 10	UI D	2 1:1
the spikit of Tropositi	on N W	ill be upt	re/d.
Were I donled a mode	Milora Mr.	< > /2 (+ n)	Pann. K
I P I I	1	3/10/1	July
would not be upheld			· · · · · · · · · · · · · · · · · · ·
V			
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		•	
	USE ONLY	inguranta apirila da kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan Kanangan kanangan ka	
Receipt No. Am	ount 777	Date	HOME THE RESERVE OF THE STATE O
Barel 1940 Carrier Control of the 1965 Act 2016	serie De de Arab		
lotice Date:	Hearing Date:		

	a taxicab in the Section 1121(b).		ancisco and f m ⊒ No	neet the curren	t year's driving	requirement pur	suant to SFF	PD Municip	al
List residence From Date Sep 2006 May 2004 Apt 1996	e addresses for large to Date DUSENT SEPSOG MAYLOG	Residence Addre	ess (Street Address	City, State, Zip)	pages if needed)				
Francisco?	ou lived within a 30 m		How many years Francisco?	- 4	do you have in San	Are you physical safely?	lly qualified to d∉		d vehicle
	ent for last five y To Date PRESENT JANZINA	ears (List most re Company Name	TRO CAB	ditional pages if ne Address (Stre	eded) et'Address, City, Sta EVANS	ate, Zip) F G G G G G G G G G G G G	<i></i>	Type of Wor	K CER CR
	r been convicted				-	(Atta	ch additional pa	ges if needed	v. i)
Offense .	e iuii moimauon i	Date		ce of Arrest	est pieas may be	Disposition			
ls your eyesig Do not include	ht impaired? ordinary nearsig	Yes DNo htedness or fa	rsightedness co	orrected by eye	glasses.	ls your hear	ng impaire No	·a?	
Do you have a	iny physical imp	pairments?	□No GYes	s, if yes describ	e the impairme	int: Ihr	be b	eeN	#
Have you ever	had: Epile	psy TYes	ØÑo	Vertigo	□Yes ŪW	Hear	t Trouble	□Yes	IZ/No
•	or have you eve e use of intoxic		□Yes dh	Ńο	Any Narco	tic Drug? □]Yes ⊈	Vo	

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 you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
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 3/5/ day of day of at San Francisco, California.
Bay H. Sen
Signature of Applicant

JAN 1 8 2005

COLOR SCHEME DESIGNATION APPLICATION

Date

San Francisco Taxicab Commission

WITH THIS APPLICATION. *YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION REGIS

	PLEASE PRINT C	CLEARLY - COMPLETE ENTIF	RE FORM
Applicant's Name (First, Middle	Last) Bazianaaur	<u> </u>	Phone / L. A.
Residence Address (Street Add	ress, City, State, Zip)	<u> </u>	1.1200
	- KXIIIVIVI		
Mailing Address, if different from	above (Street Address, City, State, Zip)	7	
if this color scheme requ	lest is granted by the Taxicab Co	ommission, list what the taxl compan	y name, address and phone number w
Name of Taxi Company	Business Address	of Taxi Company (Street Address, City, State	e, Zip)
Business Phone	UC 2121 E	VHUS The CA	4 67127
(913) 648-8500			Owner / Operator Gas & Gate
<u> </u>	· .		☐ Long Term Lease
Please describe why yo	u would like to use the color	scheme for the above named t	axi company (attach additional pa
necessary):	a would like to use tile color	scrience for the above named t	axi company (attach additional pa
Thom	Le driven a	+ MOTAR COURSE	1 al H. Part 10
110000	1	1 MILION SEVERALI	1 0 The 2477 1V
years an	a am saxi	sfied that	my medallion
will be	aperated 1	N The Approp	RIATE MANNER
	· •	<i>/*. /</i>	
certify (or declare) under per	nalty of perjury under the laws o	of the State of California that the for	regoing is true and correct.
xecuted on De t	-3/	, 20 <i>0 B</i>	at San Francisco, California.
		1 2000	at oan Francisco, Calliornia.
BAYRAMAL	<u>Seu</u>	bau +	+. Sen
nt Name of Applicant	•	Signature of Applicant	
			,
me of person authorized to sig	gn, for Color Şcheme Holder:	/x(coepting color sofie)	EONLY************************************
16 1 1 1 1	16-6		1000
- CHAND H	466		P. 10] .
e Color Schama Holder / nere	/ on authorized to sign for the Color (Salama Haldas for MM	
		, 5	Color Scheme Name
	ant named to use my color scheme.		
rtify (or declare) under-penalty	of perjury under the laws of the Sta	ate of California that the foregoing is tru	al.
1/	1 HZH		08
ature of Color Scheme Holder / per	rson authorized to sign for Color Scheme	Holder Date	
	V		
da Notice Date	Hearing Date	CEUSE ONLY*************** Decision of Taxicab Commission	New Declaration Signed
er's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
ved by:	Receipt No.	. Amount	Date
· · N [·	i recolbition	. i Augun	1 11316



$\textbf{ISSUED BY} \\ \textbf{OFFICE OF THE TREASURER \& TAX COLLECTOR} \\$

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.



DE CALIFORNIA DE

DRIVER LICENSE

CLASS: C

EXPIRES



BAYRAMALI SEN

SEX:M H HT:5-06

HAIR:BLK WT: 180 EYES:BRN

96/13/2998 599 31 FD/1

JAN 1 2 2009

Applicant's Name (First, Middle, Last) Type of Medallion Applying for: □ Ramp
Residence Address (Street Address, City, State, Zip)
Mailing Address (If different than residence address)
Residence Phone Number: (415) Alternate Phone Number: (15)
Hours Available at this Number: Social Security Number Other name(s) used
Outer name(s) used
California Driver's License Number / Expiration Year Date of Birth Place of Birth
Race (Optional) Sex Height - 06 Weight By Color BRN Bullions Number
BAY CAB (415) 206 -1908
Color Scheme / Business Address (Street Address, City, State, Zip) 999 PENNSYLVANIA AVE 94107 - 3451
Are you a U.S. Citizen? Ves 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: 1993 Permit #:
Has this permit ever been revoked? M 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 #9068 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): I BELIEVE THE PUBLIC WILL NOT BE PROPERLY SERVED IF THIS
MEDAWION IS NOT GRANTED FOR THE FOLLOWING PEAS
- LICENSED TAXE DRIVER SINCE 1994, WITH A PAND
MEDAULION SINCE 2001
- MAINTAINED CLEAN DMV RECORD AS A TAXI DRIVE
AND HAVE HAD NO GASTOMER COMPVAINTS.
- CONSTANTLY KEPT A CLEAN VEHICUE IN EXCEMENT
CONDITION AS A TAXI DRIVER
- VERY KNOW VEDGARLE OF AV. VAND MARKS, PESIDENCES
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 FRAMUSCO OFFICE USE ONLY Received by OUT OFFICE USE ONLY Received by Hearing Date Out Office Date Out
Jpdated: October 24, 2008, G:\Medallion\Applications_Forms & templates Med Application\PCN Application-3pg.doc

		☑Yes □No		<u> </u>		
1	ddresses for last fi	ive years (List most r	ecent first, attach additiona	al pages if needed)		
From Date	To Date Resident	dence Address (Street	Address, City, State, Zip)	ست بد ام ط	~! ~ ~	
1 10	1 11-01	<u> </u>		<u> </u>		
				-		
Empoison2	ved within a 30 mile rad	lius of San How ma	ny years driving experienc		Are you physically qualified to safely?	drive a standard vehicle
	22_yearst_m	onths	<u>45_</u> years_	2 months	∑Ves	□No
List employment			attach additional pages if n		Zip) 94107	
From Date T	o Date Comp	pany Name	· ·	eet Address, City, State	· ·	Type of Work
1-6-04	<u>-11-00)</u>	BAY CA	<u> 3</u>	PUND	TALY AVE	- TAXI-DRIVE
				-		
				<u> </u>		
Have you ever be	een convicted of, o	r plead guilty or N	o Contest to any crir	ne? ⊠No □Ye	s, if yes, provide the informatio	n required below.
Failure to provide fi	ull information relativ	e to prior convictions	auilty pleas or not cor	ntest pleas may be co	Attach additional) Insidered cause to deny the	pages if needed) e permit.
ranaro to proriao n	200 (200)	Date	Place of Arrest		Disposition	
0.00		Date	Flace of Affest	•	Sisposition	i
Offense						
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Offense		· · · · · · · · · · · · · · · · · · ·				
Offense .			1 / 4			
Offense .						
Offense .						
Offense .						
Is your eyesight	impaired? □ Yes	1 NMO			Is your hearing impa	ired?
Is your eyesight	impaired? □ Yes		ness corrected by ey		Is your hearing impa □ Yes □ No	ired?
Is your eyesight	dinary nearsightedi	ness or farsighted		/eglasses.	☐ Yes ☐ No	ired?
Is your eyesight	impaired? □ Yes dinary nearsightedi	ness or farsighted	ness corrected by ey	/eglasses.	☐ Yes ☐ No	ired?
Is your eyesight	dinary nearsightedi	ness or farsighted	☐ Yes, if yes descr	reglasses.	□Yes □No	
Is your eyesight Do not include ord Do you have any	dinary nearsightedi	ness or farsighted	☐ Yes, if yes descr	/eglasses.	☐ Yes ☐ No	
Is your eyesight Do not include ord Do you have any Have you ever ha	dinary nearsightedi	ness or farsighted. nents? ⊠No	☐ Yes, if yes descr	reglasses.	□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, DISPT, 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 you taxicab? MYes No
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
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 JON , 20 9 at San Francisco, California.
Signature of Applicant

RECEIVED JAN 1 6 2003

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) Mailing Address, if different from above (Street Address, City, State, Zio) 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) BAY DENNEYL Business Phone Medallion Number Gas & Gate ☐ Long Term Lease Please describe why you would like to use the color scheme for the above named taxi company (attach additional pages if necessary): DRIVING 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 at San Francisco, California. Print Name of Applicant Signature of Applicant TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY 1989 1989 Name of person authorized to sign for Color Scheme Holder: ARDENAS I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for hereby give consent to the applicant named to use my color scheme. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature of Color Scheme Holder / person authorized to sign for Color Schema Holder OFFICE USE ONLY*************** Agenda Notice Date Hearing Date Decision of Taxicab Commission New Declaration Signed Worker's Comp Submitted Insurance Submitted Photos Submitted ACISCO Paint Chips Submitted

Amount

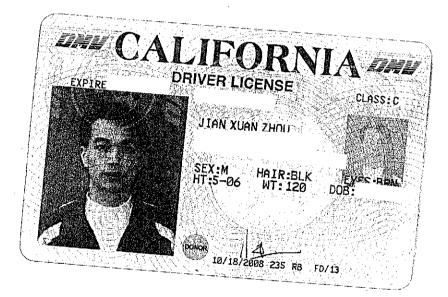
Date

Received by:

Receipt No.

RECEIVED JAN 1 6 2009

> SAN FRANCISCO TAXT CONTMISSION





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.



Applicant's Name (First, Middle, Last)	SLIKHDEV S. ATT	Type of Medallion Applyin 又 Regular	
Residence Address (Street Address, City, State, Zip)	An the second	<i>A A A</i>	
Mailing Address (If different than residence address)	S ABOVE	. Sact 1	-
Residence Phone Number:	Alternate Phone	Numbe / Language Numbe	1
Hours Available at this Number: 7AM to 8P	Hours Available Other name(s) used	at this Number: 8PM	to 7AM
Social Section	Viner marriers) used Home	•	
California Driver's License Number / Expiration Year	Date of 8irth	Place of I	Sirth :
Race (Optional)	Sex Height 5/0/1 Weight 24	Eye Color BLK	Hair Color BLK
Color Scheme / Business Name YELLOW C	+B COOPERATIVE	Business (415	Number) 282-3737
Color Scheme / Business Address (Street Address, City, St	ate, Zip) MISSISSIPP ST. S		,
Are you a U.S. Citizen? XYes No	Alien Resident Card Number:		
		NA	
Are you currently an active driver and hold a cu What date was your permit (A-Card) first issue. Has this permit ever been revoked? M		er Permit (A-Card)? □ N #: 62419	o ⊠Yes
Per MPC §1081(a)(3), do you hold or have you and County of San Francisco or elsewhere? Were you previously a medallion holder? No was the medallion permit ever revoked?	No ☐ Yes, if yes, explain: No ☐ Yes, Medallion # ^ A	_ If you answered 'Yes' to	
Please describe why the public will not be Beccourse these	properly served if this medallion i	s not granted (attach add	itional pages if necessary):
Passengess have to wo	nit Long time	for Cab. c	eity and
County of Jan Pran			bericence
to deal with passens	iess. I will of	eive the pr	blic in a
betterway and from	part the barrens	ess thith	honest,
Safe, Secure and	bleasant way.	to Jatisty	their all
needs.	0		
·			
•			
		person 96100	
	<u> </u>		
	OFFICE USE ONLY		
Received by	OFFICE USE ONLY	A P. C. Branch B.	

I have driven a taxic Police Code Section			nd I meet the curre	ent year's driving	requirement pursuant to S	FPD Municipal
List residence address From Date To Do 06 06 07 Res		•	cent first, attach addition ddress, City, State, Zip		1	
	06 07	, - ,	rine	ر از در	· · · · · · · · · · · · · · · · · · ·	
	years <u>02</u> mont	Francisco'		02 months	Are you physically qualified to safely?	o drive a standard vehicie
List employment for I From Date To Dat OG 01 2008 720 10 01 1997 7 MA	e Compan	y Name	. Address (S	treet Address, City, St 기술당 중기원이	tate, Zip) St·SF (494107 Suite 2, SF, Cn941824	
				•		
•				·	Yes, if yes, provide the information (Attach additional considered cause to deny the	pages if needed)
Offense		Date	Place of Arrest		Disposition	
Is your eyesight imp Do not include ordinar		\ X'No ss or farsightedne	ess corrected by e	yeglasses.	Is your hearing impa ☐ Yes 风No	ired?
Do you have any phy	rsical impairme	nts? 💢 No 🏻	☐ Yes, if yes desc	ribe the impairme	ent:	
Have you ever had:	Epilepsy	□Yes XNo	Vertigo	□Yes XN	lo Heart Trouble	□Yes XNo
Are you now, or have Addicted to the use o	-		χNο	Any Narco	otic Drug? □Yes 』	¶No

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? 医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)
gispatch 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 you taxicab? 图Yes □ No
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar 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 understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this 13th day of JANUARY 2009 at San Francisco, California.
Executed on this 13th day of JANUARY, 2009 at San Francisco, California.
Signature of Applicant

JAN 1 5 2003

SAN FRANCISCO TAXI COMMISSION

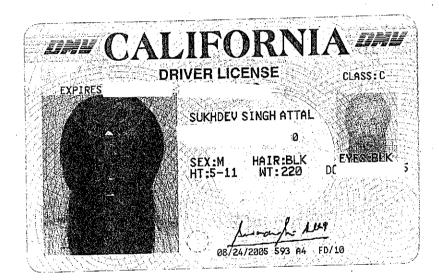
COLOR SCHEME DESIGNATION APPLICATION San Francisco Taxicab Commission

TION.

	PLEASE PRINT	CLEARLY - COMPLETE ENT	rd, & insurance card with this applic TRE FORM
Applicant's Name (First, Midd	ie, Last) 1 DEV SINGH A	TTAL	Phone
Residence Address (Street Ad			4 , 2 ,
	· · · · · · · · · · · · · · · · · · ·		,
Mailing Address, if different fro	m above (Street Address, City, State, Zip	D) AS ABOVE	
	<u> </u>	1)> 7/00 - C	
If this color scheme red Name of Taxi Company	quest is granted by the Taxicab C	commission, list what the taxi compa s of Taxi Company (Street Address, City, Sta	any name, address and phone number will t
Yellow Cab C	00 p. 1200 Miss	Gissippi st, SP CA94	4104
Business Phone (415) 2-82-37	Med	allion Number	Owner / Operator
		UNKNOWN	☐ Gas & Gate
			Long Term Lease
Please describe why y necessary):	ou would like to use the colo	r scheme for the above named	l taxi company (attach additional page
	it is the post	· A Comme	40 0 0
966d. (Juspaich City	trace, convenien	ully Credit Carol
accepting	<u>System.</u>		
	<i>y</i>		
	•		·
	,		
		of the State of California that the t	foregoing is true and correct.
Executed on	UARY.13	, 20_ 0 J	at San Francisco, California.
SUKHDEV S		· A	Introm Li Attal
Print Name of Applicant	NITAL	Signature of Applicant	no en opinione
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	****TO BE COMPLETED BY sign for Color Scheme Holder:	ACCEPTING COLOR SCHE	
:			Title:
Has Melle	(and		614
غمسه	<i>)</i>	16-6-21	. 11.00
	rson authorized to sign for the Color	*Scheme Holder for	Color Scheme Name
ereby give consent to the appli	icant named to use my color scheme	∍.	
certify (or declare) under penal	ty of perjury under the laws of the Si	tate of California that the foregoing is t	true and correct.
Welling Cen	ice of	1/14/0	9
	person authorized to sign for Color Schem	ne Holder Date	
			The second of th
			JAN 1 5 0900
enda Notice Date	Hearing Date	FICE USE ONLY******************* Decision of Taxicab Commission	New Declaration Signed
	1		rien besiding agrica
rker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	SAN FRANCISCO Photos Submitted OMMISSION

JAN 1 5 2000

SAIN FRANCISCO TAXI COMBAISSION





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.



A . E	
Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
Pasidance Advoca (Street Advance City, State 7th)	⊠ Regular □ Ramp
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Mailing Address (If different than residence address)	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
i	Alternate Phone Number: (4)
	tours Available at this Number: 24 HRS
Social Security Number Other name(s) used	
California Drivada Llaggas Numbos / Expiration Year Date of Bi	th Place of Birth
Sex Height 6'6	Weight Eye Color Hair Oolor
Color Scheme / Business Name	Brown Black
Orang & Blue United Cak Co	(415) 552-8662
Color Scheme / Business Address (Street Address, City, State, Zip)	
Orange & Blue 20 Heron	
Are you a US. Citizen? ☐ Yes ☐ No Alien Resident Card	Number:
Are you currently an active driver and hold a current Public Passenger	
What date was your permit (A-Card) first issued: 1.24 · (445	
Has this permit ever been revoked? ☑ No ☐ Yes, if yes, expla	in:
Per MPC §1081(a)(3), do you hold or have you ever held any other per	mits issued to operate a motor vehicle for hire either in the City
and County of San Francisco <u>or elsewhere</u> ? ☒ No ☐ Yes, if yes,	· · · · · · · · · · · · · · · · · · ·
Were you previously a medallion holder? ☒ No ☐ Yes, Medallion	
was the medallion permit ever revoked? \square No \square Yes, If yes, explain	1 for what cause:
Please describe why the public will not be properly served if this	medallion is not granted (attach additional pages if necessary):
It this medallion is not issu	ed a life long, court eyes.
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Notice Date Hearin	100 / Charles 10

	a taxicab in th Section 1121(b	e City of San Fra). 与Yes [ancisco and I n ⊒ No	neet the currer	t year's driving	requirement pui	suant to SF	PD Municip	al
List residence	e addresses for	Residence Addre	List most recent firess (Street Address		i pages if needed)	7		/*f.	· · · · · · ·
How long have y Francisco?	ou lived within a 30	mile radius of San	How many years Francisco?	driving experience	do you have in San	Are you physica safely?		rive a standare	d vehicle
List employment of the second	ent for last five To Date Now Now	years (List most rec Company Name <u>Uniteal</u> Trust Au	Cal	Address (Stre	eded) Heren St	+ SFCA	94106 Coly	Drive Pout to	(en Sak
-		d of, or plead gu			4	(Atta	ach additional pa	ages if needed	/. ')
Offense .		Date	Pla	ce of Arrest		Disposition			
	ght impaired? ordinary nears	□ Yes	rsightedness co	orrected by ey	eglasses.	, -	ring Impaire No	ed?	
Do you have a	any physical in	npairments?	⊠No □Ye	s, if yes descri	be the impairme	ent:			
Have you eve	r had: Epi	l epsy □ Yes	∭ No	Vertigo	□Yes ⊠N	o Hea	rt Trouble	□Yes	⋈ No
	or have you ev ne use of intoxi		□Yes 🛱	No	Any Narco	otic Drug? [∐Yes 🗖	No	

JAN (5 2005

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 you taxicab? 以Yes □ No
Read each section and sign initials to the left of each section if you agree and understand.
Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this
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.

Applicant's Name (First,	PLEASE	PRINT CLEARLY - 0	COMPLETE ENTIRE FO		
YURY	A. Smilar	itsk/		Phone	
_	eet Address, City, State, Zip)		- 1 nh		
	ent from above (Street Address, Ci		<u> </u>	•	
		.			·
Name of Taxi Company		ess Address of Taxi Company ((Street Address, City, State, Zip)		umber will be
Business Phone	(36 (e) 2	Medallion Number	St SF CA	94103	
(45)571-7	7 688			Owner / Opera Gas & Gate	ator
(415) 552-	-8562			Long Term Lea	se
Please describe w	hy you would like to use	the color scheme for	the above named taxi co	ompany (attach addit	ional page
necessary):		11			
1 ha	re driven for	1 This Con	apony for	many y	<u>aas</u>
and lake	the people	2 Lwork	with o	()	
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certify (or declare) und	der penalty of perjury under	the laws of the State of	California that the foregoir	ng is true and correct.	
Executed on /	1-12-09		, 20 <u>0 </u>	at San Francisco, Ca	lifornia
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	'				
	**************************************		GCOLOR SCHEME ON		15
	_	ider.		Title:	
TED	TEHRANI			GENERAL MAN	46-E/2
the Color Scheme Holde	er / person authorized to sign fo	or the Color Scheme Holder	for UNITIED CA	B Co.	
	applicant named to use my co			lor Scheme Name	•
	penalty of perjury under the lav		that the foregoing is true and	correct.	-
		and the same of	. ,	پيندر	
nature of Color Scheme Hol	der / person authorized to sign for	Color Scheme Holder	Date		
	-				
	\$*************************************	******OFFICE USE ONI	Vexxxxxxxxxxxx		
enda Notice Date	Hearing Date		of Taxicab Commission	New Declaration Signed	2- ¢ 4

Paint Chips Submitted

Amount

Photos Submitted

Date

Worker's Comp Submitted

Received by:

Insurance Submitted

Receipt No.

and CALIFORNIA and

DRIVER LICENSE

CLASS: C



YURY SMILOVITSKY

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

91/24/2008 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.



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lailing Address (If different than residence address)	<u> </u>	<u> </u>	* ****
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ocial Security Number Other name(s) used	Tiodia Transpio at the	11umbor. 370	
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	e of Birth	Place of Birth	* •
ice (Optional) Sex Height		Eye Color H	air Color
(M)/F C/18	175	Barwai	BLACK
lor Scheme / Business Name		Business Nur	nber
or Scheme / Business Address (Street Address, City, State, Zip)		(45)	782-1234
		Olkenie	·
e you a U.S. Citizen? Pres DNo Allen Resident C	Pard Number	14/34	
e you a o.s. Chizen? is resno	N./A	֥	
e you currently an active driver and hold a current Public Passe	nger Vehicle Driver Pe	ermit (A-Card)? 🔲 No	₽Ŷes
nat date was your permit (A-Card) first issued: 03-3-30-		P44-04828	.00
s this permit ever been revoked? PNo Yes, if yes,	explain:	111 6 1949	3
			1000
r MPC §1081(a)(3), do you hold or have you ever held any <u>othe</u>	<u>r</u> permits issued to op	erate a motor vehicle fo	r hire either in the Cit
d County of San Francisco <u>or elsewhere</u> ? 🏻 No 🔲 Yes, if y	yes, explain:		
ere you previously a medallion holder? 🔲 Nó 📮Ýes, Meda	llion# 9065 lf	vou answered 'Yes' to th	ne previous question.
is the medallion permit ever revoked? 🗗 Mo 🔲 Yes, if yes, e			
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s the medamon pentin ever revoked? 1221 NO L. 1 1es, it yes, &	Apiani ioi what oddsc	;	
ease describe why the public will not be properly served if			nal pages if necessary):
			nal pages if necessary):
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ease describe why the public will not be properly served if The public will who profile driver who contains passengers.	Ithis medallion is no	et granted (attach addition	ood safe

I have driven a taxicab in the City of Sar Police Code Section 1121(b). Yes		current year's driving re	equirement pursuant to SFF	PD Municipal
List residence addresses for last five ye				
From Date To Date Residence	Address (Street Address, City, Sta	ite, Zip)		
	V	J.	* /	
How long have you lived within a 30 mile radius of 8 Francisco? 7 years # months	Francisco?	xperience do you have in San	Are you physically qualified to dr safely?	ive a standard vehicle
List employment for last five years (List m				NO .
From Date To Date Company Na	ame Add	ress (Street Address, City, Stat		Type of Work
03-25-93 Present Lyton	- Cab Company 23	30 Jerrold aves	ion Francisco CA9400	p Tooki Oriver
				-
			to delivery to the state of the	
Have you ever been convicted of, or plea			(Attach additional pa	ges if needed)
Failure to provide full information relative to pr	ior convictions, guilty pleas or	not contest pleas may be o	considered cause to deny the p	ermít.
Cholico	Date Place of Arr	est	Disposition	
NA				
				40
ls your eyesight impaired? □ Yes □ Ø Do not include ordinary nearsightedness o	No or farsightedness corrected	d by eyeglasses.	Is your hearing impaire ☐ Yes ☑ No	-
Do you have any physical impairments	? ☑No ☐Yes, if yes	describe the impairmer	nt :	
Have you ever had: Epilepsy 🗆	Yes ☑No Ve	ntigo □Yes ☑No	Heart Trouble	□Yes ØNo
Are you now, or have you ever been, Addicted to the use of intoxicating liqu	or? □Yes ☑No	Any Narcot	tic Drug? □Yes Ѿĺ	No

FIND STREET

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service?
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 Later cab company, which have a Dy-hour Radio/Computer dispatch service.
a Du- hour Radio/Commuter descritch 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 you taxicab? Yes No
Read each section and sign initials to the left of each section if you agree and understand.
Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
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.
2. 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 <u>January</u> day of <u>13.</u> , 20 <u>09</u> at San Francisco, California.
ortalo P. Paud
Signature of Applicant
ullet

Page 3 of 3

COLOR SCHEME DESIGNATION APPLICATION

Date

San Francisco Taxicab Commission

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

	PLEASE PRINT CLEA	ARLY - COMPLETE ENTIRE FO	ORM
Applicant's Name (First, Middle, L	ast) D	7)	Phone
URLANDO	JUNZALANG	DAVID	
Residence Address (Street A	. Y A	• .	
Mailing Address if different from a	bove (Street Address, City, State, Zip)		
Maning Address, if different from a	bove (Gliber Address, City, State, Zip)		
If this color scheme reque	st is granted by the Taxicab Commi	ssion, list what the taxl company nan	ne, address and phone number will be
Name of Taxi Company		Company (Street Address, City, State, Zip) ERROLD Ave. S	E PA GUITH
Business Phone	Medallion N		Owner / Operator
(411)			Gas & Gate
202-14	14)		Long Term Lease
Di			
Please describe why you necessary):	would like to use the color sch	eme for the above named taxi c	ompany (attach additional pages
i i i i i i i i i i i i i i i i i i i			
Lutor	Geb Gompany 1	ras a lot of	regular custome
good dispus	teh and zumb	er one comp	in S.F. cite
J. J. J.		- Comp	1
	,		
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Certify (or declare) under pena		State of California that the foregoing	ng is true and correct.
Executed on	1378	, 20 09	at San Francisco, California.
ORLAMOO J.	94/11)	alas f. D	and
rint Name of Applicant		Signature of Applicant	
lame of person authorized to sign		BEPTING COLOR SCHEME (0)	VL)
HOMAS d. 2	TANGHELLINI		OPERATION MEMBER
		1	Pine C
the Color Scheme Holder / person	n authorized to sign for the Color Schei		olor Scheme Name
ereby give consent to the applican	t named to use my color scheme.		not screene Name
certify (or deglare) under perally p	Pperjury under the laws of the State of	California that the foregoing is true and	correct.
Man. 194			A
Mariones Ha	nymulen	1-13-0	<u> </u>
nature of Color Scheme Holder / person	on éathorized to sign for Color Scheme Hold	er Date	12 - 11 - 11 1
			Just a Arm
,	OEFICE	ÚSE ONLY************************************	
enda Notice Date	Hearing Date	Decision of Taxlcab Commission	New Declaration Signed
orker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

Amount

Received by:

Receipt No.



ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR

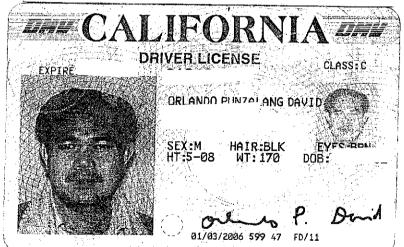
PUBLIC PASSENGER VEHICLE DRIVER

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.





Residence Address (Street Address, City, State, Zib) Mairing Address (If different than residence address) Residence Phone Number Residence Phone Number Hours Available at this Number: Spy - Oph Hours Available at this Number: Spy - Oph California Driver's License Number / Expiration year Date of Birth Place of Birth Place of Birth Color Scheme / Business Name Color Scheme / Business Name Color Scheme / Business Name Are you a U.S. Citizen? Are you a U.S. Citizen? Are you a urrently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? 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: Per MPC §1081(a)(3), do you 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):
Residence Address (If different than residence address) Residence Phone Numbe Residence Phone Numbe Hours Available at this Number: 5 pg - 10 pM Social Security Number: 5 pg - 10 pM California Driver's License Number / Expiration year Other name(s) used Other name(s) used California Driver's License Number / Expiration year Date of Birth Place of Birth Race (Optiopal) Color Scheme / Business Name Frown Toxi Color Scheme / Business Name Frown Toxi Are you a U.S. Citizen? Are you a U.S. Citizen? Are you actirently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? 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: 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, If yes, explain for what cause:
Residence Phone Number Hours Available at this Number: Spy - 10 pM Race (Optiopal) California Driver's License Number / Expiration Year Date of Birth Place of Birth Color Scheme / Business Name Ly Color Scheme / Business Address (Sireet Address, City, Status, Zip) Golor Scheme / Business Address (Sireet Address, City, Status, Zip) Are you a U.S. Citizen? 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: 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:
Residence Phone Number Hours Available at this Number: Spy - 10 pM Race (Optiopal) California Driver's License Number / Expiration Year Date of Birth Place of Birth Color Scheme / Business Name Ly Color Scheme / Business Address (Sireet Address, City, Status, Zip) Golor Scheme / Business Address (Sireet Address, City, Status, Zip) Are you a U.S. Citizen? 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: 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:
Hours Available at this Number: 5 p y - 10 p M Hours Available at this Number: 8 a y - 7 p M Social Security Number Other name(s) used California Driver's License Number / Expiration year Date of Birth Place of Birth Race (Optional) Sex Height Eye Color Hair Color RA y Color Scheme / Business Name Susiness Number Color Scheme / Business Number Cylor Ray Golor Scheme / Business Address (Street Address, City, State, Zip) General Ray Ray 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 What date was your permit (A-Card) first issued: 19 y Permit #: 10 y Permit #: 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, If yes, explain for what cause:
Hours Available at this Number: 5 p y - 10 p M Hours Available at this Number: 8 a y - 7 p M Social Security Number Other name(s) used California Driver's License Number / Expiration year Date of Birth Place of Birth Race (Optional) Sex Height Eye Color Hair Color RA y Color Scheme / Business Name Susiness Number Color Scheme / Business Number Cylor Ray Golor Scheme / Business Address (Street Address, City, State, Zip) General Ray Ray 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 What date was your permit (A-Card) first issued: 19 y Permit #: 10 y Permit #: 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, If yes, explain for what cause:
Colir Scheme / Business Name Color Scheme / Business Name Sex Height Color Scheme / Business Number Color Scheme / Business Name Sex Height Color Scheme / Business Number Color Scheme / Business Address (Street Address, City, State, Zip) Golor Scheme / Business Address (Street Address, City, State, Zip) Golor Scheme / Business Address (Street Address, City, State, Zip) Golor Scheme / Business Address (Street Address, City, State, Zip) Golor Scheme / Business Address (Street Address, City, State, Zip) Golor Scheme / Business Address (Street Address, City, State, Zip) Golor Scheme / Business Address (Street Address, City, State, Zip) Golor Scheme / Business Address (Street Address, City, State, Zip) Golor Scheme / Business Number Golor Book (Graph Color Scheme / Business Number Golor Book (Graph Color Scheme / Business Number Golor Book (Graph Color Scheme / Golor Book (Graph Color Book (Graph Co
Color Scheme / Business Number / Expiration Year Color Scheme / Business Number Expiration Year Date of Birth Place of Birth
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Color Scheme / Business Address (Street Address, City, State, Zip) 999 Penns yvania Ave San Freen et Seu CIA 94107 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 What date was your permit (A-Card) first issued: 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, was the medallion permit ever revoked? No Yes, If yes, explain for what cause:
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Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? \(\text{No } \text{Yes} \) What date was your permit (A-Card) first issued: \(\text{Permit #: } \) Has this permit ever been revoked? \(\text{No } \text{Yes, if yes, explain:} \) Per MPC \(\) Per MPC \(\) Yes, if yes, explain: Were you previously a medallion holder? \(\text{No } \text{Yes, Medallion # If you answered 'Yes' to the previous question, was the medallion permit ever revoked? \(\text{No } \text{Yes, if yes, explain for what cause:} \)
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Please describe why the public will not be properly served if this medallion is not granted (attach additional pages if necessary):
Please describe why the public will not be properly served if this medallion is not granted (attach additional pages if necessary):
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I have driven a taxicab in the Police Code Section 1121(b).		ancisco and ⊒ No	I meet the currer	nt year's driv	ing requirement pu	ursuant to SF	PD Municip	pal
Folice Code Section Fizi(b).	A 163 L	_ 140						
List residence addresses for la From Date To Date 4/2003 Present	Residence Addre	ss (Street Addre	t first, attach additiona ess, City, State, Zip)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	′ ′ ′)	`
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How long have you lived within a 30 ml Francisco?years		Francisco?	ears driving experience	e do you have i	safely?	cally qualified to d	Irive a standai □ No	rd vehicle
List employment for last five ye	ears (List most re	cent first, attach	additional pages if n	eeded)		-/\		
From Date To Date 5/2005 Present	Company Name	en Terx	· ~ / 1/2	eet Address, Ci	ty, State, Zip)	ve	Type of Wor	rk E
	Desc		rs				ののひ	er
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Have you ever been convicted	of, or plead gu	uilty or No Co	ontest to any crir	ne? _1\o	Yes, if yes, provid	e the information	required belo	
Failure to provide full information r	elative to prior c	onvictions, gu	ilty pleas or not col	ntest pleas ma		ttach additional p ise to deny the		(۵
Offense .	Date		Place of Arrest		Disposition			
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Is your eyesight impaired? [Do not include ordinary nearsig			s corrected by e	eglasses.		aring impair	ed?	
Do you have any physical im	pairments?	X100 □	Yes, if yes descr	ibe the impa	airment:			
Have you ever had: Epile	epsy □Yes	X No	Vertigo	□Yes	No He	art Trouble	□Yes	i)No
Are you now, or have you eve Addicted to the use of intoxic		□Yes	Devo	Any N	/ larcotic Drug?	□Yes	Ńο	

RESTANCE (C)

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)
Padlo con pary
Lown can eo
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 lampand smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sal
Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/o
permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under
penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or
incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during
any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the
information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
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
Signature of Applicant

JAN 27 2009

Page 3 of 2

COLOR SCHEME DESIGNATION APPLICATION San Francisco Taxicab Commission

TOO WOST SOBWIT A CO	PLEASE PRINT	CLEARLY - COMPLE			THIS APPLICAT
Applicant's Name (First, Middle	, Last)	OLLANCI - OCIVIL EL	TE ENTINE (OI	Phone	
Alex	Malinsky	1			- * - *
Residence Address (Street Add		· · · · · · · · · · · · · · · · · · ·			
Mailing Address, if differences					·
Maning Addieses, it different her.	Same				
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If this color scheme req	uest is granted by the Taxicab C	commission, list what the	taxi company name	, address and phone	number will be:
SF Town To	nxi 999 k	s of Taxl Company (Street Addr Penn Sylvani		F CA 90	1107
Business Phone (415) 401 - 89	900 Med	dallion Number		☐ Owner / Ope	erator
(4/)/				Gas & Gate	
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Please describe why you necessary):	ou would like to use the cold	or scheme for the abov	re named taxi cor	mpany (attach add	litional pages
Thecessary).		10 12	Para	_	1
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I certify (or declare) under perfect the second of the sec	enalty of perjury under the laws	Mary	, 20 <u>09</u> at	t San Francisco, C	
Alex Ma	linsky	\mathcal{A}	m His	My	
Print Name of Applicant		Signature of App	olicant		
· Section 12 February 12 Febru	and the second s		The second second second		
Name of person authorized to s	"""TO BE COMPLETED B	Y-ACCEPTING COLC			et e
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the Color Scheme Holder / pe	rson authorized to sign for the Col	or Scheme Holder for	SF TOWN	· · · · · · · · · · · · · · · · · · ·	
ereby give consent to the appli	cant named to use my color schen	ne.	Cold	or Scheme Name	
certify (or declare) under penal	ty of perjury under the laws of the	State of California that the fo	oregoing is true and c	correct.	
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gnature of Color Scheme Holder / c	person authorized to sign for Color Sche	eme Holder Dati	<u> </u>	2004	
S Of Calar actions House / p	Zagronzoe to sign for Color Scrie	and Holder Dati	-		
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		FFICE USE ONLY*****	200-2 ASSAULT TO SEE THE SECTION OF	<u> </u>	2.5
enda Notice Date	Hearing Date	Decision of Taxicab		New Declaration Signed	
orker's Comp Submitted	Insurance Submitted	Paint Chips Submitt	ed	Photos Submitted	

Amount

Date

Received by:

Receipt No.



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.



DRIVER LICENSE CLASS: C



ALEX MALINSKY

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
MOHSEN HASSAN	≰ Regular □ Ramp
Residence Address (Street Address, City, State. Zip)	-
Mailing Address (If different than residence address)	
	1-10 g S
Residence Phone Number: Alternate Phone Nu	
Hours Available at this Number: 74 Hours 5	his number: 24 HOURS
Social Security Number Other name(s) used	
California Driver's License Number / Expiration Year Date of Birth	
7	Place of Birth
Race (Optional) White Sex Height 16 Weight 218	Eye Color RWN Hair Color RRWN
Color Scheme / Business Name	Business Number
Color Scheme / Business Address (Street Address, City, State, Zip)	(415) 643-9500
	4124
Are you a U.S. Citizen? Yes □ No Alien Resident Card Number:	
Aleyona o.o. olizoit. Ales	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver	
What date was your permit (A-Card) first issued:	P 44-045377
Has this permit ever been revoked? 🔀 No 🗀 Yes, if yes, explain:	
Double C4004(a)/2) do you hold so have you are hold so well as	
Per MPC §1081(a)(3), do you hold or have you ever held any <u>other</u> permits issued to and County of San Francisco <u>or elsewhere?</u> No X Yes, if yes, explain:	operate a motor vehicle for hire either in the City
	le
Were you previously a medallion holder? Nó XYes, Medallion # 9 0 63	
was the medallion permit ever revoked? X No Yes, If yes, explain for what cause	se:
Please describe why the public will not be properly served if this medallion is	not granted (attach additional pages if necessary):
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Notice Date:	And the second s

		he City of San Franc (b).		eet the curren	t year's driving	g requiremer	nt pursuant to SF	PD Munic	ipal
List residen		or last five years (Lis			pages if needed)				
From Date	To Date	Residence Address	Residence Address (Street Address, City, State, Zip)						
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How long have Francisco?	you lived within a 3	1 8	fow many years d	riving experience	do you have in S	an Are you p safely?	hysically qualified to o	drive a standa	ard vehicle
List employ	ment for last fiv	e years (List most recer	t first, attach addi						·
From Date	To Date	Company Name	_	•	et Address, City,	ν.		Type of W	ork
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ls your eyes Do not includ	ight impaired? de ordinary near	P □ Yes ☒ No rsightedness or farsi	ghtedness co	rected by ey	eglasses.	□Yes			
Do you have	any physical	impairments? 🏌	No □Yes	, if yes descri	be the impairn	nent:		1	
Have you ev	er had: E	pilepsy □ Yes	⊉ No	Vertigo	□Yes 🗶	No	Heart Trouble	□Yes	Mo No
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	, or have you of the use of into		⊒Yes 1771 N	lo	Any Naro	cotic Drug?	□Yes 🙀	No	-

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If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? X Yes
I will ves 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 lam and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of yo taxicab? Yes No
Read each section and sign initials to the left of each section if you agree and understand. I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sa Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder. I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false of incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted. I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge. Executed on this 14 day of 20 to 9 at San Francisco California
Likeculed off this day of, 20 D at Gain Faincisco, Gainofflia.
Signature of Applicant

Page 3 of 3

COLOR SCHEME DESIGNATION APPLICATION San Francisco Taxicab Commission

100 MOS 1 SUBMITA			, & INSURANCE CARD WITH THIS APPLICA
Applicant's Name (First, Mid	die, Last)	CLEARLY - COMPLETE ENTIR	Phone
•	~ HASSAN		
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Mailing Addrson if different 6	on about (Start Adding Oil Court	N FRANCISCO C	
Po Po	om above (Street Address, City, State, 2	DEPARCIO S	8 9 U D 2 3
	800 BG. 3A	00 170700 -75 00 1	17009
Name of Taxl Company	Business Addres	Commission, list what the taxl companies of Taxl Company (Street Address, City, State	y name, address and phone number will be Zio)
ROYAL		VANS AUE 性何 , SPT	
Business Phone	Me	dallion Number	Owner / Operator
(415) 643 95	000		Gas & Gate
		TBD	☐ Long Term Lease
			La song rom Loado
STRUNG.	RANjo Busines	Avo I PREF	EA Voice Dispar
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certify (or declare) under (penalty of perjury under the laws	s of the State of California that the for	egoing is true and correct.
Executed on	1 1 1 1 1	, 20 0 9	at San Francisco, California.
MobsEn	HASSAN	All Island	
rint Name of Applicant		Signature of Applicant	
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	licant named to use my color schen		Color Scheme Name
1	· /	те. State of California that the foregoing is true	e and correct.
4	4	1/	1.0
nature of Color-Scheme Holder /	person authorized to sign for Color Sche	me Holder Date	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	FICE USE ONLY************************************	*
rda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
ker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

Amount

Date

Received by:

Receipt No.





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.

