Agenda: Item 5

Consent Calendar
All matters listed hereunder constitute a Consent Calendar, are considered to be routine by the Commission and will be acted upon by a single roll call vote of the Commission. There will be no separate discussion of these items unless a member of the Commission so requests, in which event the matter shall be removed from the Consent Calendar and considered as a separate item.
Consent: Item A

Consideration of the Minutes from the January 13, 2008 Taxicab Commission Meeting.
TAXICAB COMMISSION MINUTES

January 13, 2009 at 6:30 p.m.
City Hall, 1 Dr. Carlton B. Goodlett Place
Room 400

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

1. Call to Order/Roll Call
2. Staff Report and Commissioner Announcements [INFORMATION]
   • Executive Director Jordanna Thigpen: Update
   • Sgt Reynolds: Update

Commissioner Announcements:
• Com Breslin: Commends Taxi Detail for following up on lost and found and finding her cell phone. How will
  procedures of the Commissioner’s recommendations move forward after the merger? Hopes there is a formal
  venue where Commissioners can present information to the MTA.

Public Comment:
• Tariq Mehmood: Why didn’t undercover police pull over rogue taxis.
• Sgt Reynolds: Under cover units cannot issue citations with three exceptions to the rule.

3. Consent Calendar [ACTION]
   • Director Thigpen: Overview of items and

Public Comment
• Tariq Mehmood: Driver’s are feeling the pinch of the economy.

4. Annual Safety Hearing as Required by Municipal Police Code 1147.3 [INFORMATION]
   • Director Thigpen: Overview of item.
   • Sgt Reynolds: Overview of details of the camera system. Some vehicles need to be updating since they are not
     working properly. For drivers with complaints SFPD-Detail would rather retrain drivers through education and
     not admonishments. Traffic statistics similar to last year. Drivers are safe drivers.
   • Pres Gillespie: Camera issue needs to be resolved it’s unacceptable that there are cameras that are not
     functioning.
Public Comment:

- **Thomas George Williams**: Public safety seems to be shifting from drivers to customers. GTU is not testing cameras, which is a big issue that needs to be resolved. GPS system that comes with a debit card machine should have an emergency dispatch button.
- **Emil Lawrence**: Cannot thank Sgt Reynolds enough for all the work the police department’s work on illegal limos.
- **Jane Bolig**: Complaints per vehicle very low and is a good turnout. It’s important to ensure that whoever downloads the camera image is trained on the process.
- **Marty Smith**: Luxor almost 60% compliant with green vehicles.
- **Ruah Graffis**: There should be a mandate for separate rear door and front door locks. Controlling where a passenger sits.
- **Mark Gruberg**: Should be more continuity from year to year to compare progress, if it’s being made.
- **Peter Witt**: (See 100 word statement attached)
- **Tariq Mehmood**: Could you quickly address the issues of limos who wait at red zones.
- **Barry Korengold**: When there are less fares companies should not put more taxis on the street. Long term drivers tend to have better driving records than newer drivers.
- **Jim Gillespie**: Drivers do an overall excellent job. If the Commission could solve the limo issue there could be at least 2000 medallions.
- **Mike Spain**: Limo problem becomes more sever in the evening from 11-3am due to more parties or restaurants being open.

3. Consideration of DRAFT SFMTA Motor Vehicle For Hire Regulations [INFORMATION AND DISCUSSION]

- **Director Thigpen**: Introduction of item.
- **Christiana Hayashi**: Overview of next steps and procedures. Would like to collect input from all commissioners. Most important are administrative procedures.
- **Com Benjamin**: What is MUNI’s current drug policy?
- **Christiana Hayashi**: MUNI’s policy is the same policy that is listed there and is currently being enforced.
- **Pres Gillespie**: Didn’t see anything that wants or needs to raise questions about but may have some in the upcoming week. Rules Committee meeting coming up and would like you to attend.
- **Com Breslin**: Proponent of the merger but wouldn’t want the work of the commissioners and industry fall by the waste side.
- **Pres Gillespie**: Did you see the Chronicle article this morning?
- **Christiana Hayashi**: Has not seen the contents of the proposal of the Charter Working Group and cannot comment on it.

Public Comment:

- **Emil Lawrence**: These are not the permanent rules but an attempt. These proposals do not address the issues properly.
- **Thomas George Williams**: It’s important to focus on the customers but it also should focus on quality of life for the drivers.
- **Jane Bolig**: As a member of the taxi reform group, no job is as easy as it looks and the body recommended to slowly implement the rules for the first 6 months.
- **Mike Spain**: Congratulations to Ms Hayashi. The document should have been reviewed by the Commission before the MTA advisory groups.
- **Barry Korengold**: Most important rules and should be heard and discussed by the Commission.
- **Tariq Mehmood**: Requests a special day-long meeting addressing this issue.
- **Pres Gillespie**: Hopes there will be a taxi advisory group.
6. **Special Order 8:00pm- 8:30pm**

**Public Comment (Please limit public comment to items NOT on the agenda)**

- **Myriah:** Daly/Ma working well for all drivers.
- **Vina Cab:** Father wants new color scheme and would like for the Commission to approve it.
- **Marty Smith:** Tom Nguyen good medallion holder and would like the Commission to approve this application.
- **Barry Korengold:** Opposed to the Mayor’s proposition of auctioning off medallions.
- **Name:** UTW filed lawsuit against city hall in federal court spending more of the drivers money.
- **Mike Spain:** Mayor’s announcement on transferability today which was shocking. There are many drivers who would like to buy their own medallion and are capable of buying them. This will end the bickering that goes on in this room every other week.
- **Emil Lawrence:** There have been 2 sets of standards, one for pre k and the other for post k. The medallion becomes and annuity and a benefit. A medallion holder should have the right to retirement.
- **Thomas George Williams:** Commissioner Heinicke jumped the gun and seems like the Mayor doesn’t care what the voters approved.
- **Norma:** A lot of drivers that do not know what’s going to happen. The article is dismaying and doesn’t understand that. This is discrimination against older drivers.
- **Mary Maguire:** Malcolm Heinicke trying to propose an auction off medallions. Plan doesn’t make sense. Mayor thinks this will provide better cab service.
- **Jane Bolig:** Has a response but will work on it an email to Jordanna.
- **Tariq Mehmoood:** Knew this was coming down the road 6 months ago. When it will occur is unsure. UTW is causing the industry to go down and creating more costs and fees that drivers must bear.
- **Mark Gruberg:** Mayor’s message a surprise. The new director has a lot to learn and already has so much on her plate. Mayor signed a letter on Prop A and would not approve transferability. Taxi medallions will be cash cow for MUNI.


- **Sgt Reynolds:** Overview of the facts of the case.
- **Com Paek:** Is there a medical report? It is important evidence to have.
- **Director Thigpen:** Yes there is, it is a confidential document not included in this report. This hearing is to produce factual evidence. Commission to vote on findings at next meeting, but defendant will not produce evidence.
- **Com Benjamin:** Motion to continue suspension until 1.27.09 Taxi Commission meeting for adoption of findings.
- **Com Paek:** Second motion.
- **Com Oneto:** Would like transcript of the 911 tapes to be a part of the record.
- **Director Thigpen:** The entire hearing is part of the permanent record. If anyone requests it, we can make a copy available.
Public Comment:

- **Tariq Mehmood**: There are questions in this case. She could of walked away from the situation but didn’t.
- **Emil Lawrence**: He violated the rules by driving around the block and adding a fee and then fleeing the scene. Drivers can be revoked in San Francisco but operate taxis in other jurisdictions.
- **Sgt Reynolds**: Part of being a taxi driver is dealing with people and sometimes people who are drunk. While she was down on the ground, the driver took her phone, which is robbery.

9. Adjournment
From Peter Witt
To be entered into the minutes of the TXC hearing of Jan 13th 2009
Thought this was to be a seem-less Transition without controversy!!!

And I thought there was to be NO BROKERING Medallions by City Hall !!!

ONCE again..... broken promises, just like the Hearth plan!!!
Now I’d like to remind this commission about it’s mandate, to conduct it’s annual P.C.& N. Hearing.

You did two P.C.& N. hearings in 2007 and added 119 cabs. Your supposed to have a least one A year ..........with ....A continuing force, in-between.

Don’t you want to know if the 119 cabs has increased service?

And ..... BYE what authority does Miss Thigpen have... to replace your mandated ...

"Annual report to the Board, with an Auto-biography that will undoubtedly ....fail to reveal ..........YOUR FA-TAL FLAWS....THAT HAVE LEAD.... TO YOUR ....DEMIZE.

YOU know ....IF YOU LOOK....... LIKE A LAME-DUCK
Walk and talk ......like a lame-duck

YOU’RE must be .........A LAME-DUCK!
- For Free

- And every time

That's not what the controller predicted

you have grossly exposed rent-a-party drivers

wage!

and now the city wants to stick what blood

is left that keeps drivers alive.

- Free medi-limous was what is was before

May Day

- That was tax reform that this puppet show!

I cannot read the acted.

But it doesn't have to be good

For Drivers

Newsom & friend anything to do with it
Consent: Item B

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

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Color Scheme</th>
<th>Medallion Type</th>
<th>Background Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ghaffar Khan</td>
<td>DeSoto Cab</td>
<td>Alternative Fuel</td>
<td>Pending Clearance</td>
</tr>
<tr>
<td>2. Kam Y. Wong</td>
<td>SF Taxi Cab</td>
<td>Alternative Fuel</td>
<td>Cleared</td>
</tr>
<tr>
<td>3. Robert L. Brooks</td>
<td>DeSoto Cab</td>
<td>Alternative Fuel</td>
<td>Pending Clearance</td>
</tr>
<tr>
<td>4. Abison Chirackal</td>
<td>Arrow Cab</td>
<td>Alternative Fuel</td>
<td>Cleared</td>
</tr>
<tr>
<td>5. H. Jim Trinidad</td>
<td>Bay Cab</td>
<td>Alternative Fuel</td>
<td>Cleared</td>
</tr>
<tr>
<td>6. Steven Y. Lee</td>
<td>Big Dog City Cab</td>
<td>Alternative Fuel</td>
<td>Cleared</td>
</tr>
<tr>
<td>8. Mahmood B. Rudsari</td>
<td>Town Taxi</td>
<td>Alternative Fuel</td>
<td>Cleared</td>
</tr>
<tr>
<td>9. Sanh P. Nguyen</td>
<td>Yellow Cab Co-Op</td>
<td>Alternative Fuel</td>
<td>Pending Cleared</td>
</tr>
<tr>
<td>10. James N. Sukovitzen</td>
<td>Luxor Cab</td>
<td>Alternative Fuel</td>
<td>Cleared</td>
</tr>
<tr>
<td>11. Grayson S. Bourne</td>
<td>Luxor Cab</td>
<td>Alternative Fuel</td>
<td>Cleared</td>
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MEMORANDUM

To: Honorable Commissioners
From: Jordanna Thigpen
Date: January 7, 2009
Re: Consent Calendar: Item B Medallion Applicants

<table>
<thead>
<tr>
<th>B1: Ghaffar Khan, Alternative Fuel</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005: 185 shifts</td>
</tr>
<tr>
<td>2006: 178 shifts</td>
</tr>
<tr>
<td>2007: 184 shifts</td>
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<td>2008: 158 shifts</td>
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<thead>
<tr>
<th>B2: Kam Y. Wong, Alternative Fuel</th>
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</thead>
<tbody>
<tr>
<td>2005: 891 hours</td>
</tr>
<tr>
<td>2006: 824 hours</td>
</tr>
<tr>
<td>2007: 944 hours</td>
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<td>2008: 900 hours</td>
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</table>

<table>
<thead>
<tr>
<th>B3: Robert L. Brooks, Alternative Fuel</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005: 156 shifts</td>
</tr>
<tr>
<td>2006: 1480 hours</td>
</tr>
<tr>
<td>2007: 1400 hours</td>
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<tr>
<td>2008: 1340 hours</td>
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</tbody>
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<thead>
<tr>
<th>B4: Abison Chirackal, Alternative Fuel</th>
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<tbody>
<tr>
<td>2005: 1200 hours</td>
</tr>
<tr>
<td>2006: 1340 hours</td>
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<tr>
<td>2007: 1380 hours</td>
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<tr>
<td>2008: 1460 hours</td>
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</tbody>
</table>

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<tr>
<th>B5: H. Jim Trinidad, Alternative Fuel</th>
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<tbody>
<tr>
<td>2005: 850 hours</td>
</tr>
<tr>
<td>2006: 880 hours</td>
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<tr>
<td>2007: 910 hours</td>
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<td>2008: 820 hours</td>
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<th>B6: Steven Y. Lee, Alternative Fuel</th>
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<tbody>
<tr>
<td>2005: 370 hours</td>
</tr>
<tr>
<td>2006: 962 hours</td>
</tr>
<tr>
<td>2007: 949 hours</td>
</tr>
</tbody>
</table>
2008: 804 hours
*Per the Daly/Ma amendments to the full-time driving requirement (Ordinance 58-08), applicants may drive a prorated number of shifts or hours for the year 2009.
  o Mr. Lee is currently a Muni driver for San Francisco Municipal Transportation Authority (SFMTA).
  o Mr. Lee consistently picks up his first customer 3 – 4 hours after his shifts begin.
  o Mr. Lee does not meet the full-time qualifications for the year 2005.
  o Mr. Lee turned in his waybills for review in December 2008 therefore no additional waybills for 2009 were requested at the time as the 2009 year had not begun.
  o If the Commission so desires, Staff may review any completed 2009 waybills for the month of January to verify prorated driving qualification per the Daly/Ma Ordinance 58-08.

B7: Kenneth W. Liang, Alternative Fuel
2005: 193 shifts
2006: 238 shifts
2007: 175 shifts
2008: 840 hours

B8: Mahmood Rudsari, Alternative Fuel
2005: 361 shifts
2006: 354 shifts
2007: 361 shifts
*Continued from December 9, 2008.
  o Mr. Rudsari has had his A-Card revoked four times mostly for non-payment and currently only holds a temporary A-Card.
  o First A-Card: P44 046528, Revoked March 15, 1995 for Non-Payment
  o Second A-Card: P44 046994, Revoked October 27, 1998 for Non-Payment
  o Third A-Card: P44 048607, Revoked February 22, 2000, no reason stated
  o Fourth A-Card: P44 052617, Revoked May 1, 2008 for Non-Payment
  o According to the above driving records, Mr. Rudsari drives an average of 360 shifts a year. If this is correct, Mr. Rudsari has a history of driving without a valid A-Card.
  o A-Cards expire by law as of December 31 of every year.
  o MPC §1078(a) states, No person shall driver or operate any motor vehicle for hire on the public streets of the City and County of San Francisco without a permit issued by the Taxi Commission authorizing such driving or operation in accordance with the provisions of this Article. Mr. Rudsari operated a motor vehicle for hire without a permit issued by the Taxi Commission authorizing such operation.
  o MPC §1089(a) states, It shall be unlawful for any person to act as a driver of any motor vehicle for hire licensed pursuant to this Article unless that person holds a driver’s permit from the Taxi Commission issued pursuant to this Section.
  o Mr. Rudsari operated a motor vehicle for hire without a valid permit.
  o The Commission allows the month of January as a grace period to renew A-Cards.
  o Taking his history of revocation for non-payment, if the Commission decides to grant a taxi medallion to Mr. Rudsari, the may request Mr. Rudsari to sign a statement to submit payments for the A-Card and taxi medallion permits in a timely manner, before either permit reaches their expiration date.
B9: Sanh P. Nguyen, Alternative Fuel
2005: 837 hours
2006: 976 hours
2007: 868 hours
2008: 804 hours

B10: James N. Sukovitzen, Alternative Fuel
2005: 840 hours
2006: 840 hours
2007: 850 hours
2008: 920 hours
  o Mr. Sukovitzen is currently driving on a temporary A-Card.
  o His A-Card was revoked on May 1, 2008 for Non-Payment.
  o Mr. Sukovitzen received a temporary A-Card on July 31, 2008 and drove from January 1 – July 30, 2008 with an expired A-Card.
  o MPC §1078(a) states, No person shall driver or operate any motor vehicle for hire on the public streets of the City and County of San Francisco without a permit issued by the Taxi Commission authorizing such driving or operation in accordance with the provisions of this Article. Mr. Rudsari operated a motor vehicle for hire without a permit issued by the Taxi Commission authorizing such operation.
  o MPC §1089(a) states, It shall be unlawful for any person to act as a driver of any motor vehicle for hire licensed pursuant to this Article unless that person holds a driver’s permit from the Taxi Commission issued pursuant to this Section.
  o Mr. Sukovitzen operated a motor vehicle for hire without a valid permit.
  o The Commission allows the month of January as a grace period to renew A-Cards.

B11: Grayson S. Bourne, Alternative Fuel
2005: 166 shifts
2006: 237 shifts
2007: 195 shifts
2008: 984 hours
PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last):

GHAFFAR KHAN

Type of Medallion Applying for:

\(\times\) Regular  \(\square\) Ramp

Residence Address (Street Address, City, State, Zip):

San Bruno, CA

Mailing Address (If different than residence address):


Residence Phone Number:

24 HOURS

Alternate Phone Number:

4PM-4AM

Social Security Number:

N/A

California Driver's License Number / Expiration Year:

Date of Birth:

Place of Birth:

Race (Optional):

ASIAN

Sex: M/F

Height: 5'8"

Weight: 132

Eye Color:

BROWN

Hair Color:

BLACK

Color Scheme / Business Name:

DESHI CAB CO.

Color Scheme / Business Address (Street Address, City, State, Zip):

555 Selby St, SF, CA

Business Number:

(415) 970-1300

Are you a U.S. Citizen?

\(\times\) Yes  \(\square\) No

Alien Resident Card Number:

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)?

\(\square\) No  \(\times\) Yes

If Yes - Date permit was issued:

1987

Permit #: 444-043731

Has this permit ever been revoked?

\(\square\) No  \(\times\) Yes, if yes, explain:

Per MPC §1081(a)(3), do you hold or have you ever held any permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere?

\(\times\) No  \(\square\) Yes, if yes, explain:

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

BECAUSE I TAKE APPROXIMATELY 20-35 CALLS PER DAY,

I MAKE SURE THAT ALL MY CUSTOMERS ARE SAFE, I WALK THE OLDER CITIZENS TO THEIR DOORS, AND I AM VERY COURTESY.

OFFICE USE ONLY

Received by:

Jan 13, 2009

Notice Date:

Jan 13, 2009

SAN FRANCISCO TAXI COMMISSION

Updated: September 29, 2008, C:\Medallion\Applications_Forms & templates Med Application\PCN Application-3pg.doc
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(a). □ Yes  □ No

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

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
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<tbody>
<tr>
<td>NOV '91</td>
<td>CURRENT</td>
<td>111-11 E. SAN BRUNO, CA</td>
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How long have you lived within a 30 mile radius of San Francisco? 33 years __________ months

How many years driving experience do you have in San Francisco? 33 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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCT '87</td>
<td>CURRENT</td>
<td>DESOTO CAB</td>
<td>555 SELBY ST., SF CA 94114</td>
<td>CAB DRIVER</td>
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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 no contest pleas may be considered cause to deny the permit.

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
<th>Place of Arrest</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Is your eyesight impaired? □ Yes  □ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? □ Yes  □ No

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

Have you ever had: Epilepsy □ Yes  □ No  Vertigo □ Yes  □ No  Heart Trouble □ Yes  □ No

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

Were you previously a medallion holder? □ No  □ Yes, If yes, was the medallion permit ever revoked? □ No □ Yes

If yes, it was revoked, explain for what cause:

Updated: September 29, 2006, G:\Medallion\Applications_Forms & templates Med Application\PCN Application-3pg.doc
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)

WILL BE USING DESOTO’S RADIO.

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.

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 17th day of November, 2008 at San Francisco, California.

Signature of Applicant

RECEIVED

DEC 02 2008

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**

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHAFFAR KHAN</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAN BRUNO CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address, if different from above (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Taxi Company</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>DESOTO CAB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Phone</th>
<th>Medallion Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(415) 970-1300</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner / Operator</th>
<th>Gas &amp; Gate</th>
<th>Long Term Lease</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

**I HAVE BEEN AT DESOTO FOR 31 YRS AND I'M VERY HAPPY**

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**  **Nov. 17, 2008**  **at San Francisco, California.**

GHAFFAR KHAN  
Signature of Applicant

---

**TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY**

<table>
<thead>
<tr>
<th>Name of person authorized to sign for Color Scheme Holder:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CINDY WARD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title:</th>
<th>General Mgr.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Color Scheme Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESOTO CAB CO.</td>
</tr>
</tbody>
</table>

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for **DESOTO CAB CO.** hereby give consent to the applicant named to use my color scheme.

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

Cindy L. Ward  
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

**Date**  **11/17/08**

---

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Agenda Notice Date</th>
<th>Hearing Date</th>
<th>Decision of Taxicab Commission</th>
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<tr>
<th>Worker's Comp Submitted</th>
<th>Insurance Submitted</th>
<th>Paint Chips Submitted</th>
<th>Photos Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Received by:  
Receipt No:  
Amount:
Issued by
Office of the Treasurer & Tax Collector
Public Passenger Vehicle Driver
Expires: December 31, 2008
GHAFFAR KHAN
P44-043731

The above named person is licensed as a Public Passenger Vehicle Driver in accordance with the San Francisco Police Code, Article 1. Sections 2.26.1 and 2.27.1
PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)  
KAM YAN WONG

Residence Address (Street Address, City, State, Zip)  
2121 EVANS ST S.F.

Mailing Address (if different than residence address)

Residence Phone Number  
81

Alternate Phone Number:  
24-191

Hours Available at this Number:

Social Security Number

California Driver's License Number / Expiration Year

Date of Birth

Place of Birth

Race (Optional)  
ASIAN

Sex  
(M) F

Height  
5'2"

Weight  
102

Eye Color  
BLACK

Hair Color  
BLACK

Color Scheme / Business Name  
S.F. TAXI CAB CO

Business Number  
(415) 920-0709

Color Scheme / Business Address (Street Address, City, State, Zip)  
2121 EVANS ST S.F. CA 94112

Are you a U.S. Citizen?  
Yes

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)?  
Yes

If Yes — Date permit was issued:  
2-6-90

Permit #:  
P-4Y-042036

Has this permit ever been revoked?  
No

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

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

The people of San Francisco will benefit from my driving experience. I have been driving for seventeen years. I know how to play the radio, handle a car, and talk. I never had a complaint about my driving and about the way I drive. I am always courteous with my passengers. I have a good knowledge of San Francisco from north beach to south beach.

KAM YAN WONG

OFFICE USE ONLY

Received by  
Ari 1/5

Receipt No.  
024-10-9

Amount:  
1267.00

Date:  
1/5

Notice Date:  
1/17/99

Hearing Date:  
2/27/99

Updated: September 29, 2008, G:\Medallion\Applications_Forms & templates Med Application\PCN Application-3pg.docx
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)**

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/1992</td>
<td>Current</td>
<td></td>
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</tbody>
</table>

How long have you lived within a 30 mile radius of San Francisco? 23 years 5 months

How many years driving experience do you have in San Francisco? 23 years 4 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)**

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/1988</td>
<td>Current</td>
<td>U - S - P - S</td>
<td>276 HARRISON ST SF CA4240 LETTER CARRIES</td>
<td></td>
</tr>
<tr>
<td>6/1/1991</td>
<td></td>
<td>Regent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/1/1994</td>
<td>4/1/2006</td>
<td>RAY CAR CO</td>
<td>999 PENNSYLVANIA AVE 94107 DRIVER</td>
<td></td>
</tr>
<tr>
<td>5/2007</td>
<td>Current</td>
<td>DELTA CAR CO</td>
<td>4340 - 25TH ST 94107 DRIVER</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
<th>Place of Arrest</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Is your eyesight impaired? □ Yes  ☑No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? □ Yes  ☑No

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

Have you ever had: Epilepsy □ Yes  ☑No  Vertigo □ Yes  ☑No  Heart Trouble □ Yes  ☑No

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

Were you previously a medallion holder? ☑No  □Yes, If yes, was the medallion permit ever revoked? □ No  □Yes

If yes, it was revoked, explain for what cause:
If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☑ Yes ☐ No
If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)  
24-hour Citywide 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.

☑ Y.Y.W. 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.

☑ Y.Y.W. 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.

☑ Y.Y.W. 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 ______ day of DECEMBER, 2008 at San Francisco, California.

Signature of Applicant

RECEIVED

DEC 16, 2008

Printed name
**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**

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAM YAIN WONG</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 S. F. CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address, if different from above (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:

<table>
<thead>
<tr>
<th>Name of Taxi Company</th>
<th>Business Address of Taxi Company (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S.F. TAXI-CAB CO.</td>
<td>2121 EVANS ST., SAN FRANCISCO, CA 94124</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Phone</th>
<th>Medallion Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(415) 920-0709</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>☑ Owner / Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Gas &amp; Gate</td>
</tr>
<tr>
<td>☐ Long Term Lease</td>
</tr>
</tbody>
</table>

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

I AM GOING TO A GREAT DISPATCH SERVICE.

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 12-5-2008 at San Francisco, California.

KAM YAIN WONG

**NAME OF PERSON AUTHORIZED TO SIGN FOR COLOR SCHEME HOLDER:**

JACK G. TRAD

<table>
<thead>
<tr>
<th>Title:</th>
<th>SOLE PROPRIETORSHIP</th>
</tr>
</thead>
</table>

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for S.F. TAXI-CAB CO. hereby give consent to the applicant named to use my color scheme.

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

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder: 12-11-08

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Agenda Notice Date</th>
<th>Hearing Date</th>
<th>Decision of Taxicab Commission</th>
<th>New Declaration Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Worker's Comp Submitted | Insurance Submitted | Paint Chips Submitted | Photos Submitted
<table>
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Received by:  Recipt No.  Amount  Date

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<tr>
<td></td>
<td></td>
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</tbody>
</table>
EXPIRES: DECEMBER 31, 2009
KAM Y. WONG
P44-042036  DELTA 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

SEX: M  HAIR: BLK  EYES: X
HT: 5' 02"  WT: 180  DOB: 10/28/40

SAN FRANCISCO CA 94134

36/03/2003 235 62  10/28
PC & N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)
ROBERT LEE BROOKS

Type of Medallion Applying for:
☒ Regular
☐ Ramp

Residence Address (Street Address, City, State, Zip)
4 LINDO LAKES DR. DAVY CANYON, CA

Name(s) Used
LINDO

Residence Phone Number:
1-5 PM
Alternate Phone Number:
1 PM ON

Hours Available at this Number:
1-5 PM
Hours Available at this Number:
1 PM ON

Social Security Number

Other name(s) used

California Driver's License Number / Expiration Year

Date of Birth

Place of Birth

Race (Optional)
CAUC.

Sex
M/F

Height
5' 10"

Weight
220 lb

Eye Color
HAZEL

Hair Color
WHITE

Color Scheme / Business Name
DE SOTO CAB

Business Number
(415) 970-1305

Color Scheme / Business Address (Street Address, City, State, Zip)
555 SELBY ST. SAN FRANCISCO CA

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

Are you currently a public active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? ☒ Yes ☐ No

If Yes - Date permit was issued: MAY 1984
Permit #: PA4-036123

Has this permit ever been revoked? ☐ Yes ☐ No, 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:

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

As a San Francisco taxi driver, I am a de facto ambassador of the city & county of S.F. It is in that spirit that I endeavor to leave a lasting, positive and memorable impression on my customers. I believe I am an asset to the local taxi industry and by extension, then I am also an asset to the city at large. To wit, I have been featured on Bay Area Backroads and have been reviewed on Yelp. I frequently regale my customers with clever and witty songs for which they are grateful, exiting the cab saying, "This is the best cab ride I've ever had" or "This is the most entertaining ride I've ever had." All of these things support my contention that I am responsible for putting a positive spin on the collective character of San Francisco cab drivers. Thank you very much.

OFFICE USE ONLY

Received by:

Date:

Received No.

Amount:

Date:

Note Date:

Page 1 of 3

Updated: September 29, 2008, G:\MedallionApplications_Forms & templates Mod Application\PCN Application-3pg.doc
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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-1996</td>
<td>CURRENT</td>
<td>BLVD. DALY CITY CA</td>
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</tbody>
</table>

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

How many years driving experience do you have in San Francisco? 29 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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-1984</td>
<td>CURRENT</td>
<td>DESOTO CAB</td>
<td>555 SELBY ST S.F. CA</td>
<td>DRIVER</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
<th>Place of Arrest</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO FELONIES EVER</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Is your eyesight impaired? ☑ Yes ☐ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☑ Yes ☐ No

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

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

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

Were you previously a medallion holder? ☑ No ☐ Yes, If yes, was the medallion permit ever revoked? ☑ No ☐ Yes, If yes, it was revoked, explain for what cause:
If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? □ Yes  □ No
If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

DE SOTO CAB RADIO DISPATCH SERVICE - 24/7.

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.

[Signature] 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.

[Signature] 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.

[Signature] 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 16th day of DECEMBER, 2008 at San Francisco, California.

[Signature of Applicant]

RECEIVED
DEC 19 2008
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, Middle, Last)
ROBERT LEE BROOKS

### 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:

**DE SOTO CAB**

555 SELBY ST. S.F. CA. 94124

(415) 970 - 1300

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

**GOOD RADIO BUSINESS**

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

**DECEMBER 19th, 2008** at San Francisco, California.

ROBERT BROOKS

**Print Name of Applicant**

**Signature of Applicant**

---

**TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY**

<table>
<thead>
<tr>
<th>Name of person authorized to sign for Color Scheme Holder:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CINDY L. WARD</td>
<td>GENERAL MGR.</td>
</tr>
</tbody>
</table>

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for **DE SOTO CAB CO.** hereby give consent to the applicant named to use my color scheme.

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

**CINDY L. WARD**

**Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder**

**12/18/08**

---

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Agenda Notice Date</th>
<th>Hearing Date</th>
<th>Decision of Taxicab Commission</th>
<th>New Declaration Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>8/6/08</strong></td>
</tr>
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<table>
<thead>
<tr>
<th>Worker's Comp Submitted</th>
<th>Insurance Submitted</th>
<th>Paint Chips Submitted</th>
<th>Photos Submitted</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

Received by:  

**Receipt No.**

**Amount**

**Date**

---
EXPIRES: DECEMBER 31, 2009

ROBERT BROOKS
P44-036123  DE SOTO 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

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
<th>Type of Medallion Applying for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOISEN ABRAHAM</td>
<td>☐ Regular ☐ Ramp</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
<th>Alternate Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>111 W ST, SAN FRANCISCO, CA 94108</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Phone Number:</th>
<th>Alternate Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(415) 770-1101</td>
<td></td>
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</table>

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<thead>
<tr>
<th>Social Security Number</th>
<th>Other name(s) used</th>
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<tbody>
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<tr>
<th>California Driver's License Number / Expiration Year</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
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<tr>
<th>Race (Optional)</th>
<th>Sex</th>
<th>Height</th>
<th>Weight</th>
<th>Eye Color</th>
<th>Hair Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>M</td>
<td>5'8</td>
<td>170</td>
<td>BROWN</td>
<td>BLACK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Color Scheme / Business Name</th>
<th>Business Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARROW CO</td>
<td>(415) 770-1101</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Color Scheme / Business Address (Street Address, City, State, Zip)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2575 MARIN ST, SF, CA 94124</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you a U.S. Citizen?</th>
<th>Yes ☐ No ☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alien Resident Card Number:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)?</th>
<th>No ☐ Yes ☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit:</td>
<td></td>
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<tr>
<td>Date permit was issued:</td>
<td>10/1/98</td>
</tr>
<tr>
<td>Has this permit ever been revoked?</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>If yes, if yes, explain:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Per MPC §1081(a)(3), do you holds or have you ever held any other permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere?</th>
<th>No ☐ Yes ☑</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary):</td>
<td></td>
</tr>
</tbody>
</table>

This medallion go to a company which is committed to serve the public, especially the residents of San Francisco. I take lot of radio calls. So, I believe this medallion will be served properly. Also I am very thankful to the city of San Francisco for granting me this medallion. Thank you.

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Received by</th>
<th>Record No</th>
<th>Amount</th>
<th>Date</th>
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<tbody>
<tr>
<td>Danella</td>
<td>9492S</td>
<td>1200</td>
<td>1/1/09</td>
</tr>
</tbody>
</table>

Date: 01/14/09

Hearing Date: 02/27/09

**RECEIVED**

S.F. TAXI COMMISSION

**Page 1 of 3**
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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/5/10</td>
<td>Present</td>
<td>16th St, San Francisco, CA</td>
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<tr>
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</tbody>
</table>

How long have you lived within a 30 mile radius of San Francisco?  16 years ___ months
How many years driving experience do you have in San Francisco?  16 years ___ months
Are you physically qualified to drive a standard vehicle safely?  ☑ Yes  □ No

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

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/5/95</td>
<td>Present</td>
<td>Arrow CA</td>
<td>2575 Marin St, SF CA 94124</td>
<td>Down</td>
</tr>
<tr>
<td></td>
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</table>

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

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

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
<th>Place of Arrest</th>
<th>Disposition</th>
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<tbody>
<tr>
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</table>

Is your eyesight impaired?  ☑ Yes  □ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?  ☑ Yes  □ No

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

Have you ever had:  Epilepsy  ☑ Yes  □ No  Vertigo  ☑ Yes  □ No  Heart Trouble  ☑ Yes  □ No

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

Were you previously a medallion holder?  ☑ No  □ Yes, If yes, was the medallion permit ever revoked?  ☑ No  □ Yes

If yes, it was revoked, explain for what cause:
If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service?  ☐ Yes  ☐ No
If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

I take lot of radio calls. Arrow Cab Company has a good reputation in serving the public and this is my number 717-2222. Arrow Cab Company.

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 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 12/20/08 day of December 2008 at San Francisco, California.

Signature of Applicant

RECEIVED
JAN 05 2009
SAN FRANCISCO TAXI COMMISSION
Applicant's Name (First, Middle, Last) [Smith, A. Chrabackal]
Residence Address (Street Address, City, State, Zip) [-- --, San Francisco, CA 98]
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: Arrow Taxi
Business Address of Taxi Company (Street Address, City, State, Zip): 2579 Marina St., S.F., CA 94124
Business Phone: (415) 970-1101

Medallion Number

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

I have been working for Arrow Cab Company for more than 10 years and I like to work with the people. The company have good quality business and I like to be part of that business.

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 12/29/08, 2008 at San Francisco, California.

Print Name of Applicant [Smith, Chrabackal]
Signature of Applicant [Chrabackal]

---------TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY---------

Name of person authorized to sign for Color Scheme Holder: Tyler Speck
Title: General Manager

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Arrow Taxi Co.
Color Scheme Name

hereby give consent to the applicant named to use my color scheme.

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

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder [Tyler Speck]
Date 12-29-2008

---------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 05 2003
ABISON A. CHIRACKAL
P44-045698  ARROW 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.
PCN TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) HERMENEGILDO JIM TRINIDAD
Residence Address (City, State, Zip) SO. SAN FRANCISCO, CA...
Mailing Address (If different than residence address)

Residence Phone Number: 941 - 9417
Alternate Phone Number: 941 - 9417

Social Security Num: Other name(s) used

California Driver's License Number / Expiration Year
Date of Birth
Place of Birth

Race (Optional) Sex: Height: Weight: Eye Color: Hair Color:

Color Scheme / Business Name: BAY CAB
Color Scheme / Business Address (Street Address, City, State, Zip): 999 POWELL STREET, SAN FRANCISCO, CA 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
If Yes – Date permit was issued: 1995
Permit #: PY - 05 - 1915

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:

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

IF THIS MEDALLION IS NOT GRANTED TO ME THEN THE CITY OF SAN FRANCISCO WILL LOSE OUT ON OR HAVE ONE LESS HONEST DRIVER/MEDALLION HOLDER WHO WOULD TREAT HIS PASSENGERS WITH MUCH RESPECT, COURTESY, AND SAFE TRANSPORTATION. I AM A GOOD LAW ABIDING CITIZEN WHO IS HAPPY TO SERVE THE COMMUNITY OF SAN FRANCISCO, INCLUDING TOURIST/VISITORS AND BUSINESS PEOPLE ALIKE. AS A MEDALLION HOLDER I WILL ALSO MAKE SURE THAT THE MEDALLION WILL BE MANAGED LAWFULLY ACCORDING TO THE SAN FRANCISCO TAXI COMMISSION AND THE SAN FRANCISCO POLICE DEPARTMENT RULES AND REGULATIONS. I WILL ALSO ENFORCE MY COLOR SCHEME (BAY CAB), RADIO DISPATCH, AND OTHER DRIVERS UNDER MY MEDALLION TO FOLLOW THE RULES AND REGULATIONS. THIS IS WHY THE PUBLIC WILL BE BETTER SERVED IF THIS MEDALLION IS GRANTED TO ME.

RECEIVED

OFFICE USE ONLY

Received by: Danielle Received Date: 1/6/09
Record No.: 621932 Amount: $120.00 Date: JAN 9 2009
Notice Date: 1/6/09 Hearing Date: 1/27/09
San Francisco
Tax Commission
I have driven a taxicab in the City of San Francisco and I meet the current year's driving requirement pursuant to SFPD Municipal Police Code Section 1121(b). ☑ Yes ☐ No

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

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>2002</td>
<td>D. So. San Francisco, CAT, 110 Ave, Only City, CA</td>
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<td></td>
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<td></td>
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</table>

How long have you lived within a 30 mile radius of San Francisco? 32 years months

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

Are you physically qualified to drive a standard vehicle safety? ☑ Yes ☐ No

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

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>PRESENT</td>
<td>Day Cab</td>
<td>999 Pennsylvania Ave, SF</td>
<td>TAXI DRIVER</td>
</tr>
<tr>
<td>2004</td>
<td>PRESENT</td>
<td>Day Cab</td>
<td>999 Pennsylvania Ave, SF</td>
<td>OFFICE ASSISTANT</td>
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</table>

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.

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<th>Disposition</th>
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</tbody>
</table>

Is your eyesight impaired? ☑ Yes ☐ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired? ☑ Yes ☐ No

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

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

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

Any Narcotic Drug? ☑ Yes ☐ No

Were you previously a medallion holder? ☑ No ☐ Yes, If yes, was the medallion permit ever revoked? ☑ No ☐ Yes

If yes, it was revoked, explain for what cause:

Updated: September 29, 2008, G:\Medallion\Applications_Forms & templates Med Application\PCN Application-3pg.doc
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)

San Cab uses Town Taxi radio for their radio dispatch service.

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal?  Yes  No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab?  Yes  No

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

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 SEVENTH day of JANUARY, 2009 at San Francisco, California.

[Signature]

Applicant

RECEIVED

JAN 07 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)  HERMENEGILDO JIM TRINIDAD

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: BAY CAB
Business Address of Taxi Company (Street Address, City, State, Zip): 599 PENNSYLVANIA AVE, SAN FRANCISCO, CA 94107

Business Phone: (415) 206-1904

Medallion Number

☑ Owner / Operator
☐ 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):

I HAVE BEEN DRIVING WITH BAY CAB SINCE 2004. I LIKE THE COMPANY AND THE WAY IT RUNS ITS BUSINESS. I ALSO LIKE THE PEOPLE WHO WORK FOR THE COMPANY. THIS IS WHY I WANT TO USE BAY CAB AS 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.

Executed on JANUARY 7, 2009 at San Francisco, California.

HERMENEGILDO JIM TRINIDAD

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:

ROGER CARDENAS

Title: MGR.

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for BAY CAB

Color Scheme Name

give consent to the applicant named to use my color scheme.

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

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

Date 1-17-09

RECEIVED

OFFICE USE ONLY

Agenda Notice Date

Hearing Date

Decision of Taxicab Commission

New Declared License

Worker's Comp Submitted

Insurance Submitted

Paint Chips Submitted

Photos Submitted

Received by:

Receipt No.

Amount

Date

SAN FRANCISCO TAXI COMMISSION

JAN 7 2009
RECEIVED
JAN 07 2009
SAN FRANCISCO TAXI COMMISSION

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

EXPIRES: DECEMBER 31, 2009
HERMENEGILDO J. TRINIDAD
P44-051915 BAY 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

HERMENEGILDO JIM TRINIDAD

SEX: M HAIR: BLK
HT: 5'-10" WT: 200

S SAN FRAN CA
DOB 7-21-69

12/14/2007 2:39 RB FD/13
PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)  STEVEN YIK LEE

Residence Address (Street Address, City, State, Zip)  SOUTH SAN FRANCISCO, CA

Mailing Address (If different than residence address)

Residence Phone Number: ( )  
Alternate Phone Number: 

Hours Available at this Number:  ANY TIME.

Social Security Number

California Driver's License Number / Expiration Year

Date of Birth

Place of Birth

Race (Optional)  
Sex  M  F  Height  5'8"  Weight  175 lb  Eye Color  BRN  Hair Color  BLK

Color Scheme / Business Name  BIG DOG CITY CAB

Color Scheme / Business Address (Street Address, City, State, Zip)  2121 EVANS AVE, SAN FRANCISCO, CA 94124

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

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)?  No  Yes

If Yes – Date permit was issued: 12/05/08  Permit #: P44-045255

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:

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

San Francisco is one of the beautiful and unique city in the world. Over 15 million people from other state and overseas come to San Francisco annually for vacation and convention. Although public transportation and rental cars are convenient, taxis can offer door-to-door pickup and drop off at the exact destination. Visitors would prefer taxis over other transportation. For these reasons, for serving properly to the public, this medallion needs to be granted.

OFFICE USE ONLY
Received by:  
Receipt No.  24434  Amount  $8,126.70  Date:  9/27/09
Notice Date:  01/13/09  Hearing Date:  01/27/09

Updated: September 29, 2008, G:\Medallion\Applications_Forms & templates\Med Application\PCN Application-3pg.doc
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).  X Yes  □ No

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

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>NOW</td>
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</table>

How long have you lived within a 30 mile radius of San Francisco?  18 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?  X Yes  □ No

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

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>NOW</td>
<td>MUNI</td>
<td>1201 Mason St, SF, CA 94108</td>
<td>DRIVER</td>
</tr>
<tr>
<td>2005</td>
<td>NOW</td>
<td>BIG DOG</td>
<td>2121 Evans Ave, SF, CA 94124</td>
<td>DRIVER</td>
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</table>

Have you ever been convicted of, or plead guilty or No Contest to any crime?  X 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.

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
<th>Place of Arrest</th>
<th>Disposition</th>
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</table>

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

Is your hearing impaired?  □ Yes  X No

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

<table>
<thead>
<tr>
<th>Have you ever had:</th>
<th>Epilepsy</th>
<th>□ Yes  X No</th>
<th>Vertigo</th>
<th>□ Yes  X No</th>
<th>Heart Trouble</th>
<th>□ Yes  X No</th>
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</table>

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

Were you previously a medallion holder?  X No  □ Yes, If yes, was the medallion permit ever revoked?  □ No  □ Yes
If yes, it was revoked, explain for what cause:
If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service?  ☑ Yes  ☐ No
If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

I WILL USE CITY WIDE RADIO DISPATCH.

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal?  ☑ Yes  ☐ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab?  ☑ Yes  ☐ No

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

SL  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.

SL  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.

SL  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 22 day of DEC 2008 at San Francisco, California.

Signature of Applicant
*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)  
**STEVEN YIK LEE**  

Residence Address (Street Address, City, State, Zip)  
**3010 Corner Way, SOUTH SAN FRANCISCO, CA**

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  
**BIG DOG CITY CAB**

Business Address of Taxi Company (Street Address, City, State, Zip)  
**2121 EVANS AVE, SAN FRANCISCO, CA 94124**

Business Phone  
**(415) 920-0709**

Medallion Number  
**To Be Determined**

Owner / Operator:  
☑  
☐ 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):

I have been with that company for last many years and company provide the reliable and immediate respond radio dispatch system. that's why I am going to stay with that company.

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

Executed on  
**12/22, 2008**  
at San Francisco, California.

Print Name of Applicant  
**STEVEN LEE**

Signature of Applicant  
**Steven Lee**

**Name of person authorized to sign for Color Scheme Holder:**

**NICHOLAS LEWIS**

**Title:**  
**Sec/Treas**

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for  
**Big Dog City Cab**

Color Scheme Name  

hereby give consent to the applicant named to use my color scheme.

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

**Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder:**  
**Nicholas Lewis**

**Date:**  
**12-22-08**

**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

STEVEN Y. LEE
P44-045255 BIG DOG CITY 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
COMMERCIAL DRIVER LICENSE

EXPIRES
STEVENV Y. LEE
S SAN FRAN CA
SEX:M HAIR:BLK
HT:5'-08" WT:180
EYES:BRN
RSTR: 64

07/18/2007 599 23 FD/09

DEC 16 2008
PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)  KENNETH WANT TENG LIANG

Residence Address (Street Address, City, State, Zip) 36, DALY CITY, CA

Mailing Address (If different than residence address)  

Residence Phone Number: 9 a.m. - 2 p.m. Alternate Phone Number: 4 p.m. - 12 a.m.

Hours Available at this Number: 

Social Security Number: 47 Other name(s) used: 

California Driver's License Number/Expiration Year: Date of Birth: Place of Birth: 

Race (Optional): BURMESE Sex: F Height: 5'8" Weight: 170 lb Eye Color: BROWN Hair Color: BLACK

Color Scheme / Business Name: DE SOTO CAB CO.

Business Number: (415) 970-1300

Color Scheme / Business Address (Street Address, City, State Zip): 555 SELBY ST., SAN FRANCISCO, CA.

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

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? No Yes If Yes - Date permit was issued: 1994 Permit #: 48970

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: RAMPED TAXI CAB # 9054

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

If I do not have the medallion, I think that the public will not be served well because my duty is taxi cab driver, I always work my 10 hour shift. I am a nice person. I always ask my customers how they are doing and I always help with their luggage if they have it. I drive steady and well, especially older people and disable people. I go out my cab and take care everything including seatbelt make sure they O.K. I know most of the areas in San Francisco. Sometimes customer need their way I will take it. making their ride easier.

[Additional text on subsequent pages]

OFFICE USE ONLY

Received by: David 1/24/09
Notice Date: 4/13/09
Amount: $1200
Hearing Date: 1/27/09

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

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

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
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<tbody>
<tr>
<td>1-1-1996</td>
<td>CURRENT</td>
<td>DOWNTOWN, DALY CITY, CA</td>
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</table>

How long have you lived within a 30 mile radius of San Francisco? 19 years 8 months

How many years driving experience do you have in San Francisco? 19 years 6 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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>5-22-2006</td>
<td>REGENTS CAB</td>
<td>999 PENNSYLVANIA ST, S.F.</td>
<td>DRIVER</td>
</tr>
<tr>
<td>5-22-2006</td>
<td>CURRENT</td>
<td>DE SOTO CAB</td>
<td>555 SELBY ST, S.F.</td>
<td>DRIVER</td>
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</table>

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ No  ☑ Yes, if yes, provide the information required below. Failure to provide full information relative to prior convictions, guilty pleas or no contest pleas may be considered cause to deny the permit.

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
<th>Place of Arrest</th>
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</tbody>
</table>

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

Is your hearing impaired? ☐ Yes  ☑ No

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

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

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

Were you previously a medallion holder? ☐ No  ☑ Yes, if yes, was the medallion permit ever revoked? ☑ No  ☐ Yes If yes, it was revoked, explain for what cause: RAMPED TAXI # 9054
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)

De Soto 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.

☐ 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.sf.gov.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 24th day of DECEMBER, 2008 at San Francisco, California.

Signature of Applicant

RECEIVED

JAN 8 2009

SAN FRANCISCO TAN 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**

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
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<tbody>
<tr>
<td>KENNETH WANT TENG LIANG</td>
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<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
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<tbody>
<tr>
<td>DALY CITY, CA</td>
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<tr>
<th>Mailing Address, if different from above (Street Address, City, State, Zip)</th>
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<tr>
<th>If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:</th>
<th></th>
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<table>
<thead>
<tr>
<th>Name of Taxi Company</th>
<th>Business Address of Taxi Company (Street Address, City, State, Zip)</th>
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<tbody>
<tr>
<td>DE SOTO CAB</td>
<td>555 SELBY ST., SAN FRANCISCO, CA</td>
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</table>

<table>
<thead>
<tr>
<th>Business Phone (Area Code)</th>
<th>Phone Number</th>
<th>Medallion Number</th>
<th>Company Owner Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>(415)</td>
<td>970 - 1300</td>
<td></td>
<td>Owner / Operator</td>
</tr>
</tbody>
</table>

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

I already have ramped Taxi #9054 at DE SOTO CABCO.

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 **DECEMBER 24, 2008** at San Francisco, California.

**KENNETH LIANG**

**Print Name of Applicant**

**Signature of Applicant**

**Name of person authorized to sign for Color Scheme Holder:**

| CINDY L. WARD | Title: GENERAL MGR. |

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for **DE SOTO CAB CO.**

**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.

**CINDY L. WARD**

**Date: December 29, 2008**

**Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder**

**JAN 08 2009**

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

**Received by:**

**Amount**

**Date**
RECEIVED
JAN 08 2003
SAN FRANCISCO
TAXI COMMISSION

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

EXPIRES: DECEMBER 31, 2009
KENNETH W.T. LIANG
P44-048970  DE SOTO CAB CO.

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

CALIFORNIA
DRIVER LICENSE
CLASS: C

KFNNTB WANT TFNG LIANG
DIALY CITY CA
SEX: M  HAIR: BLK
HT: 5'-08  WT: 155  EYES: HBN

09/01/2003  599 09  10/10
PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant’s Name (First, Middle, Last) SANH PHUC NGUYEN

Residence Address (Street Address Only, State Zip)

Mailing Address (If different than residence address) DRIVE SAN JOSE CA

Residence Phone Number: Alternate Phone Number: ( )

Hours Available at this Number:

Social Security Number: Other name(s) used

California Driver’s License Number / Expired Year Date of Birth Place of Birth

Race (Optional) Sex Height Weight Color Hair Color

Color Scheme / Business Name LVNOR CAB COMPANY

Color Scheme / Business Address (Street Address, City, State, Zip) 2230 JERIAL AVE SAN FRANCISCO CA 94124

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

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? No Yes

If Yes—Date permit was issued: 1985 Permit #: P44-036104

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

Per MPC §1061(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:

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

- The public will not be served properly if the sick client or case of emergency client need to go to hospital or to see doctor and they have to wait long for taxi; it can be harmful to their health, that’s why this medallion need to be granted.
- In the other hand, most taxi circulate in downtown, one airport, most residents in Sunset, Park, Merced, Hunters Point District etc.— need to wait long for a taxi, when they need one. It’s necessary for this medallion to be granted to improve the public.

JAN 8 2009

OFFICE USE ONLY

Received by: Rept No. Amount: +207- Date:

Notice Date: 1/13/09 Hearing Date: 2/27/09
If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☐ Yes ☐ No
If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other) Luxor Cab 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.

☐ Yes 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.

☐ Yes 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.

☐ Yes 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 23rd day of December 2008 at San Francisco, California.

[Signature of Applicant]
**PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION**
San Francisco Taxicab Commission

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
<th>Type of Medallion Applying for</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAHMOOD BAGHAI KURSAI</td>
<td>☐ Regular ☐ Ramp</td>
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<th>Residence Address (Street, City, State, Zip)</th>
<th>Alternate Phone Number: (415):</th>
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<tr>
<th>Mailing Address (if different than residence address)</th>
<th>Hours Available at this Number:</th>
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<td>IRAN</td>
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<th>Weight</th>
<th>Eye Color</th>
<th>Hair Color</th>
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<td>BRN</td>
<td>GRAY</td>
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<table>
<thead>
<tr>
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<th>Business Number</th>
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</thead>
<tbody>
<tr>
<td>TOWN TAXI / TOWN TAXI INC.</td>
<td>(415) 401-8900</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Color Scheme / Business Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOWN TAXI / 999 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107</td>
</tr>
</tbody>
</table>

Are you a U.S. Citizen? ☑ Yes ☐ No, If No, write the Alien Resident Card Number: 

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? ☑ Yes ☐ No

If Yes—Date permit was issued: 10/23/08 Permit #: REVOKED PERMIT WAS P44-092017 AS A TEMPORARY PERMIT

Has this permit ever been revoked? ☑ Yes ☐ No If yes, explain: FAILED TO PAY PERMIT FEE

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? ☑ Yes ☐ No If yes, explain:

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

I HAVE A FIFTEEN YEARS HISTORY OF WORKING IN A TAXICAB WITH THE PUBLIC. OVER THE YEARS, I HAVE MAINTAINED A CLEAN RECORD WITH NO ACCIDENTS OR COMPLAINTS WITH MY DRIVING RECORD. MY EDUCATION AT THE FHD LEVEL IS IN ARCHITECTURE AND URBAN PLANNING WHICH DEMONSTRATES MY ABILITY TO WORK WITH THE PUBLIC. MY LONG TERM GOAL IS TO STAY IN THE CITY AND CONTINUE TO PROVIDE A SAFE, DEPENDABLE SERVICE TO THE GENERAL PUBLIC TO PROMOTE COMMERCE IN THE CITY OF SAN FRANCISCO. I HAVE BEEN A CITIZEN OF SAN FRANCISCO FOR 20 YEARS AND FIND THIS CITY TO HAVE THE MOST DIVERS, EXCITING AND DYNAMIC PEOPLE THAN ANYWHERE ELSE ON EARTH.
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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
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</thead>
<tbody>
<tr>
<td>1994</td>
<td>PRESENT</td>
<td>SF, CA 94114</td>
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How long have you lived within a 30 mile radius of San Francisco? 260 years months

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

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
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<tbody>
<tr>
<td>1998 10/02/08</td>
<td>2008</td>
<td>TOWN TAXI INC.</td>
<td>999 PENNSYLVANIA SF CA 94101</td>
<td>DRIVER</td>
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</tbody>
</table>

Have you ever been convicted of, or plead guilty or No Contest to any crime? ☐ Yes ☑ No

If yes, provide the information required below.

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

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
<th>Place of Arrest</th>
<th>Disposition</th>
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</table>

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? ☐ Yes ☑ No

If yes, describe the impairment:

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

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

Any Narcotic Drug? ☐ Yes ☑ No

Were you previously a medallion holder? ☐ Yes ☑ No

If yes, was the medallion permit ever revoked? If yes, explain for what cause? ☐ Yes ☑ No

Updated: September 29, 2008, G:\Medallion\Applications_Foms & templates Med Application\PCN Application-3pg.doc
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 DISPATCH OF TAXI

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.

MR 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.

MR 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.sf.gov. 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, related to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.

MR 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 10 day of 26 2008 at San Francisco, California.

Signature of Applicant

RECEIVED
OCT 30 2008
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)  M A H M O O D  B A G H A I  R U D S A R I  
Phone  _______ _______ _______
Residence Address (Street Address, City, State, Zip)  S F, C A  9 4 1 1 4  
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  S F  T o w n  T o x i , I n c .  
Business Phone  ( 4 1 5 )  4 0 1 - 8 9 0 0  
Business Address of Taxi Company (Street Address, City, State, Zip)  9 9 9  P e n n y s i s V a n i a  A v e , S F , C A  9 4 1 0 7  
Medallion Number  N / A

☐ Owner / Operator
☐ Gas & Fare
☐ Long Term Lease

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

I am working with Town Taxi for the past ten years, and I would like to remain with the company for a future.

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 0 / 2 7 / 0 8  at San Francisco, California.

Print Name of Applicant  M A H M O O D  B A G H A I  R U D S A R I  
Signature of Applicant  ________________________________

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder:  J a c o b  M a y g e l  
Title:  M a n a g e r

I, the Color Scheme Holder (person authorized to sign for the Color Scheme Holder for ____________________________ Color Scheme Name

hereby give consent to the applicant named to use my color scheme.

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

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder  ________________________________

Date  1 0 / 2 7 / 0 8

OFFICE USE ONLY

Agenda Notice Date  
Hearing Date  
Decision of Taxicab Commission  
New Declaration Signed  1 0 / 2 8 / 2 0 0 8
Worker's Comp Submitted  
Insurance Submitted  
Paint Chips Submitted  
Photos Submitted

Received by:  
Receipt No.  
Amount  
Date  

Updated: May 21, 2008, G:\MedallionApplications_Foms & templates Med Application\ColorSchemeDesignation.doc
From: Mahmood Baghai Rudsari, A-card #: P44- 052617 until 05/01/2008
Temp A-card until January 30, 2009

To: San Francisco Taxi Commission
25 Van Ness Avenue Suite # 420
San Francisco, CA 94102

Attn: Jordanna Thigpen, Executive Director

Dear Executive Director,

My name is Mahmood Rudsari, and I am a full time cab driver for the past 14 years. The reason for me to write this letter is to explain myself in regard to the expiration of my A-card as of 05/01/2008. I let my taxi license (A-card) expire due to the circumstances that in no way should exonerate me from my sloppiness to keep the things that are so important to me in order. I can say that I am a very busy man with a lot of responsibilities but that does not mean much in our days.

When I received an application for my medallion from the Taxi Commission I pulled my A-card from my wallet, I realized that it’s expired in 2007. I thought that I probably lost one for 2008. I immediately went to the City Hall, Tax Collector office to get a replacement when they told me that my A-card was revoked due to non-payment in 05/01/2008 based on the Article 16 Section 1090, Paragraph (II) of the Taxi Cab Rules and Regulations.

I was told that I have to go through the process of obtaining a new A-card all over again and that is exactly what I did, finishing the Taxi school and taking a test. My new temporary A-card was issued to me on October 23, 2008.

Without shifting responsibilities of my failure to renew my A-card on time, I asked San Francisco Taxi Commission staff member why was not I notified by the Taxi Commission office or Tax Collector office in regard to such an important matter as my A-card, which is my lifeline, that I depend on so much when it is going to be revoked.

I was told by the Taxi Commission staff member (based on their computerized records), that the courtesy letter was sent and returned back to sender as undeliverable even though I have the same address for the past 12 years.

This is only true for the waybills in 2008 and has no connection to the waybills that I submitted for the years of 2005, 2006 and 2007.

I am still a full-time cab driver and based on the grace period that is granted by the San Francisco Tax Collector office to renew our A-cards, I am asking you to consider my waybills from January 1, 2008 until April 30, 2008 as valid. Even though I was working all this time, I do not contest that the waybills for the period between May 1, 2008 and October 23, 2008 should be counted due the fact that I was driving with an expired A-card.

Thank you for giving this matter your kind attention,

Respectfully,

Mahmood Rudsari.
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<th>Details</th>
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<tr>
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<td>RUDSARI, MAHMOOD B.</td>
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<tr>
<td>ADDRESS</td>
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<tr>
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</table>

P44 052617 RECORD RETRIEVED - ENTER CLASS-ACCOUNT FOR NEXT RECORD
SAN FRANCISCO POLICE DEPARTMENT

TAXICAB DETAIL

DRIVER PUBLIC PASSENGER VEHICLE FOR HIRE

TEMPORARY PERMIT

Permission is hereby given to [MAHMOOD RUSSELL] to operate as a "Driver Public Passenger Vehicle" for [TOWERS] Taxicab Company.

This temporary permit expires at 5:00 p.m. on [JAN 30 2009].

Issued on behalf of the San Francisco Taxicab Commission by [PAUL MAKAVECKAS, Police Officer #1601]

of the San Francisco Police Taxicab Enforcement Unit.

Date of Issuance [OCT 23 2008]
PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION
San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)  S A N H  P H U C  N G U Y E N
Type of Medallion Applying for:  ☑ Regular  □ Ramp

Residence Address (Street Address, City, State, Zip)  SAN JOSE CA
Mailing Address (If different than residence address)  

Residence Phone Number:  (408) 0  Alternate Phone Number:  
Hours Available at this Number:  
Social Security Number  
Other name(s) used  

California Driver's License Number / Expiration Year  
Date of Birth  06-05-1969  Place of Birth  VIETNAM
Race (Optional)  
Sex  □ M □ F  Height  5'-8"  Weight  120  Eye Color  BROWN  Hair Color  BLK

Color Scheme / Business Name  Luxor Cab Company
Business-Number  (415) 401-1420
Color Scheme / Business Address (Street Address, City, State, Zip)  2236 Jerrold Ave, San Francisco CA 94122

Are you a U.S. Citizen?  ☑ Yes  □ No

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)?  □ No  ☑ Yes
If Yes — Date permit was issued:  1985  Permit #: P44-036104

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:

Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary):
- The public will not be served properly if the sick client or case of emergency client need to go to hospital or to see doctor and they have to wait long for Taxi; it can be harmful to their health, that's why this medallion need to be granted.
- In the other hand most Taxi circulate in downtown, our airport, most residents in Sunset, Park Merced, Hunter Point District etc — hard to wait long for a Taxi, when they need one. It's necessary for this medallion to be granted to serve the public.

JAN 8, 2003

OFFICE USE ONLY

Received by:  
Date:  
Notice Date:  1/13/09  Hearing Date:  1/27/09

Amount:  

Updated: September 29, 2008, G:\Medallion\Applications_Forms & templates Med Application\PCN Application-3pg.doc
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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/96</td>
<td>PRESENT</td>
<td>48 ROSS ST, SAN FRANCISCO, CA 94108</td>
</tr>
<tr>
<td>10/78</td>
<td>07/96</td>
<td>62 ROSS ST, SAN FRANCISCO, CA 94108</td>
</tr>
</tbody>
</table>

How long have you lived within a 30 mile radius of San Francisco?  18 years 00 months

How many years driving experience do you have in San Francisco?  12 years 00 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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/06/03</td>
<td>01/06/09</td>
<td>BAY CATS</td>
<td>227 POLK STREET SF</td>
<td>TAX DRIVER</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
<th>Place of Arrest</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Have you ever had:</th>
<th>Epilepsy</th>
<th>☐ Yes  ☒ No</th>
<th>Vertigo</th>
<th>☐ Yes  ☒ No</th>
<th>Heart Trouble</th>
<th>☐ Yes  ☒ No</th>
</tr>
</thead>
</table>

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

Were you previously a medallion holder?  ☒ No  ☐ Yes, if yes, was the medallion permit ever revoked?  ☒ No  ☐ Yes
If yes, it was revoked, explain for what cause:
If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service?  □ Yes  □ No
If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

Luxor 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.

□ Yes 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.

□ Yes 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.

□ Yes 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 23rd day of December, 2008 at San Francisco, California.

Signature of Applicant
**COLOR SCHEME DESIGNATION APPLICATION**
San Francisco Taxicab Commission

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

### Applicant's Name (First, Middle, Last)

**Sana D. Huong Nguyen**

<table>
<thead>
<tr>
<th>Phone</th>
<th></th>
</tr>
</thead>
</table>

### Residence Address (Street Address, City, State, Zip)

**1721 33rd Ave, San Francisco, CA 94112**

### Mailing Address, if different from above (Street Address, City, State, Zip)

<table>
<thead>
<tr>
<th>Phone</th>
<th></th>
</tr>
</thead>
</table>

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, San Francisco, CA 94112**

#### Business Phone

**(415) 282-3757**

### Medallion Number

**9**

### Owner / Operator

☑ Owner / Operator

☐ 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):

> **Company**

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

Executed on **1/12/09** 2009 at San Francisco, California.

**Sana D. Huong Nguyen**

### Print Name of Applicant

**Sana D. Huong Nguyen**

### Signature of Applicant

**Sana D. Huong Nguyen**

---

**Hal Meligam**

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for **Meligam Yellow Cab**, 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.

**Hal Meligam**

### Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

**Hal Meligam**

### Date

**1/12/09**

---

### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Agenda Notice Date</th>
<th>Hearing Date</th>
<th>Decision of Taxicab Commission</th>
<th>New Declaration Signed</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Worker's Comp Submitted | Insurance Submitted | Paint Chips Submitted | Photos Submitted |
<table>
<thead>
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</tbody>
</table>

Received by:          | Receipt No. | Amount | Date |
|----------------------|-------------|--------|------|
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

EXPIRES: DECEMBER 31, 2009
SANH PHUC NGUYEN
P44-036104  BAY 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

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
<th>Type of Medallion Applying for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Noel Sukovitsen</td>
<td>☑ Regular ☐ Ramp</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
<th>Mailing Address (If different than residence address)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Phone Number:</th>
<th>Alternate Phone Number:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Hours Available at this Number:</th>
<th>Hours Available at this Number:</th>
</tr>
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<tbody>
<tr>
<td>Night</td>
<td>Day</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Other name(s) used</th>
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<tbody>
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<thead>
<tr>
<th>California Driver's License Number / Expiration Year</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>12-09</td>
<td>SF</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Race (Optional)</th>
<th>Sex</th>
<th>Height</th>
<th>Weight</th>
<th>Eye Color</th>
<th>Hair Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>M</td>
<td>6'1&quot;</td>
<td>170</td>
<td>Blue</td>
<td>BRN - GREY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Color Scheme / Business Name</th>
<th>Business Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luxor Cab</td>
<td>(415) 282-4141</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you a U.S. Citizen?</th>
<th>Alien Resident Card Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Yes</td>
<td></td>
</tr>
</tbody>
</table>

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)?

☐ No ☑ Yes

If Yes – Date permit was issued: 1994

Permit #: 01-04-2000

Has this permit ever been revoked?

☒ No ☐ Yes, if yes, explain:

Per MIPC §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:

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

We need more cars on the road. I think I'm the 21st Century version of the horse and buggy.

I need good drivers like me.

I play the Luxor radio in the neighborhoods.

I put up with things and 100% of elderly.

I also have a perfect driving record and no complaints. Plus, I work for the #1 Cab Co. Luxor

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<tr>
<th>OFFICE USE ONLY</th>
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<tr>
<td>Received by</td>
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<td>Danielle</td>
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<td>Amount</td>
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<tr>
<td>Date</td>
</tr>
<tr>
<td>Notice Date</td>
</tr>
<tr>
<td>Hearing Date</td>
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</table>

CoEvision
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)**

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address</th>
<th>Street Address, City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>NOW</td>
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</table>

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

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

**Are you physically qualified to drive a standard vehicle safely?**
- ☑ Yes ☐ No

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

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>NOW</td>
<td>LUXOR</td>
<td>220 NO GERALD</td>
<td>DRIVER</td>
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</table>

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

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

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
<th>Place of Arrest</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1971</td>
<td>S.F.</td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Is your eyesight impaired?**
- ☑ 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:

<table>
<thead>
<tr>
<th>Have you ever had:</th>
<th>Epilepsy</th>
<th>☑ Yes ☐ No</th>
<th>Vertigo</th>
<th>☑ Yes ☐ No</th>
<th>Heart Trouble</th>
<th>☑ Yes ☐ No</th>
</tr>
</thead>
</table>

**Are you now, or have you ever been, Addicted to the use of intoxicating liquor?**
- ☑ Yes ☐ No

**Any Narcotic Drug?**
- ☑ Yes ☐ No

**Were you previously a medallion holder?**
- ☑ No

☐ Yes, if yes, was the medallion permit ever revoked? ☑ No ☐ Yes

If yes, it was revoked, explain for what cause:
If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? □ Yes □ No
If yes, explain how you will use and provide 24-hour radio dispatch service: (i.e. state existing radio cab company, detail information about new service, other)

I drive with Luxor who has a complete GPS system/computer.

If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? □ Yes □ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp, and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of your taxicab? □ Yes □ No

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

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 1-08-09 day of JANUARY, 2009 at San Francisco, California.

Signature of Applicant

RECEIVED

JAN 9 8 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**

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMES NOEL SUKOVITZEN</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address Only, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>211, SF, CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address, if different from above (Street Address, City, State, Zip)</th>
</tr>
</thead>
</table>

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:

<table>
<thead>
<tr>
<th>Name of Taxi Company</th>
<th>Business Address of Taxi Company (Street Address, City, State, Zip)</th>
<th>Business Phone</th>
<th>Medallion Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luxor Cab</td>
<td>2230 Jerrold, SF, CA 94124</td>
<td>282-4141</td>
<td></td>
</tr>
</tbody>
</table>

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

> Because Luxor Cab is the #1 company and gives the best service to San Francisco, has the Best RADIO - Best DRIVERS.

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 8th, 2009 at San Francisco, California**

**Print Name of Applicant**

JAMES SUKOVITZEN

**Signature of Applicant**

**TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY**

<table>
<thead>
<tr>
<th>Name of person authorized to sign for Color Scheme Holder</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas J. Stanchellini</td>
<td>Operations Manager</td>
</tr>
</tbody>
</table>

I, the Color Schema Holder / person authorized to sign for the Color Schema Holder for Luxor Cab hereby give consent to the applicant named to use my color scheme.

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

**Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder**

Thomas J. Stanchellini

**Date**

1-8-2009

**Agenda Notice Date**

<table>
<thead>
<tr>
<th>Hearing Date</th>
<th>Decision of Taxicab Commission</th>
<th>New Declaration Signed</th>
</tr>
</thead>
</table>

**Worker's Comp Submitted**

<table>
<thead>
<tr>
<th>Insurance Submitted</th>
<th>Paint Chips Submitted</th>
<th>Photos Submitted</th>
</tr>
</thead>
</table>

**Received by:**

<table>
<thead>
<tr>
<th>Receipt No.</th>
<th>Amount</th>
<th>Date</th>
</tr>
</thead>
</table>
SAN FRANCISCO POLICE DEPARTMENT
TAXICAB DETAIL

DRIVER PUBLIC PASSENGER VEHICLE FOR HIRE
TEMPORARY PERMIT

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

This temporary permit expires at 5:00 p.m. on CO-31-08 1/8/09

Issued on behalf of the San Francisco Taxicab Commission by Code Enforcement of the San Francisco Police Taxicab Enforcement Unit.

Date of Issuance 7-31-08

RECEIVED
JAN 09 2000
SAN FRANCISCO TAXI COMMISSION
<table>
<thead>
<tr>
<th>TLA2 ACCT. NO:</th>
<th>P44 054814 TAX ID</th>
<th>- CENSUS</th>
<th>OLD# 052322</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA</td>
<td>LUXOR CAB</td>
<td>CERTIF NBR</td>
<td>DATE STARTED 07-16-02</td>
</tr>
<tr>
<td>SITUS</td>
<td>0000 VARIOUS LOCATIONS</td>
<td>0000</td>
<td>DATE INACTIVATED 05-01-08</td>
</tr>
<tr>
<td>OWNER</td>
<td>SUKOVITZEN, JAMES NOEL</td>
<td>CARE OF</td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
<td>SAN FRANCISCO, CA</td>
<td>94115</td>
</tr>
<tr>
<td>CONDOMINIUM</td>
<td>DISTRICT CODE</td>
<td>NON-MATCHING ADDRESS</td>
<td>UNIT COUNT</td>
</tr>
<tr>
<td>PERMIT NO</td>
<td>068540 SUB-CLASS</td>
<td>DESC. DRIVER-PUB.PASS.VEH.</td>
<td>ACCOUNT TYPE A</td>
</tr>
</tbody>
</table>

**COMMENT:** REVOKED NONPAYMENT

<table>
<thead>
<tr>
<th>EXPIRE DTE</th>
<th>DATE PAID</th>
<th>BATCH NO</th>
<th>ISSUE DT</th>
<th>DUE: FEE</th>
<th>SURCHRG</th>
<th>MISC.</th>
<th>PENALTY</th>
<th>TOTAL</th>
<th>PAID: FEE</th>
<th>SURCHRG</th>
<th>MISC.</th>
<th>PENALTY</th>
<th>TOTAL</th>
<th>BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>- -</td>
<td>- -</td>
<td>0625</td>
<td>00-00-00</td>
<td>00-00-00</td>
<td>00-00-00</td>
<td>05-04-07</td>
<td>04-28-06</td>
<td>12-31-07</td>
<td>12-31-06</td>
<td>04-30-07</td>
<td>04-27-06</td>
<td>52.00</td>
<td>51.00</td>
<td>3.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.75</td>
<td>11.50</td>
<td>66.75</td>
<td>71.50</td>
<td>52.00</td>
<td>51.00</td>
<td>3.00</td>
<td>9.00</td>
<td>11.75</td>
<td>11.50</td>
<td>66.75</td>
</tr>
</tbody>
</table>

P44 054814 RECORD RETRIEVED - ENTER CLASS-ACCOUNT FOR NEXT RECORD
**PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION**

San Francisco Taxicab Commission

<table>
<thead>
<tr>
<th>Applicant's Name (First, Middle, Last)</th>
<th>Type of Medallion Applying for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grayson Sinclair Bourne</td>
<td>[ ] Regular  [ ] Ramp</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different than residence address)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E A Berkeley CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Phone Number:</th>
<th>Alternate Phone Number: ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hours Available at this Number: 5pm - 8pm</th>
<th>Hours Available at this Number: 7am - 8pm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Social Security Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>California Driver's License Number / Expiration Year</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Race (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>W</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Color Scheme / Business Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luxor Cab</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(415) 401-1420</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Color Scheme / Business Address (Street, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2230 Jerrold Ave San Francisco CA 94124</td>
</tr>
</tbody>
</table>

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

Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)?  [ ] No  [ ] Yes

If Yes – Date permit was issued: 11/5/09  Permit #: P44-034000

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:

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

Many people believe that the service could be better in San Francisco with more cabs on the street.

---

**OFFICE USE ONLY**

Received by  

[Signature]  

[Date] 1/12/09  

Office Use Only  

[Signature]  

[Date] 1/12/09  

Amount  

[Amount] $12,67.00  

Date  

[Date] 1/12/09  

Notice Date:  

[Date] 1/12/09  

Hearing Date:  

[Date] 1/12/09  

---

Updated: September 26, 2008, G:\MedallionApplications_Forms & templates Med Application\PCN Application-3pg.doc
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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/19</td>
<td>12/31</td>
<td>Berkeley, CA.</td>
</tr>
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<td></td>
<td>Francisco</td>
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</tbody>
</table>

How long have you lived within a 30 mile radius of San Francisco? 49 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)

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Company Name</th>
<th>Address (Street Address, City, State, Zip)</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/1/03</td>
<td>9/10</td>
<td>Luxor Cab</td>
<td>7260 Jerrold San Francisco CA 94112</td>
<td>Cab Driver</td>
</tr>
<tr>
<td>4/1/08</td>
<td>9/08</td>
<td>Video Maniacs</td>
<td>1484 University Ave Berkeley CA 94707</td>
<td>Clerk</td>
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</table>

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

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

<table>
<thead>
<tr>
<th>Offense</th>
<th>Date</th>
<th>Place of Arrest</th>
<th>Disposition</th>
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<tbody>
<tr>
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</tbody>
</table>

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

Is your hearing impaired? □ Yes □ No

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

Have you ever had: Epilepsy □ Yes □ No Vertigo □ Yes □ No Heart Trouble □ Yes □ No

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

Were you previously a medallion holder? □ No □ Yes, If yes, was the medallion permit ever revoked? □ No □ Yes
If yes, it was revoked, explain for what cause:
If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? ☐ Yes ☐ No

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

Luxor Cab 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.

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 January day of 6, 2009 at San Francisco, California.

Signature of Applicant
**COLOR SCHEME DESIGNATION APPLICATION**
San Francisco Taxicab Commission

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

**PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM**

<table>
<thead>
<tr>
<th>Applicant’s Name (First, Middle, Last)</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grayson Sinclair Bourene</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address (Street Address, City, State, Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 - Apt. Berkeley CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address, if different from above (Street Address, City, State, Zip)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Taxi Company</strong></td>
</tr>
<tr>
<td><strong>Luxor</strong></td>
</tr>
<tr>
<td><strong>Business Address of Taxi Company (Street Address, City, State, Zip)</strong></td>
</tr>
<tr>
<td>2234 Ferrold Ave, San Francisco, CA 94124</td>
</tr>
<tr>
<td><strong>Business Phone</strong></td>
</tr>
<tr>
<td>(415) 401-1420</td>
</tr>
<tr>
<td><strong>Medallion Number</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner / Operator</th>
<th>Gas &amp; GFE</th>
<th>Long Term Lease</th>
</tr>
</thead>
</table>

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

Luxor Cab has a good dispatch 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 1/1/06, 2009 at San Francisco, California.

Grayson Sinclair Bourene

Print Name of Applicant

Signature of Applicant

**TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY:enk**

<table>
<thead>
<tr>
<th>Name of person authorized to sign for Color Scheme Holder:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas J. Stanchellini</td>
</tr>
<tr>
<td><strong>Title:</strong> Operation Manager</td>
</tr>
</tbody>
</table>

Luxor Cabs, Inc

**Color Scheme Name**

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Luxor Cabs, Inc hereby give consent to the applicant named to use my color scheme.

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

Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

Date: 1-5-2009

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Agenda Notice Date</th>
<th>Hearing Date</th>
<th>Decision of Taxicab Commission</th>
<th>New Declaration Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Worker's Comp Submitted</th>
<th>Insurance Submitted</th>
<th>Paint Chips Submitted</th>
<th>Photos Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Received by: | Receipt No. | Amount | Date |
|-------------|-------------|--------|------|
GRAYSON S. BOURNE
P44-034000 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.
Consent: Item C

Taxi Commission to consider grant a new color scheme permit to:

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Medallion Number</th>
<th>New Color Scheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tam Dinh Nguyen</td>
<td>1311</td>
<td>Vina Cab</td>
</tr>
</tbody>
</table>
NEW COLOR SCHEME (Complete both sides) *This form is not to be used for Color Scheme Changes.

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

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last)  Phone
TAM DINH NGUYEN (415) __ _

Residence Address (Street Address, City, State, Zip)  Joint Applicant's Name (First, Middle, Last) Phone
SAN FRANCISCO, CA 94134

Residence Address for Joint Applicant (Street Address, City, State, Zip)

Is this a Corporate permit?  No  Yes If yes, Name of Corporation:

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.

Business Name  Business Address (Street Address, City, State, Zip)
VIN A CAB 999 PENNSYLVANIA AVE S.F. CA 94107

Business Phone  Medallion Number(s)
(415) 305-6913 1311

Owner / Operator
Gas & Gate  Long Term Lease

Please describe why you would like to start your own taxi company (attach additional pages if necessary):

Because it is good opportunity to management my own color scheme, so I can choose a good dispatch service.

Thanks.

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

Executed this 10-05 2008 at San Francisco, California

Print Name of Applicant
TAM DINH NGUYEN

Signature of Applicant

Print Name of Joint Applicant

Signature of Applicant

********************OFFICE USE ONLY***********************

Agenda Notice Date 11.25.08
Hearing Date 12.9.08
Decision of Taxicab Commission
New Declaration Signed

Worker's Comp Submitted  YES
Insurance Submitted  YES
Paint Chips Submitted
Photos Submitted

Received by: 11.1.08
Receipt No. 414391 Amount 0
Date 11.1.08
Applicant's Name: TAM DINH NGUYEN

Distinguishing color scheme of vehicle to be used in business: (Must include color rendering upon submission.)
- Body: **WHITE**
- Hood: **WHITE**
- Top: **GREEN**
- Trunk: **WHITE**
- Fenders: **WHITE**

Logo shown on vehicles: **VINA CAB**
Lettering Color: **GREEN**

Other markings

Dispatch Service: **B E W CHECKER**

Does the applicant understand that every person, firm or corporation operating a taxicab shall adopt and have approved by the Taxicab Commission a distinguishing color scheme and design for all such taxicabs and the operators thereof, and shall use the same on all such taxicabs operated; provided, however, that any person may, with the consent of another operator to whom a distinctive color scheme has been previously assigned, use said color scheme? **Yes** ☑ No

Does the applicant understand that it is unlawful to make or cause to be made any changes whatever in the color or distinguishing characteristics of taxicabs unless the permission of the Taxicab Commission has first been obtained? **Yes** ☑ No

---

**************TO BE COMPLETED BY THE ACCEPTING DISPATCH SERVICE ONLY**************

<table>
<thead>
<tr>
<th>Name of Dispatch Service:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B E W CHECKER</td>
<td>999 PENNSYLVANIA AVE S.F. CA 94107</td>
</tr>
</tbody>
</table>

I, **Kennedy Espriego**, print name authorized person of dispatch service, hereby give consent to the applicant named to use the dispatch service.

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 authorized person: [Signature]  
Title: color scheme holder  
Date: 8/19/08
COLOR SCHEME DECLARATION

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>VINACAB</td>
<td>(415) 305-6913</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Address (Street, City, State, Zip)</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>999 PENNSYLVANIA AVE S.F., CA 94107</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of Regular Taxis</th>
<th>No. of Ramp Taxis</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td># 1311</td>
<td></td>
<td>(415) 285-3605</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dispatch Service</th>
<th>24-hr Dispatch Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; D CHECKER</td>
<td>(415) 285-3800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dispatch Service Address (Street, City, State, Zip)</th>
<th>Manager/Representative's Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>999 PENNSYLVANIA AVE S.F., CA 94107</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Permit Holder’s Name</th>
<th>Permit Holder’s Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAM DINH NGUYEN</td>
<td>(415) 305-6913</td>
</tr>
</tbody>
</table>

Please initial as acknowledgement of the following:

T.N BUSINESS OFFICE - The business office must be staffed Monday thru Friday, 9:00 a.m. to 5:00 p.m., no exceptions, no answering service, etc. The business office must store lost property of passengers and current waybills that must be available within twenty-four (24) hour notification for inspection during business hours.

T.N WAYBILL RETENTION - Individual drivers, after each shift, operating under the Color Scheme must turn their waybill in at the business address. Color Schemes shall maintain and retain waybill records for no less than six (6) years. Color Schemes shall maintain, at minimum, the most recent twelve (12) months of waybills in traditional hard-copy format and prior years in a reasonably secure electronic form and/or on a computer storage diskette.

T.N BUSINESS OFFICE PHONE number must be published in the Classified Section of the San Francisco phone directory and be accessible through operator information. The number must be listed in the phonebook for service requests, accidents complaints and lost property.

T.N DISPATCH SERVICE – All taxicabs operating under a Color Scheme must be equipped with a working two-way radio under the same Dispatch Service. The two-way radio must be operational in the taxicab during all hours of operation.

T.N DISPATCH SERVICE PHONE number must be published in the Classified Section in the San Francisco phone directory and must be in operation twenty-four (24) hours a day, each day of the year.

T.N Changes in my principal place of business shall be made in writing within ten (10) days and is subject to approval by the Taxicab Detail.

T.N I will notify the Taxicab Detail within two (2) working days of any other changes in the Color Scheme business office information.

T.N Commission Approved Alternative Parking Location:

I declare under penalty of perjury that the information provided on this form is true and correct, executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this declaration, may be considered cause to revoke the permit that is granted.

[Signature]
Permit Holder/Manager's Signature

RECEIVED
12-2-08
Date

TAM DINH NGUYEN
Print Name

DEC 04 2008
PERMIT HOLDERS
Title
ACORD. CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
(SF) Heffernan Insurance Brokers
120 Howard Street, Suite 550
San Francisco CA 94105
Phone: 415-778-0300 Fax: 415-778-0301

INSURED
Delta Cab Company
David Van
1340 25th Street
San Francisco CA 94107

COVERAGE

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

INSURERS AFFORDING COVERAGE

<table>
<thead>
<tr>
<th>INSURER A</th>
<th>Delos Insurance Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSURER B</td>
<td></td>
</tr>
<tr>
<td>INSURER C</td>
<td></td>
</tr>
<tr>
<td>INSURER D</td>
<td></td>
</tr>
<tr>
<td>INSURER E</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITY</th>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFFECTIVE DATE (MM/DD/YYYY)</th>
<th>POLICY EXPIRATION DATE (MM/DD/YYYY)</th>
<th>LIMITS</th>
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<tbody>
<tr>
<td>GENERAL LIABILITY</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>NOT APPLICABLE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CLAIMS MADE</td>
<td>OCCUR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENL. AGGREGATE LIMIT APPLIES PER:</td>
<td>POLICY</td>
<td>PROJECT</td>
<td>LOC</td>
<td></td>
<td></td>
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<tr>
<td>AUTOMOBILE LIABILITY</td>
<td>ANY AUTO</td>
<td>NOT APPLICABLE</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>ALL OWNED AUTOS</td>
<td></td>
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<td></td>
<td>SCHEDULED AUTOS</td>
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<td>NON-OWNED AUTOS</td>
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<td>GARAGE LIABILITY</td>
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<tr>
<td>EXCESSARYBEILLA LIABILITY</td>
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<td>DEDUCTIBLE</td>
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<td>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</td>
<td>ANY PROPRIETOR, PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED</td>
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<td>07/20/08</td>
<td>07/20/09</td>
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<td>E.L. EACH ACCIDENT</td>
<td>$100,000</td>
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<td>E.L. DISEASE - EA EMPLOYEE</td>
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<td>E.L. DISEASE - POLICY LIMIT</td>
<td>$100,000</td>
<td></td>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Evidence of Insurance. **10 day notice of cancellation for non-payment of premium.

CERTIFICATE HOLDER
San Francisco Taxi Commission
25 Van Ness Avenue Ste 420
San Francisco CA 94102

CANCELLATION
SanFRTA

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

AUTHORIZED/REPRESENTATIVE

© ACORD CORPORATION 1981
Consent: Item D

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

<table>
<thead>
<tr>
<th>Medallion Holder Name</th>
<th>Medallion #</th>
<th>Change:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. George Lancia</td>
<td>846</td>
<td>Green Cab to Metro Cab</td>
</tr>
<tr>
<td>2. Nollie Griffin</td>
<td>1325</td>
<td>Big Dog Taxi to Metro Cab</td>
</tr>
</tbody>
</table>
CHANGE OF COLOR SCHEME – From: GREEN To: METRO

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

PLEASE PRINT CLEARLY – COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) GEORGE LANCIA
Phone 415-...

Residence Address (Street Address, City, State, Zip) DALY CITY CA 94014

Joint Applicant's Name (First, Middle, Last) N/A
Phone ( )

Residence Address (Street Address, City, State, Zip) N/A

Is this a Corporate permit? ☐ No ☐ Yes If yes, Name of Corporation: 

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.

Business Name WETDOCAB
Business Address (Street Address, City, State, Zip) 2171 TURK ST SP 94129

Business Phone 415-648-8500
Medallion Number(s) 846

☐ Owner / Operator ☐ Gas & Date ☐ Long Term Lease

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

Better working conditions and ratios.

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

Executed this 12 day of 5, 2008 at San Francisco, California

GEORGE LANCIA
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: Richard Hobbs
Title: Prep.

I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for Taxicab Color Scheme
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.

Richard Hobbs
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder

12.5.08
Date

***************OFFICE USE ONLY***************

Agenda Notice Date 1.20.08
Hearing Date 1.27.08
Decision of Taxicab Commission 
New Declaration Signed

Worker's Comp Submitted 
Insurance Submitted 
Paint Chips Submitted 
Photos Submitted

Received by: 416.00
Receipt No. 024412 Amount
Date 12.16.08

Updated: July 23, 2008, G:\Forms & Templates\Applications & Driver Info sheets\ColorSchemeApplication.docx
COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? Better Working + Rates

2. How have you been operating your medallion at your current color scheme? Circle one:
   a. Gas and Gates
   b. Color Scheme Only
   c. Single Shift operated

3. How will you operate your medallion at the new color scheme? Circle one:
   a. Gas and Gates
   b. Color Scheme Only
   c. Single shift operated

4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
   □ Yes  □ No
   If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.

5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?

   Mon., Fri., Sat.

   __________________________

   I, __________________________, acknowledge that in making this color scheme transfer to
   __________________________, I will operate my medallion # 846 in compliance with the following stipulations:

   1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift.
   2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
   3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule.
   4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated.
   5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them.
   6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.

I have read and understood all of the above. I declare that I will operate my taxicab permit number 846 in full compliance with the above stipulations.

Signature: __________________________ Date: 12/3/08

Department Witness: __________________________ Date: 12/16/08

Updated: July 23, 2008, G:\Forms & Templates\Applications & Driver Info sheets\ColorSchemeApplication.doc
<table>
<thead>
<tr>
<th>MAKE</th>
<th>YR MODEL</th>
<th>YR 1ST SOLD</th>
<th>VLF CLASS</th>
<th>*YR</th>
<th>TYPE VEH</th>
<th>TYPE LIC</th>
<th>LICENSE NUMBER</th>
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<tr>
<td>FORD</td>
<td>2006</td>
<td>0000</td>
<td>AM</td>
<td>2008</td>
<td>33X</td>
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<th>AX</th>
<th>WC</th>
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<tr>
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<td>Q</td>
<td>PR</td>
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<td>C</td>
<td>03540</td>
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<table>
<thead>
<tr>
<th>TYPE VEHICLE USE</th>
<th>DATE ISSUED</th>
<th>CC/ALCO</th>
<th>DT FEE RECVD</th>
<th>PIC</th>
<th>USE TAX</th>
<th>STICKER ISSUED</th>
<th>VEHICLE ID NUMBER</th>
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<tbody>
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<td>04/18/08</td>
<td>5</td>
<td>168</td>
<td>R0405298</td>
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</tbody>
</table>

| PR/HIST:          | SALVAGED    |         |               |     |         |                |                    |

**REGISTERED OWNER**

<table>
<thead>
<tr>
<th>METRO CAB LLC</th>
<th>2121 EVANS AVE</th>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
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<tbody>
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</tbody>
</table>

**SAN FRANCISCO**

<table>
<thead>
<tr>
<th>CA</th>
<th>94124</th>
<th></th>
<th></th>
<th></th>
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</table>

**LIENHOLDER**

<table>
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<tr>
<th>B01 503 9J 0036900 0006 CS</th>
<th>B01 041808 31 8K44303 542</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**AMOUNT PAID**

| $ 369.00 |         |         |               |     |         |                |                    |

**AMOUNT DUE**

| $ 369.00 | CASH : |         |               |     |         |                |                    |

**AMOUNT RECEIVED**

| CHCK : | CRDT : 369.00 |         |               |     |         |                |                    |

**RECEIVED**

| DEC 16 2008 |         |         |               |     |         |                |                    |

**BLUE**
Metro Cab
2121-G Evans Ave.
San Francisco, CA. 94124
415-648-8500
Fax 415-642-3799
Email metrocab@pacbell.net

Date: 12-16-2008
To: Vicky Siu, Taxi Comm.
From: Richard
Re: Lancia color scheme change.

I will provide the insurance information once the transfer has completed. I cannot insure a car that is not being used.
We are with the Erenkov agency.

Sincerely,

[Signature]

Richard Hybels
Prop.
CHANGE OF COLOR SCHEME - From: Big Dog Taxi; To: Metro Cab

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last):
Nollie Paul Griffin

Residence Address (Street Address, City, State, Zip):
1211 Sage St, Martinez, CA 94553

Joint Applicant's Name (First, Middle, Last):

Residence Address (Street Address, City, State, Zip):

Is this a Corporate permit? [ ] No [ ] Yes. If yes, Name of Corporation:

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.

Business Name: METRO CAB, INC.
Business Address (Street Address, City, State, Zip):
2121 Sage St, Martinez, CA 94553

Business Phone:
(415) 648-8588

Mediation Number(s): 1325

□ Owner / Operator
□ Gas & Gage
□ Long Term Lease

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):
I feel this company, owner, management will continually maintain my vehicle to safe & reliable standards as required by the SF. Taxicab Commission.

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

Executed this 27th day of January, 2008 at San Francisco, California

Nollie Griffin

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:

Title: Proprietor

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 Scheme Holder:

Date: 1/6/08

***************OFFICE USE ONLY***************

Updated, July 23, 2008, Color Scheme Applications & Driver Info sheets: ColorSchemeApplication.doc

RECEIVED
JAN 09 2009
COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? 
   [ ] Yes  [ ] No
   [ ] To transfer my medallion to another company.

2. How have you been operating your medallion at your current color scheme? Circle one:
   a. Gas and Gates
   b. Color Scheme Only
   c. Single Shift operated

3. How will you operate your medallion at the new color scheme? Circle one:
   a. Gas and Gates
   b. Color Scheme Only
   c. Single shift operated

4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?
   [ ] Yes  [ ] No
   If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.

5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?
   [ ] Wednesday - Thursday - Friday - Saturday - 10 a.m. - 5 p.m.

I, [NAME], acknowledge that in making this color scheme transfer to

METRO CAB, I will operate my medallion #1325 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift.

2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).

3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the names of a driver holding a lease which complies with the three layer rule.

4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated.

5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them.

6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.


I have read and understood all of the above. I declare that I will operate my taxicab permit number 1325 in full compliance with the above stipulations.

Signature: [SIGNATURE] Date: 01-07-09
Department Witness: [SIGNATURE] Date: 01-13-09

Updated: July 23, 2008, G:\Forms & Templates\Applications & Driver Info sheets\ColorSchemeApplication.doc
San Francisco Taxi Comm.
25 Van Ness
S.F., CA.

Re Application of Nollie Griffin

Dear Commissioners,

The vehicle for this medallion will be a Hybrid Escape that currently serves as a spare cab.
Following is Workers Comp. Cert., liability insurance card for the vehicle and VIF.
Lease agreement with medallion holder will be in your hands by January 12, 2009 as will corrected form indicating shifts the medallion holder will drive.

Sincerely,

[Signature]

Richard Hybels
Prop.
TO REMOVE THE STICKER
FROM THE BACKING,
BEND STICKER AT SLIT AND PEEL SLOWLY.

INSTRUCTIONS FOR
APPLYING STICKER TO LICENSE PLATE

1. CLEAN SURFACE THOROUGHLY, SCRAPE
OFF ACCUMULATED STICKERS (STICKER
WILL NOT STICK IF WET OR DIRTY).
2. PUT STICKER ON REAR LICENSE PLATE
AS SHOWN BELOW:

MOTORCYCLER:
Right Half of This Well

ALL OTHERS:
In Top Right Corner

EXCEPT:
Truck Tractors And Commercial Vehicles With
A Declared Gross Vehicle Weight of 10,001 lbs.
or More—Must Apply Sticker To Front Plate
### General Liability
- **Policy Number:** EACH OCCURRENCE
- **Limits of Liability:** $5
- **Effective Expiration:** Fire Damage:
- **Limits of Liability:** $5
- **Effective Expiration:** Medical Expense:
- **Limits of Liability:** $5
- **Effective Expiration:** Persons and Advertising Injury:
- **Limits of Liability:** $5
- **Effective Expiration:** General Aggregate:
- **Limits of Liability:** $5
- **Effective Expiration:** Products and Components Aggregate:
- **Limits of Liability:** $5

### Automobile Liability
- **Policy Number:** Combined Single Limit
- **Limits of Liability:** $5
- **Effective Expiration:** Bodily Injury (Per Person):
- **Limits of Liability:** $5
- **Effective Expiration:** Bodily Injury (Per Accident):
- **Limits of Liability:** $5
- **Effective Expiration:** Property Damage (Per Accident):
- **Limits of Liability:** $5
- **Effective Expiration:** Comprehensive:
- **Limits of Liability:** $5
- **Effective Expiration:** Collision:
- **Limits of Liability:** $5

### Workers' Compensation and Employers' Liability
- **Policy Number:** WC Statutory Limit
- **Limits of Liability:** $5
- **Effective Expiration:** Other:
- **Limits of Liability:** $5

### Excess Liability
- **Policy Number:** Each Occurrence
- **Limits of Liability:** $5
- **Effective Expiration:** Aggregate:
- **Limits of Liability:** $5

### Certificate Holder
San Francisco Taxicab Commission
25 Van Ness Avenue
San Francisco, CA 94102-6033

** Authorized Representative: [Signature]
2121 Evans Street Suite “A”
San Francisco, CA 94124
415 920-0709
Fax 415 920-9154

January 13, 2009

Dear Taxi Commissioners and
Director Thigpen

Big Dog City Cab is not opposed to Medallion #1325 held by Nollie Griffin, leaving our company immediately.

Thanks,

James Holmes  President
Nicholas Lewis  Secretary