

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.



COMMISSIONERS TELEPHONE (415) 554-7737

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

JORDANNA THIGPEN, EXECUTIVE DIRECTOR

TAXICAB COMMISSION MINUTES

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

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

1. **Call to Order/Roll Call**
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 severe 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 Bloig:** 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 an 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 Mehmood:** 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.

7. Taxi Commission v. Tu Lam, Permit # 896 for violating Taxicab Rules and Regulations 4.A.1, 4.A.2, 4.A.3, 4.A.4, 5.A.1, 5.A.3, 5.A.4, 5.C.5, 5.E.1c, 5.H.3, 5.H.4, 5.H.6, 5.H.9, 5.H.15, 5.H.16, 5.H.17, 5.I.2, 5.I.3, 5.K.3, 5.C.2, MPC § 1081(f), MPC § 1123, MPC § 1138, MPC § 1140a, MPC § 1147.7 and MPC § 1148.6b [ACTION] – Continued to January 27, 2009 meeting.

8. Taxi Commission v. Ikarouien, Permit # Re-Hear Case for Violations of Rules 6.A.1, 6.D.1, 6.D.2, 6.D.3, MPC § 1141, California Penal Code §§ 211, 243(d), and 591.5 and Uphold Summary Suspension Pending Re- Hearing [ACTON] - Findings to be presented at January 27, 2009 meeting.

- **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

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 ⁽²⁾two P.C. & N. hearings in 2007 and added 119 cabs.
Your supposed to have a least one A yearwithA
 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 undoubtedlyfail to revealYOUR FA-TAL FLAWS....THAT HAVE LEAD.... TO YOURDEMIZE.

YOU knowIF YOU LOOK..... LIKE A LAME-DUCK
Walk and talklike a lame-duck

YOU'RE must beA LAME-DUCK!

- For free

- Had ~~complaint~~ /

That's not what the controller predicted

- You have grossly ~~estimated~~ ^{to} maintain drivers
living wage!

- And now the City wants to suck what ^{little} blood
is left that keeps drivers - alive.

~~complaint~~ complaint

- Free medication was what it was before

Mayor Daylin

- That was Tax Reform not this puppet
show! ^{B.R.}

- I haven't read the article.

But it ~~can't~~ can't be good

For Drivers Newsom • Had anything to do with it

Consent: Item B

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

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



MEMORANDUM

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

B1: Ghaffar Khan, Alternative Fuel

2005: 185 shifts
2006: 178 shifts
2007: 184 shifts
2008: 158 shifts

B2: Kam Y. Wong, Alternative Fuel

2005: 891 hours
2006: 824 hours
2007: 944 hours
2008: 900 hours

B3: Robert L. Brooks, Alternative Fuel

2005: 156 shifts
2006: 1480 hours
2007: 1400 hours
2008: 1340 hours

B4: Abison Chirackal, Alternative Fuel

2005: 1200 hours
2006: 1340 hours
2007: 1380 hours
2008: 1460 hours

B5: H. Jim Trinidad, Alternative Fuel

2005: 850 hours
2006: 880 hours
2007: 910 hours
2008: 820 hours

B6: Steven Y. Lee, Alternative Fuel

2005: 370 hours
2006: 962 hours
2007: 949 hours

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.

- Mr. Lee is currently a Muni driver for San Francisco Municipal Transportation Authority (SFMTA).
- Mr. Lee consistently picks up his first customer 3 – 4 hours after his shifts begin.
- Mr. Lee does not meet the full-time qualifications for the year 2005.
- 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.
- 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.

- Mr. Rudsari has had his A-Card revoked four times mostly for non-payment and currently only holds a temporary A-Card.
- First A-Card: P44 046528, Revoked March 15, 1995 for Non-Payment
- Second A-Card: P44 046994, Revoked October 27, 1998 for Non-Payment
- Third A-Card: P44 048607, Revoked February 22, 2000, no reason stated
- Fourth A-Card: P44 052617, Revoked May 1, 2008 for Non-Payment
- 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.
- A-Cards expire by law as of December 31 of every year.
- MPC §1078(a) states, No person shall driver or operate any motor vehicle for hire on the public streets of the City and County of San Francisco without a permit issued by the Taxi Commission authorizing such driving or operation in accordance with the provisions of this Article. Mr. Rudsari operated a motor vehicle for hire without a permit issued by the Taxi Commission authorizing such operation.
- MPC §1089(a) states, It shall be unlawful for any person to act as a driver of any motor vehicle for hire licensed pursuant to this Article unless that person holds a driver's permit from the Taxi Commission issued pursuant to this Section.
- Mr. Rudsari operated a motor vehicle for hire without a valid permit.
- The Commission allows the month of January as a grace period to renew A-Cards.
- 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

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

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: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SAN BRUNO, CA					
Mailing Address (If different than residence address) 					
Residence Phone Number			Alternate Phone Number:		
Hours Available at this Number: 24 hours			Hours Available at this Number: 4pm - 4am		
Social Security Number		Other name(s) used: N/A			
California Driver's License Number / Expiration Year			Date of Birth		Place of Birth
Race (Optional) ASIAN	Sex <input checked="" type="radio"/> M / <input type="radio"/> F	Height 5'8"	Weight 132	Eye Color BROWN	Hair Color BLACK
Color Scheme / Business Name DESOTO CAB CO.				Business Number (415) 970-1300	
Color Scheme / Business Address (Street Address, City, State, Zip) 555 SELBY ST SF. CA					
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Alien Resident Card Number:					
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes - Date permit was issued: 1987 Permit #: P44-043731					
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:					
Per MPC §1081(a)(3), do you hold or have you ever held any other permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:					
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 20-25 CALLS PER DAY. I MAKE SURE THAT ALL MY CUSTOMERS ARE SAFE, I WALK THE OLDER CITIZENS TO THEIR DOORS, AND I AM VERY COURTEOUS.					

OFFICE USE ONLY				RECEIVED	
Received by: Daniel	Receipt No. 40380	Amount \$1207	Date DEC 02 2008		
Notice Date Jan. 13, 2009	Hearing Date Jan. 27, 2009				

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
NOV '96	CURRENT	1111 - - - - - E., SAN BRUNO, CA 6

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)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
Oct '87	CURRENT	DESOTO CAB	555 SELBY ST., SF CA 94124	CAB DRIVER

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired?
☐ Yes ☒ No

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

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

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

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)

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.

CK 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.

CK 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.

CK 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, 20 08 at San Francisco, California.

G. H. Chan
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	
Applicant's Name (First, Middle, Last) GHAFFAR KHAN	Phone
Residence Address (Street Address, City, State, Zip) SAN BRUNO CA	
Mailing Address, if different from above (Street Address, City, State, Zip) N/A	

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 DESOTD CAB	Business Address of Taxi Company (Street Address, City, State, Zip) 555 SELBY ST., SF CA 94124		
Business Phone (415) 970-1300	Medallion Number	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

**I HAVE BEEN AT DESOTD FOR 21 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** **20 08** at San Francisco, California.

GHAFFAR KHAN **Ghaffar Khan**
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: CINDY WARD	Title: GENERAL MGR
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for DESOTD CAB CO. hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder Cindy L. Ward	Date 11/17/08

RECEIVED

OFFICE USE ONLY			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed DEC 08/2008
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date SAN FRANCISCO TAXI COMMISSION

RECEIVED

DEC 02 2008

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE

EXPIRES: [REDACTED] CLASS: C

GHAEFAR KHAN
SAN BRUNO CA
SEX: M HAIR: BLK
HT: 5-08 WT: 134

11/14/2007 235 RB FD/12



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 YAIN WONG		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) 1111 K ST S.F.			
Mailing Address (If different than residence address)			
Residence Phone Number 415		Alternate Phone Number: ()	
Hours Available at this Number:		Hours Available at this Number: 24-hrs	
Social Security Number 000-00-0000		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth			
Race (Optional) ASIAN	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height 5'2"	Weight 100
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 SF CA 94124			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If Yes - Date permit was issued: 2-6-90 Permit #: P-44-042036			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per MPC §1081(a)(3), do you hold or have you ever held any other permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
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, hotels, airport, and flags. I never had a complaint about my driving or about the way I drive. I am always cautious with my passengers. I have a good knowledge of San Francisco from north beach to south beach -			
Kam Yain Wong			

OFFICE USE ONLY			
Received by AG	Receipt No. 024409	Amount 1267.00	Date 10/27/2009
Notice Date Jan 12 2009	Hearing Date Jan 27 2009		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1/1992	Current	S.F. 100000

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)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
3/1988	Current	U.S.P.S	226 HARRISON ST S.F. 94107	Letter carrier
05/2001		Regent		
12/2001	4/2006	BAY CAR CO	999 PENNSYLVANIA AVE 94107	DRIVER
5/2007	Current	DELTA CAR CO	1340 - 25th ST 94107	DRIVER

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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.

K-T-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.

K-T-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.

K-T-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 5 day of Dec, 20 08 at San Francisco, California.

K-T-W

Signature of Applicant

RECEIVED

DEC 15 2008

DEC 15 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) KAM YAIN WONG	Phone 415-511-1111
Residence Address (Street Address, City, State, Zip) 17 S.F. CA 94114	
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. TAXI-CAB CO.	Business Address of Taxi Company (Street Address, City, State, Zip) 2121 EVANS ST., SAN FRANCISCO, CA 94124		
Business Phone (415) 920-0709	Medallion Number	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I 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
Print Name of Applicant

[Signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: JACK G. TRAD	Title: SOLE PROPRIETORSHIP
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. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<i>[Signature]</i> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	12-11-08 Date

RECEIVED
DEC 15 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



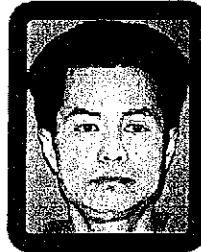
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

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

EXPIRES: 12/31/09

KAM YAT WONG

SAN FRANCISCO CA 94134

SEX: M HAIR: BLK EYES: BRN
HT: 5-02 WT: 100 DOB: 06/03/2005

RSTR: CORR LENS

Kam Y. Wong

06/03/2005 235 RB FD/10

RECEIVED

RECEIVED

DEC 16 2008

RECEIVED
DEC 16 2008

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: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) L BLVD. DALY CITY CA							
Mailing Address (If different than residence address)							
Residence Phone Number: 1-5 PM 112				Alternate Phone Number:			
Hours Available at this Number: 1-5 PM				Hours Available at this Number: 1 PM ON			
Social Security Number			Other name(s) used BUZZ				
California Driver's License number / Expiration Year				Date of Birth		Place of Birth	
Race (Optional) CAUC.	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 5'10	Weight 220	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Alien Resident Card Number:							
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes							
If Yes - Date permit was issued: MAY OF 1980 Permit #: P44-036123							
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:							
Per MPC §1081(a)(3), do you hold or have you ever held any other permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:							
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 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: Acc	Receipt No: 024415	Amount: 1267.00	Date: 11/13/09
Notice Date: 11/13/09	Hearing Date: 11/27/09		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
8-1996	CURRENT	BLVD. DALY CITY CA

How long have you lived within a 30 mile radius of San Francisco? 31 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)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
7-1984	CURRENT	DESOTO CAB	555 SELBY ST S.F. CA.	DRIVER

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

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

Offense	Date	Place of Arrest	Disposition
NO FELONIES EVER			

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)

DESOTO 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.

B 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.

B 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.

B 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, 20 08 at San Francisco, California.

Robert L. Brooks
Signature of Applicant

RECEIVED

DEC 19 2008

2008 DEC 19 PM 4:00
SAN FRANCISCO

COLOR SCHEME DESIGNATION APPLICATION
San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) <u>ROBERT LEE BROOKS</u>	F <u>11/1/08</u>
Residence Address (Street Address, City, State, Zip) <u>DOLY CITY CA</u>	
Mailing Address, if different from above (Street Address, City, State, Zip)	

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company <u>DESOTO CAB</u>	Business Address of Taxi Company (Street Address, City, State, Zip) <u>555 SELBY ST. S.F. CA. 94124</u>		
Business Phone <u>(415) 970-1300</u>	Medallion Number	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

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.

Executed on DECEMBER 19th, 2008 at San Francisco, California.

ROBERT BROOKS
Print Name of Applicant

Robert Brooks
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: <u>CINDY L. WARD</u>	Title: <u>GENERAL MGR.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>DESOTO CAB CO.</u> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Cindy L. Ward</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>12/18/08</u> Date

OFFICE USE ONLY			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed <u>DEC 19 2008</u>
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No.	Amount	Date


CALIFORNIA
DRIVER LICENSE CLASS: C

EXPIRES: [REDACTED]

ROBERT LEE BROOKS
 DALY CITY CA

SEX: M HAIR: BRN EYES: BLU
 HT: 5-10 WT: 175 DOB: [REDACTED]

Robert T. Brooks
 12/21/2007 235 RB FD/12



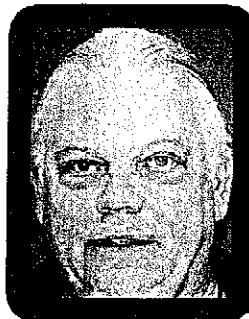

ISSUED BY
 OFFICE OF THE TREASURER & TAX COLLECTOR
 PUBLIC PASSENGER VEHICLE DRIVER

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.



RECEIVED

DEC 19 2008

DEC 19 2008

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

Applicant's Name (First, Middle, Last) ABISON ABRAHAM CHIRACKAL		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) W St - 4, SAN FRANCISCO CA 94118			
Mailing Address (If different than residence address)			
Residence Phone Number: (415) 431-1100		Alternate Phone Number: (Cell Phone)	
Hours Available at this Number:		Hours Available at this Number:	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth			
Race (Optional) South Asian	Sex (M) F	Height 5-8	Weight 170
Eye Color BROWN		Hair Color BLACK	
Color Scheme / Business Name ARROW CAB		Business Number (415) 970-1101	
Color Scheme / Business Address (Street Address, City, State, Zip) 2575 MARIN ST, SF, CA 94124			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes -Date permit was issued: 10/1993 Permit #: P44-045698			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per MPC §1081(a)(3), do you hold or have you ever held any other permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary): 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.			

RECEIVED

OFFICE USE ONLY			
Received by Danielle	Receipt No. 04425	Amount 412.67 -	Date JAN 05 2009
Notice Date 01/13/09	Hearing Date 01/27/09		SAN FRANCISCO TAXI COMMISSION

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
9/5/02	Present	1000 1st St SAN FRANCISCO CALIFORNIA 94107

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)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
9/95	PRESENT	ARROW CAB	2575 MARIN ST SF CA 94124	Driver

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

(Attach additional pages if needed)

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

Are you now, or have you ever been,

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

Any Narcotic Drug? ☐ Yes ☒ No

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 his public and his
medallion so to Arrow Company.

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

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

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

AW 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.

AW 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.

AW 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 12/29/08 day of December, 20 08 at San Francisco, California.

AW
Signature of Applicant

RECEIVED

JAN 05 2009

SAN FRANCISCO
TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION
San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) <u>ABISON - A. CHACKAL</u>	Phone
Residence Address (Street Address, City, State, Zip), <u>SAN FRANCISCO, CA</u> <u>8</u>	
Mailing Address, if different from above (Street Address, City, State, Zip)	

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company <u>ARROW TAXI</u>	Business Address of Taxi Company (Street Address, City, State, Zip) <u>2575 Marin St., S.F. CA. 94124</u>		
Business Phone <u>(415) 970-1101</u>	Medallion Number	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I have been working for Arrow Cab Company for more than 10 years and I like to work with the people. The company have good Radio 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.

ABISON CHACKAL
Print Name of Applicant

[Signature]
Signature of Applicant

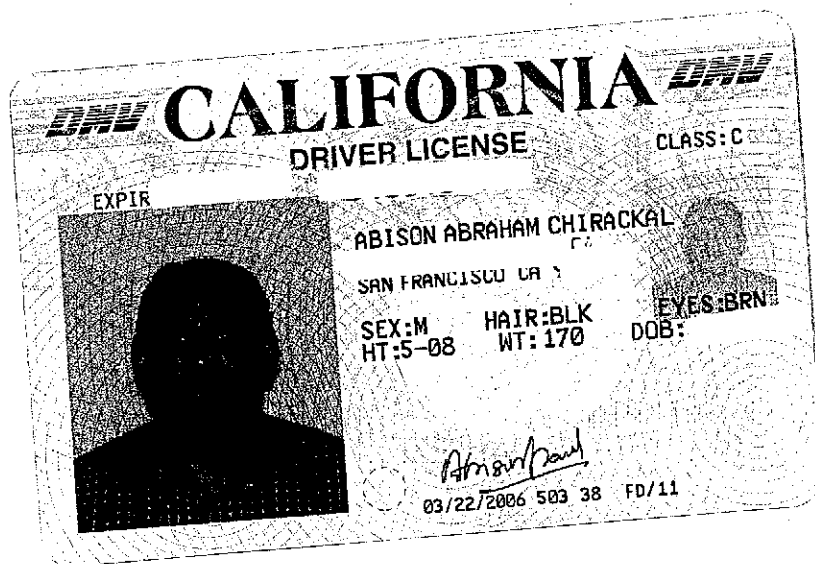
TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: <u>Tyler Speck</u>	Title: <u>General Manager</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Arrow Taxicab Co.</u> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Tyler Speck</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>12-29-2008</u> Date

RECEIVED

JAN 05 2009

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

RECEIVED
JAN 05 2009
SAN FRANCISCO
TAXI COMMISSION



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

EXPIRES: DECEMBER 31, 2009

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.



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) HERMENEGILDO JIM TRINIDAD		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SO. SAN FRANCISCO, CA			
Mailing Address (If different than residence address)			
Residence Phone Number: 415-200-1111		Alternate Phone Number:	
Hours Available at this Number: 9AM - 9PM		Hours Available at this Number: 9AM - 9PM	
Social Security Number: 100 12 11		Other name(s) used JIM TRINIDAD	
California Driver's License Number / Expiration Year		Date of Birth 1 1	Place of Birth
Race (Optional)	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 5'10"	Weight 220 lbs
		Eye Color BROWN	Hair Color BLK
Color Scheme / Business Name BAY CAB		Business Number (415) 859-1088	
Color Scheme / Business Address (Street Address, City, State, Zip) 999 PENNSYLVANIA AVE., SAN FRANCISCO, CA 94107			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Alien Resident Card Number:	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If Yes - Date permit was issued: 1995		Permit #: P44-051915	
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per MPC §1081(a)(3), do you hold or have you ever held any other permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
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 DETAIL 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	Receipt No: 824932	Amount: \$267	Date: JAN 07 2009
Notice Date: 1/13/09	Hearing Date: 1/27/09	SAN FRANCISCO TAXI COMMISSION	

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
2002	PRESENT	1025 SO. SAN FRANCISCO, CA 94108
1985	2002	1025 SO. SAN FRANCISCO, CA 94108

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 safely? ☒ Yes ☐ No

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
2004	PRESENT	BAY CAB	999 PENNSYLVANIA AVE, SF	TAXI DRIVER
2004	PRESENT	BAY CAB	999 PENNSYLVANIA AVE, SF	OFFICE ASSISTANT

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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)

BAY 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.

HT 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.

HT 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.

HT 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, 20 09 at San Francisco, California.

A. Jimenez
Signature of Applicant

RECEIVED

JAN 07 2009

SAN FRANCISCO
TAXI COMMISSION

NAME WRITES LETTER
PROVIDE REAS & INFO WITHIN 15 MINUTE
IS AVAILABLE

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		Pr--- ()
Residence Address (Street Address, City, State, Zip) SO. 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 BAY CAB	Business Address of Taxi Company (Street Address, City, State, Zip) 599 PENNSYLVANIA AVE. SAN FRANCISCO, CA 94107
Business Phone (415) 206-1908	Medallion Number
<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I HAVE BEEN 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, 20 09 at San Francisco, California.

HERMENEGILDO JIM TRINIDAD
Print Name of Applicant

[Signature]
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: ROGER CARDENAS		Title: MGR.
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>BAY CAB</u> hereby give consent to the applicant named to use my color scheme. Color Scheme Name		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder		<u>1-7-09</u> Date

RECEIVED

***** OFFICE USE ONLY *****			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed JAN 7 2009
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date SAN FRANCISCO TAXI COMMISSION

RECEIVED

JAN 07 2009

SAN FRANCISCO
TAXI COMMISSION



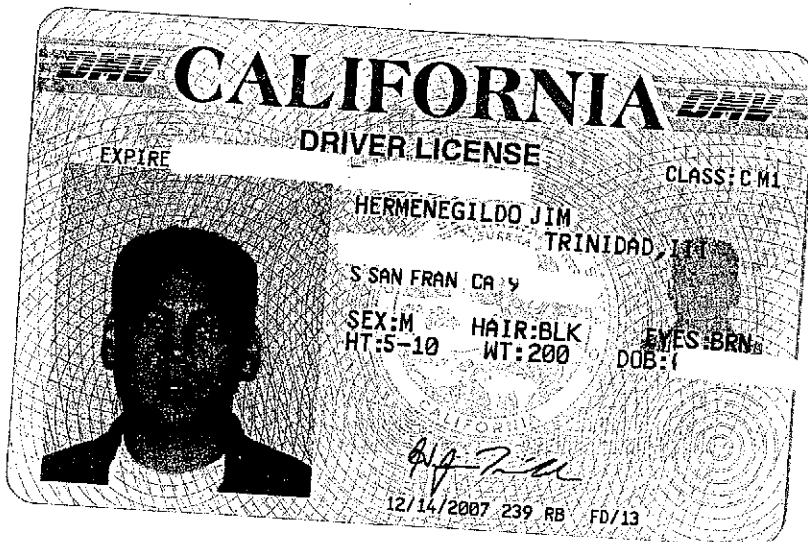
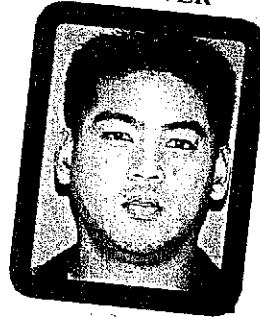
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

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.



PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) STEVEN YIK LEE		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SOUTH SAN FRANCISCO, CA			
Mailing Address (If different than residence address)			
Residence Phone Number: () - - - - -		Alternate Phone Number: 34	
Hours Available at this Number:		Hours Available at this Number: ANY TIME.	
Social Security Number 111-111-1111		Other name(s) used	
California Driver's License Number / Expiration Year A-123456789		Date of Birth	
Place of Birth		Race (Optional)	
Sex <input checked="" type="radio"/> M <input type="radio"/> F		Height 5'8"	
Weight 175 lb		Eye Color BRN	
Hair Color BLK		Color Scheme / Business Name BIG DOG CITY CAB	
Business Number (415) 920-0700		Color Scheme / Business Address (Street Address, City, State, Zip) 2121 EVANS AVE, SAN FRANCISCO, CA 94124	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Alien Resident Card Number:	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If Yes - Date permit was issued: 12/05/08 Permit #: P44-045255			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per MPC §1081(a)(3), do you hold or have you ever held any other permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
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 Oversea, come to San Francisco. annually for vacation and convention. Although public transportation and rental cars are convenient, taxicab can offer more to the visitors. Taxicabs can offer door to door pickup and drop off at the exact destination. Visitors would prefer taxicabs over other transportations. For these reasons, for serving properly to the public, this medallion needs to be granted.			

OFFICE USE ONLY			
Received by: 	Receipt No. 24434	Amount \$1267.00	Date 01/13/09
Notice Date: 01/13/09	Hearing Date: 01/27/09		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
2003	NOW	101 S.F. CA

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? ☒ Yes ☐ No

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
2000	NOW	MUNI	1201 MASON ST. S.F. CA 94108	DRIVER
2005	NOW	BIG DOG CITY CAB	2121 EVANS AVE S.F. CA 94124	DRIVER

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

(Attach additional pages if needed)

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

Are you now, or have you ever been,

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

Any Narcotic Drug? ☐ Yes ☒ No

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 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.

S.L. 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.

S.L. 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.

S.L. 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, 20 08 at San Francisco, California.

Steven Lee
Signature of Applicant

RECEIVED

JAN 08 2009

COLOR SCHEME DESIGNATION APPLICATION
San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) STEVEN YIK LEE	Phone (415) 920-0709
Residence Address (Street Address, City, State, Zip) 2014 14TH 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	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I have been 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, 20 08 at San Francisco, California.

STEVEN LEE
Print Name of Applicant

Steven Lee
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
Name of person authorized to sign for Color Scheme Holder: Nicholas Lewis	Title: Secy/Treas
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Big Dog City Cab</u> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Nicholas Lewis</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>12-22-08</u> Date

OFFICE USE ONLY			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted JAN 08 2009
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: CLASS: B
ENDORSE: P

STEVEN Y LEE
S SAN FRAN CA

SEX: M HAIR: BLK EYES: BRN
HT: 5-08 WT: 180 DI

RSTR: 64

07/18/2007 599 23 FD/09

RECEIVED

DEC 16 2008

W. J. LEE
TAX COLLECTOR

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) KENNETH, WANT TENG, LIANG		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) E, DALY CITY, CA			
Mailing Address (If different than residence address) 			
Residence Phone Number: ---		Alternate Phone Number: ---	
Hours Available at this Number: 9 a.m. - 2 p.m.		Hours Available at this Number: 4 p.m. - 12 a.m.	
Social Security Number: ---		Other name(s) used: ---	
California Driver's License Number / Expiration Year: ---		Date of Birth: ---	
Place of Birth: ---			
Race (Optional) BURMESE	Sex (M) 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No,		Alien Resident Card Number: ---	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If Yes - Date permit was issued: 1994 Permit #: 48970			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain: ---			
Per MPC §1081(a)(3), do you 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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, specially 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.			

OFFICE USE ONLY

RECEIVED

Received by: Danille	Receipt No.: 24435	Amount: \$12.00	Date: JAN 01 2009
Notice Date: 1/15/09	Hearing Date: 01/27/09		

SAN FRANCISCO
TAXI COMMISSION

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1-1-1996	CURRENT	DRIVER; DALY CITY, CA

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)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
2000	5-22-2006	REGENTS CAB	999 PENNSYLVANIA ST, S.F.	DRIVER
5-22-2006	CURRENT	DE SOTO CAB	555 SELBY ST, S.F.	DRIVER

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

(Attach additional pages if needed)

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

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

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

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

Any Narcotic Drug? ☐ Yes ☒ No

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.

B 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.

B 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.

B 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]
Signature of Applicant

RECEIVED

JAN 08 2009

SAN FRANCISCO
TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION
San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) KENNETH , WANT TENG , LIANG	Phone _____
Residence Address (Street Address, City, State, Zip) _____, DALY CITY, 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 DE SOTO CAB	Business Address of Taxi Company (Street Address, City, State, Zip) 555 SELBY ST. , SAN FRANCISCO, CA		
Business Phone (415) 970-1300	Medallion Number _____	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I 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 *Kenneth Liang*

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY	
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 <u>DESOTO CAB CO.</u> hereby give consent to the applicant named to use my color scheme. Color Scheme Name	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u><i>Cindy L. Ward</i></u>	Date <u>December 29, 2008</u>

RECEIVED

JAN 08 2009

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

RECEIVED

JAN 08 2009

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 DESOTO CAB CO.

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



CALIFORNIA
DRIVER LICENSE

EXPIRES CLASS: C

KENNETH WANT TENG LIANG
DALY CITY CA

SEX: M HAIR: BLK EYES: BRN
HT: 5-08 WT: 155 DOB: 09/01/2005

09/01/2005 599 09 FD/10

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) SANH PHUC NGUYEN		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) DRIVE SAN JOSE CA			
Mailing Address (If different than residence address)			
Residence Phone Number: ---		Alternate Phone Number: ()	
Hours Available at this Number:		Hours Available at this Number:	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth			
race (optional)	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height 5-08	Weight 120
Color Scheme / Business Name Luxor Cab Company	Hair Color BRWN		Business Number (415) 761-1421
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 Jerrald Ave SAN FRANCISCO CA 94124			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Alien Resident Card Number:	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If Yes - Date permit was issued: 1985		Permit #: P44-036104	
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per MPC §1081(a)(3), do you hold or have you ever held any other permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary):			
<p>- The public will not be served properly if the sick client or case of emergency a 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.</p> <p>- In the other hand most taxi circuled in downtown an airport, most residents in sunset, Park Merced, Hunterpoint DISTRICT ETC -- had to wait long for a taxi, when they need one. it is necessary for this medallion to be granted to serve the public.</p>			

JAN 06 2009

SAN FRANCISCO TAXICAB COMMISSION			
OFFICE USE ONLY			
Received by: Alex Danelle	Receipt No: 29451	Amount: \$1207-	Date: 1/13/09
Notice Date: 1/13/09	Hearing Date: 1/27/09		

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.

NP 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.

NP 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.

NP 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, 20 08 at San Francisco, California.

Santh
Signature of Applicant

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

Applicant's Name (First, Middle, Last) MAHMAD BASHAI RUDSARI		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SAN FRANCISCO CA 94114			
Mailing Address (If different than residence address)			
Residence Phone Number: (415) ...		Alternate Phone Number: (415) ...	
Hours Available at this Number:		Hours Available at this Number:	
Social Security Number		Other name(s) used MICHAEL	
California Driver's License Number / Expiration Year		Date of Birth	
Place of Birth IRAN			
Race (Optional) W	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Height 6-00	Weight 205
Color Scheme / Business Name TOWN TAXI / TOWN TAXI INC.	Eye Color BRN	Hair Color GRAY	
Color Scheme / Business Address (Street Address, City, State, Zip) TOWN TAXI / 999 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107		Business Number (415) 401-8900	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 P44-052617**
 AS A TEMPORARY PERMIT
 Has this permit ever been revoked? ☒ Yes ☐ No If yes, explain: **FAILED TO PAY A 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 PHD 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.

OFFICE USE ONLY			
Received by:	Receipt No: 404315	Amount: \$1207.00	Date: 10/23/2008
Notice Date:	Hearing Date:		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1994	PRESENT	SF, CA 94114

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1998 10/2008		TOWN TAXI INC.	999 PENNSYLVANIA SF, CA 94107	DRIVER

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

(Attach additional pages if needed)

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

Offense	Date	Place of Arrest	Disposition

Is your eyesight impaired? ☐ Yes ☒ No

Do not include ordinary nearsightedness or farsightedness corrected by eyeglasses.

Is your hearing impaired?

☐ Yes ☒ No

Do you have any physical impairments? ☐ 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

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 TOWN 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.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.

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 25, 2008 at San Francisco, California.

M. B. Ruden

Signature of Applicant

RECEIVED

OCT 28 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	
Applicant's Name (First, Middle, Last) MAHMOOD BAGHA RUDSARI	Phone 1 2 5 4 1 1 1 1 1 1
Residence Address (Street Address, City, State, Zip) SF, CA 94114	
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 SF Town Taxi, Inc.	Business Address of Taxi Company (Street Address, City, State, Zip) 999 Pennsylvania Ave, SF, CA 94107		
Business Phone (415) 401-8900	Medallion Number N/A	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

I 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 10/27/08, 20 08 at San Francisco, California.

OCTOBER twenty seven
 MAHMOOD BAGHA RUDSARI M.B. Rudhari
 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: Jacob Mayzel	Title: Manager
I, the Color Scheme Holder (person authorized to sign for the Color Scheme Holder for <u>SF Town Taxi</u> Color Scheme Name	
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 <u>[Signature]</u>	Date <u>10/27/08</u>

OFFICE USE ONLY			
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed OCT 28 2008
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by:	Receipt No.	Amount	Date

From: Mahmood Baghai Rudsari, A-card #: P44- 052617 until 05/01/2008
Temp A-card until January 30, 2009

RECEIVED

OCT 28 2008

SAN FRANCISCO
TAXI COMMISSION

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.



TIA2 ACCT. NO: P44 046528 TAX ID		-	CENSUS	OLD#
DEA	DE SOTO CAB CO	CERTIF NBR	DATE STARTED 10-05-94	
SITUS	0000 VARIOUS LOCATIONS	0000	DATE INACTIVATED 03-15-95	
OWNER	RUDSARI, MAHMOOD B.	CARE OF		
ADDRESS	SAN FRANCISCO, CA		94122	
CONDOMINIUM	DISTRICT CODE	NON-MATCHING ADDRESS	UNIT COUNT	
PERMIT NO. 082861	SUB-CLASS	DESC. DRIVER-PUB.PASS.VEH.	ACCOUNT TYPE A	
COMMENT:				
EXPIRE DTE	- -	- -	- -	- -
DATE PAID	- -	- -	- -	- -
BATCH NO				
ISSUE DT	00-00-00	00-00-00	00-00-00	00-00-00
DUE: FEE				
SURCHRG				
MISC.				
PENALTY				
TOTAL				
PAID: FEE				
SURCHRG				
MISC.				
PENALTY				
TOTAL				
BALANCE				
P44 046528 RECORD RETRIEVED - ENTER CLASS-ACCOUNT FOR NEXT RECORD				

TLA2 ACCT. NO: P44 046994 TAX ID	-	CENSUS	OLD# 046528
DBA DESOTO CAB CO	CERTIF NBR	DATE STARTED 03-15-95	
SITUS 0000 VARIOUS LOCATIONS	0000	DATE INACTIVATED 10-27-98	
OWNER RUDSARI, MAHMOOD B.	CARE OF		
ADDRESS	SAN FRANCISCO, CA	94122	
CONDOMINIUM DISTRICT CODE	NON-MATCHING ADDRESS	UNIT COUNT	
PERMIT NO. 082861 SUB-CLASS	DESC. DRIVER-PUB.PASS.VEH.	ACCOUNT TYPE A	
COMMENT: REVOKED NONPAYMENT			
EXPIRE DTE	- -	- -	- -
DATE PAID	- -	- -	- -
BATCH NO			
ISSUE DT	00-00-00	00-00-00	00-00-00
DUE: FEE			
SURCHRG			
MISC.			
PENALTY			
TOTAL			
PAID: FEE			
SURCHRG			
MISC.			
PENALTY			
TOTAL			
BALANCE			
P44 046994 RECORD RETRIEVED - ENTER CLASS-ACCOUNT FOR NEXT RECORD			

TLA2 ACCT. NO: P44 048607 TAX ID	-	CENSUS	OLD#
DBA DE SOTO CAB CO.	CERTIF NBR	DATE STARTED 01-01-97	
SITUS 0000 VARIOUS LOCATIONS	0000	DATE INACTIVATED 02-22-00	
OWNER RUDSARI, MAHMOOD B.	CARE OF		
ADDRESS	SAN FRANCISCO, CA	94122	
CONDOMINIUM DISTRICT CODE	NON-MATCHING ADDRESS	UNIT COUNT	
PERMIT NO. 082861 SUB-CLASS	DESC. DRIVER-PUB.PASS.VEH.	ACCOUNT TYPE A	
COMMENT: REVOKED			
EXPIRE DTE	- -	- -	- -
DATE PAID	- -	- -	- -
BATCH NO			
ISSUE DT	00-00-00	00-00-00	00-00-00
DUE: FEE			
SURCHRG			
MISC.			
PENALTY			
TOTAL			
PAID: FEE			
SURCHRG			
MISC.			
PENALTY			
TOTAL			
BALANCE			
P44 048607 RECORD RETRIEVED - ENTER CLASS-ACCOUNT FOR NEXT RECORD			

TLA2 ACCT. NO: P44 052617 TAX ID		-	CENSUS	OLD#
DBA	CHECKER CAB	CERTIF NBR	DATE STARTED 03-23-00	
SITUS	0000 VARIOUS LOCATIONS	0000	DATE INACTIVATED 05-01-08	
OWNER	RUDSARI, MAHMOOD B.	CARE OF		
ADDRESS	SAN FRANCISCO, CA		94110	
CONDOMINIUM	DISTRICT CODE	NON-MATCHING ADDRESS	UNIT COUNT	
PERMIT NO. 093212	SUB-CLASS	DESC. DRIVER-PUB.PASS.VEH.	ACCOUNT TYPE A	
COMMENT: REVOKED NONPAYMENT				
EXPIRE DTE	- -	- -	12-31-07	12-31-06 12-31-05
DATE PAID	- -	- -	12-18-06	12-08-05 12-13-04
BATCH NO			0025	0257 0501
ISSUE DT	00-00-00	00-00-00	12-22-06	12-09-05 12-17-04
DUE: FEE			52.00	51.00 50.75
SURCHRG			3.00	9.00
MISC.				
PENALTY				
TOTAL			55.00	60.00 50.75
PAID: FEE			52.00	51.00 50.75
SURCHRG			3.00	9.00
MISC.				
PENALTY				
TOTAL			55.00	60.00 50.75
BALANCE			0.00	0.00 0.00

P44 052617 RECORD RETRIEVED - ENTER CLASS-ACCOUNT FOR NEXT RECORD

RECEIVED

OCT 28 2008

SAN FRANCISCO
TAXI COMMISSION

CALIFORNIA
DRIVER LICENSE

EXPIRES: [REDACTED] CLASS: C

MAHMOOD BAGHAI RUDSARI
DMV PERMIT NO. CA 94114

SEX: M HAIR: BLK
HT: 6-00 WT: 205 EYES: BRN DOB: [REDACTED]

RSTR: CORR LENS

M. B. Rudhari
09/09/2004 503 A1 FD/09



SAN FRANCISCO POLICE DEPARTMENT TAXICAB DETAIL

DRIVER PUBLIC PASSENGER VEHICLE FOR HIRE
TEMPORARY PERMIT

REC-10
OCT 23 2006
31 10 35

Permission is hereby given to MAHMOOD RUBART to operate as a "Driver
Public Passenger Vehicle" for TOWNS 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 _____
of the San Francisco Police Taxicab Enforcement Unit.

PAUL MAKAVECKAS
Police Officer #1601

TAXI DETAIL

Date of Issuance OCT 23 2008

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) SANH PHUC NGUYEN		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SAN JOSE CA			
Mailing Address (If different than residence address)			
Residence Phone Number: (415) 000-0000		Alternate Phone Number: ()	
Hours Available at this Number:		Hours Available at this Number:	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year 12009		Date of Birth 06-05	
Place of Birth VIETNAM		Race (Optional) (M) F	
Height 5-08		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) 2230 Jerrald Ave San Francisco Ca 94124			
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If Yes - Date permit was issued: 1985 Permit #: P44-036104			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per MPC §1081(a)(3), do you hold or have you ever held any other permits issued to operate a motor vehicle for hire either in the City and County of San Francisco or elsewhere? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Please describe why the public will not be served properly if this medallion is not granted (attach additional pages if necessary):			
<p>- The public will not be served properly if the sick client or case of emergency a 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.</p> <p>- In the other hand most taxi circuled in downtown, airport, most residents in Sunset, Park Merced, Hunterpoint DISTRICT ETC -- had to wait long for a taxi, when they need one. it's necessary for this medallion to be granted to serve the public.</p>			

JAN 06 2009

OFFICE USE ONLY			
Received by: Amy Donelle	Receipt No: 29401	Amount: \$1207	Date: 1/13/09
Notice Date: 1/13/09	Hearing Date: 1/27/09		

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
07/96	Present	4 DR. San Jose CA 95131
10/78	07/96	DR. San Francisco CA 94132

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? 23 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)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
10/06/03	01/06/09	Bay CAB	2331 Divisadero St SF	Taxi Driver

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

Offense	Date	Place of Arrest	Disposition
NONE			

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 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.

NP/VP 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.

NP/VP 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.

NP/VP 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, 20 08 at San Francisco, California.

Savith
Signature of Applicant

COLOR SCHEME DESIGNATION APPLICATION
San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM	
Applicant's Name (First, Middle, Last) <u>SANH PHUC NGUYEN</u>	Phone <u>1-415-282-3737</u>
Residence Address (Street Address, City, State, Zip) <u>1000 JOSE</u>	
Mailing Address, if different from above (Street Address, City, State, Zip) <u>1000 JOSE</u>	

If this color scheme request is granted by the Taxicab Commission, list what the taxi company name, address and phone number will be:			
Name of Taxi Company <u>Yellow Cab Corp</u>	Business Address of Taxi Company (Street Address, City, State, Zip) <u>1300 Mississippi St</u>		
Business Phone <u>(415) 282-3737</u>	Medallion Number	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

Good 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, 20 09 at San Francisco, California.

SANH PHUC NGUYEN
Print Name of Applicant

Sanh
Signature of Applicant

TO BE COMPLETED BY ACCEPTING COLOR SCHEME OWNER	
Name of person authorized to sign for Color Scheme Holder: <u>Hal Mellegara</u>	Title: <u>GM</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>the Mellegara Yellow Cab</u> hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>Hal Mellegara</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>1/12/09</u> Date

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

JAN 12 2009

RECEIVED

JAN 06 2009

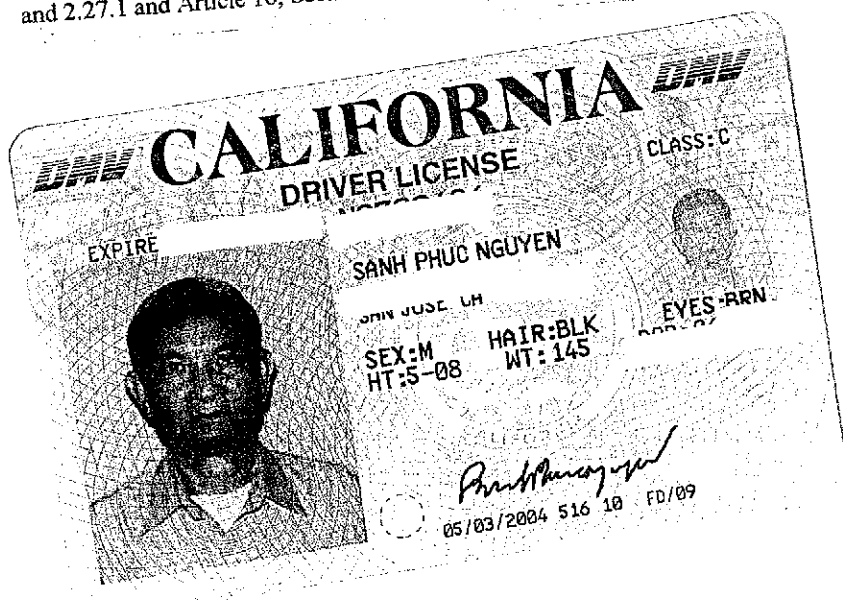
SAN FRANCISCO
TAXI COMMISSION



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

Applicant's Name (First, Middle, Last) James Noel Sukovitz		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) SF, Ca. 94110			
Mailing Address (If different than residence address)			
Residence Phone Number		Alternate Phone Number	
Hours Available at this Number: NIGHT		Hours Available at this Number: DAY	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year 12-09		Date of Birth S.F.	
Race (Optional) White	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height 6' 1"	Weight 170
Color Scheme / Business Name Luxor Cab		Eye Color Blue	Hair Color BRN-GREY
Color Scheme / Business Address (Street Address, City, State, Zip)		Business Number (415) 282-4141	

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

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

If Yes - Date permit was issued: **1994** Permit #: **P44-054814**

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

Per MPC §1081(a)(3), do you 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 cabs on the road would be #1. We need good drivers like me. I play the Luxor radio, in the neighborhoods put-up wheel chair and 1000⁺ of elderly. I also have a perfect driving record and no complaints. Plus I work for the #1 Cab. Co. Luxor!

RECEIVED

OFFICE USE ONLY			
Received by Daniel	Receipt No. 24437	Amount \$ 1217 -	Date JAN 08 2007
Notice Date 01/2/10/07	Hearing Date 2/2/07		

TAXI COMMISSION

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
1995	NOW	1000 ... #301. SF, CA.

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

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

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

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

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
1991	NOW	LUXOR	220 Gerald	DRIVER

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

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

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

Is your hearing impaired? ☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Executed on this 8th DAY 1-08-09 day of JANUARY, 20 09 at San Francisco, California.

James Subito
Signature of Applicant

RECEIVED

JAN 08 2009

SAN FRANCISCO
TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxicab Commission

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

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) JAMES NOEL SUKOVITZEN		Phone 415 221-2215
Residence Address (Street Address, City, State, Zip) 221, S.F., 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 LUXOR CAB	Business Address of Taxi Company (Street Address, City, State, Zip) 2230 JERROLD, SF, CA 94124		
Business Phone (415) 282-4141	Medallion Number	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

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

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

RECEIVED

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

JAN 08 2009

Executed on JAN. 8TH, 2009 at San Francisco, California

JAMES SUKOVITZEN *James Sukovitz*
Print Name of Applicant Signature of Applicant

SAN FRANCISCO TAXI COMMISSION

TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY

Name of person authorized to sign for Color Scheme Holder: THOMAS J. STANGHELLINI		Title: OPERATIONS MANAGER
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>LUXOR CAB</u> hereby give consent to the applicant named to use my color scheme. Color Scheme Name		
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
<u><i>Thomas J. Stanghellini</i></u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder		<u>1-8-2009</u> Date

OFFICE USE ONLY

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



SAN FRANCISCO POLICE DEPARTMENT TAXICAB DETAIL

DRIVER PUBLIC PASSENGER VEHICLE FOR HIRE

TEMPORARY PERMIT

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

This temporary permit expires at 5:00 p.m. on ~~10-31-08~~ 1/25/09 TTX

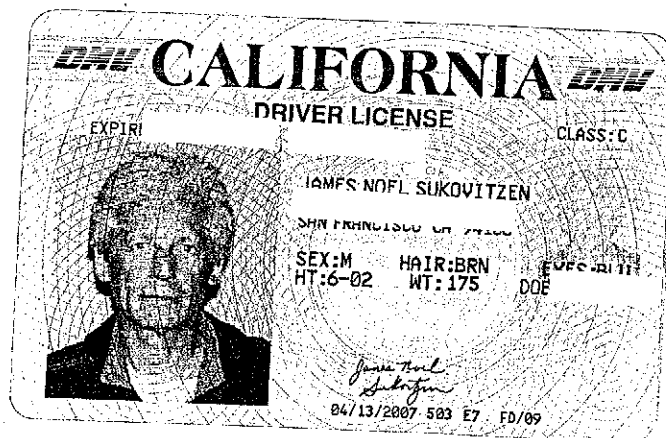
Issued on behalf of the San Francisco Taxicab Commission by Paul Makaveckas
Police Officer #1601
Code Enforcement
of the San Francisco Police Taxicab Enforcement Unit.

Date of Issuance 7-31-08

RECEIVED

JAN 09 2009

SAN FRANCISCO
TAXI COMMISSION



TLA2 ACCT. NO: P44 054814 TAX ID	-	CENSUS	OLD# 052322
DBA LUXOR CAB	CERTIF NBR	DATE STARTED 07-16-02	
SITUS 0000 VARIOUS LOCATIONS	0000	DATE INACTIVATED 05-01-08	
OWNER SUKOVITZEN, JAMES NOEL	CARE OF		
ADDRESS	SAN FRANCISCO,	CA	94115
CONDOMINIUM DISTRICT CODE	NON-MATCHING ADDRESS	UNIT COUNT	
PERMIT NO. 068540 SUB-CLASS	DESC. DRIVER-PUB.PASS.VEH.	ACCOUNT TYPE A	
COMMENT: REVOKED NONPAYMENT			
EXPIRE DTE	- -	- -	12-31-07 12-31-06
DATE PAID	- -	- -	04-30-07 04-27-06
BATCH NO			0625 0016
ISSUE DT	00-00-00	00-00-00	05-04-07 04-28-06
DUE: FEE			52.00 51.00
SURCHRG			3.00 9.00
MISC.			
PENALTY			11.75 11.50
TOTAL			66.75 71.50
PAID: FEE			52.00 51.00
SURCHRG			3.00 9.00
MISC.			
PENALTY			11.75 11.50
TOTAL			66.75 71.50
BALANCE			0.00 0.00

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

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) Grayson Sinclair Bourn-		Type of Medallion Applying for: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Ramp	
Residence Address (Street Address, City, State, Zip) # A Berkeley Ca			
Mailing Address (if different than residence address)			
Residence Phone Number:		Alternate Phone Number:	
Hours Available at this Number: 5pm - 8pm		Hours Available at this Number: 7am - 8pm	
Social Security Number		Other name(s) used	
California Driver's License Number / Expiration Year 2010		Date of Birth	
Place of Birth		Race (Optional)	
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height 5'8"	Weight 160	Eye Color Brown
Color Scheme / Business Name Luxor cab		Hair Color Brown	
Color Scheme / Business Address (Street Address, City, State, Zip) 2230 Jerrold Ave SAN FRANCISCO CA 94124		Business Number (415) 401-1420	
Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Alien Resident Card Number:			
Are you currently an active driver and hold a current Public Passenger Vehicle Driver Permit (A-Card)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes -Date permit was issued: 1/5/09 Permit #: P44-034000			
Has this permit ever been revoked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, if yes, explain:			
Per MPC §1081(a)(3), do you 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 I pickup believe that the service could be better in San Francisco with more cabs on the street.			

OFFICE USE ONLY			
Received by: AS	Receipt No: 024429	Amount: \$1267.00	Date: JAN 06 2009
Notice Date: 1/13/09		Hearing Date: 1/27/09	

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

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

From Date	To Date	Residence Address (Street Address, City, State, Zip)
10/1/03		1000 ... Berkeley CA ...
7/1/98	10/2/03	Frankisco

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)

From Date	To Date	Company Name	Address (Street Address, City, State, Zip)	Type of Work
6/1/03		Luxor cab	2230 Terrold SAN FRANCISCO CA 94124	CAB driver
4/08	9/08	VIDEO MANIACS	1484 UNIVERSITY AVE Berkeley CA 94702	CLERK

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

Offense	Date	Place of Arrest	Disposition

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

Is your hearing impaired?
☐ Yes ☒ No

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

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

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

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.

GSB 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.

GSB 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.

GSB 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, 20 09 at San Francisco, California.

[Signature]

Signature of Applicant

RECEIVED

JAN 05 2009

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

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



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

EXPIRES: DECEMBER 31, 2009

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.



CALIFORNIA
DRIVER LICENSE

EXPIRES

CLASS: C

GRAYSON S. BOURNE

SAN FRANCISCO CA 00000

SEX: M HT: 5-08 HAIR: BRN WT: 155

DOB:

06/16/2005 235 RB FD/10

Consent: Item C

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

Applicant Name:	Medallion Number:	New Color Scheme:
1. Tam Dinh Nguyen	1311	Vina Cab

TAXICAB NEW COLOR SCHEME APPLICATION
San Francisco Taxicab Commission

X 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) TAM DINH NGUYEN	Phone (415) - - - -
Residence Address (Street Address, City, State, Zip) SAN FRANCISCO, CA 94134	
Joint Applicant's Name (First, Middle, Last)	Phone ()
Residence Address for Joint Applicant (Street Address, City, State, Zip)	
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:	

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.			
Business Name VINA CAB	Business Address (Street Address, City, State, Zip) 999 PENNSYLVANIA AVE S-F, CA 94107		
Business Phone (415) 305-6913	Medallion Number(s) 1311	<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> 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 day of 10-05, 2008 at San Francisco, California

TAM DINH NGUYEN
Print Name of Applicant

[Signature]
Signature of Applicant

Print Name of Joint Applicant

Signature of Applicant

RECEIVED

NOV 07 2008

SAN FRANCISCO
TAXI COMMISSION

***** 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: <u>[Signature]</u>	Receipt No. 464341	Amount 1228.00	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 ^{Gold}~~GREEN~~ Trunk WHITE Fenders WHITE

Logo shown on vehicles: VINA CAB Lettering Color ~~GREEN~~ Gold

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*****

Name of Dispatch Service:

B E W CHECKER

Address:

999 PENNSYLVANIA AVE S.F. CA 94107

I, Bennady Epshteyn, the person authorized to sign for the Dispatch Service hereby give
Print Name of Authorized Person of Dispatch Service

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

Title

Date

[Signature] color schemeholder 8/19/08

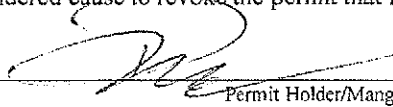
COLOR SCHEME DECLARATION

Business Name VINACAB		Business Phone (415) 305-6913
Business Address (Street, City, State, Zip) 999 PENNSYLVANIA AVE S.F. CA 94107		
No. of Regular Taxis # 1311	No. of Ramp Taxis	Fax Number (415) 285-3605
Dispatch Service B & W CHECKER		24-hr Dispatch Phone (415) 285-3800
Dispatch Service Address (Street, City, State, Zip) 999 PENNSYLVANIA AVE S.F. CA 94107		
Permit Holder's Name TAM DINH NGUYEN		Permit Holder's Phone (415) 305-6913
Other Manager/Company Representative Names		Manager/Representative's Phone ()

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.


 Permit Holder/Manager's Signature

TAM DINH NGUYEN
 Print Name

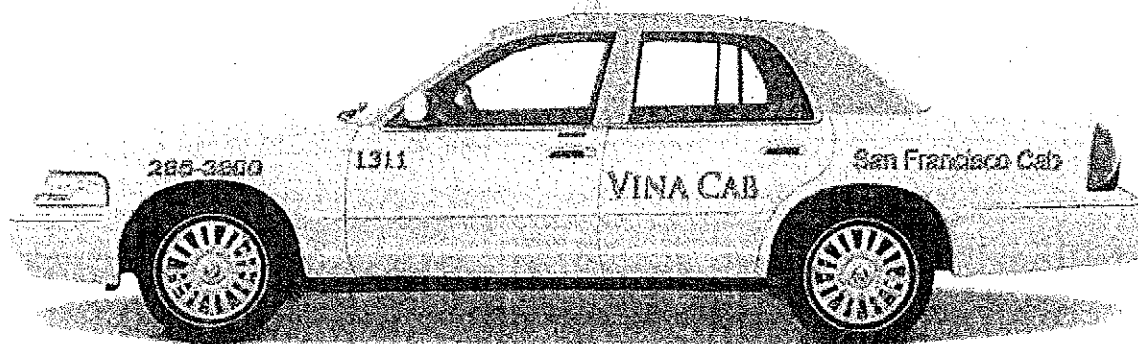
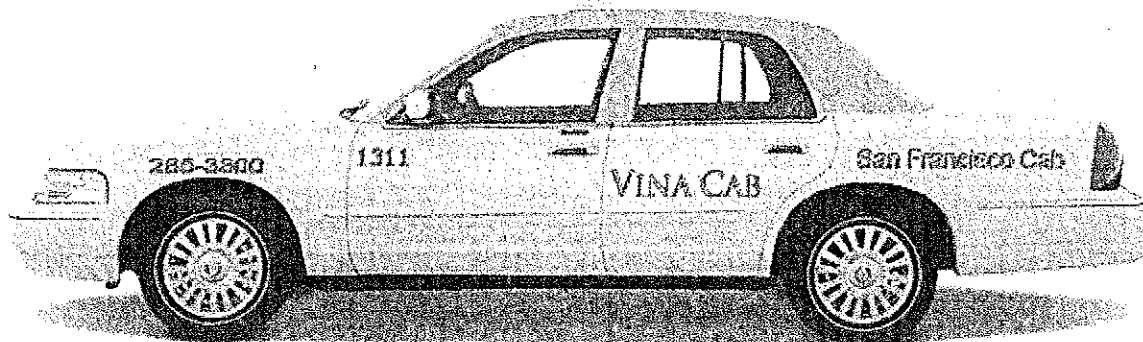
RECEIVED

DEC 04 2008

SAN FRANCISCO
TAXI COMMISSION

12-2-08
 Date

PERMIT Holder
 Title



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID UR
DELTA12

DATE (MM/DD/YYYY)
09/11/08

PRODUCER

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

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

INSURED

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

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Delos Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NOT APPLICABLE			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	NO COVERAGE			AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	NOT APPLICABLE			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		07/20/08	07/20/09	<input checked="" type="checkbox"/> WC STATO-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
	OTHER	NOT APPLICABLE			

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

SANFRTA

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

RECEIVED
DEC 03 2008
SAN FRANCISCO
TAXI COMMISSION

INSURANCE IDENTIFICATION CARD
CALIFORNIA

COMPANY NUMBER	COMPANY
POLICY NUMBER	CNA INSURANCE COMPANY
IN ISSUE	EFFECTIVE DATE
YEAR	10/12/08
2005	MAKE/MODEL
	FORD
	EXPIRATION DATE
	10/12/09
	VEHICLE IDENTIFICATION NUMBER

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

ENCL/COMPANY ISSUING CARD

ABI BUSINESS INSURANCE SERVICES
32107 W. LINDERO CANYON RD #126
WESTLAKE VILLAGE, CA 91361

INSURED

DELTA CAB # 1311
SAN FRANCISCO, CA 94107

IN CASE OF ACCIDENT: Report all accidents
To your Agent/Company as soon as possible.
Obtain the following information:

1. Name and address of each driver,
passenger and witness.

2. Name of Insurance Company and policy

number for each vehicle involved.

INSURANCE IDENTIFICATION CARD

1311

REGISTRATION VALID FROM 04/30/2008 TO 04/30/2009

TYPE 31 TAXI

VEHICLE IDENTIFICATION NUMBER

DATE FIRST SOLD 00/00/0000

CLASS DW

Yr. Model 2007 2005

DATE ISSUED 03/08/2008

TYPE VEH 37X

MP Q

AX 2

WC C

UNLADENWG 03380

TOTAL FEES PAID \$173

3800

REGISTERED
OWNER
LINEHOLDERS

DELTA CAB CO
PO BX 425866
SAN FRANCISCO CA 94142-5866

TAM NGUYEN
PO BX 425866

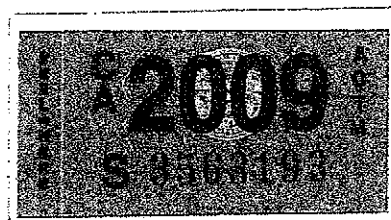
W0024
R0041
L0098

SAN FRANCISCO

94142
142022920083226

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
VALIDATED REGISTRATION CARD
READ REVERSE SIDE - IMPORTANT INSTRUCTIONS

S 3563193



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:

MOTORCYCLES:
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

Consent: Item D

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

Medallion Holder Name:	Medallion #:	Change:
1. George Lancia	846	Green Cab to Metro Cab
2. Nollie Griffin	1325	Big Dog Taxi to Metro Cab

TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

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) <u>GEORGE LANCIA</u>		Phone <u>415</u>
Residence Address (Street Address, City, State, Zip) <u>DALY CITY CA 94014</u>		
Joint Applicant's Name (First, Middle, Last) <u>N/A</u>		Phone ()
Residence Address (Street Address, City, State, Zip) <u>N/A</u>		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation:		

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

Business Name <u>METRO CAB</u>	Business Address (Street Address, City, State, Zip) <u>2121 Waverly Ave SF 94124</u>	
Business Phone () <u>415-648-8500</u>	Medallion Number(s) <u>846</u>	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease

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

Better working Conditions and Rates.

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]
 Signature of Applicant

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

Name of person authorized to sign for Color Scheme Holder: <u>Richard Hybels</u>	Title: <u>Prop.</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Metro</u> 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.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>Richard Hybels</u>	Date <u>12.5.08</u>

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

Agenda Notice Date <u>1.13.09</u>	Hearing Date <u>1.27.09</u>	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
Received by: <u>[Signature]</u>	Receipt No. <u>024412</u>	Amount <u>416.00</u>	Date <u>12.16.08</u>

DEC 16 2008

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? Thurs., Fri., Sat.

I, George LANCIA, acknowledge that in making this color scheme transfer to METRO, 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. ☒
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. ☒

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: [Signature]

Date: Dec 3 / 08

Department Witness: [Signature]

Date: 12-16-08

RECEIVED
DEC 16 2008



BLV ESL

REGISTRATION CARD VALID FROM: 03/20/2008 TO: 03/31/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2006	0000	AM	2008	33X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
TX	Q	PR	2	C	03540		
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	USE TAX	STICKER ISSUED	
COMMERCIAL	04/18/08	38	04/18/08	5	168	R0405298	
PR/HIST: SALVAGED							

REGISTERED OWNER

METRO CAB LLC
2121 EVANS AVE

AMOUNT PAID
\$ 369.00

AMOUNT DUE	AMOUNT RECVD
\$ 369.00	CASH : .
	CHCK :
	CRDT : 369.00

SAN FRANCISCO
CA 94124

LIENHOLDER

B01 503 9J 0036900 0006 CS B01 041808 31 8K44303 542

RECEIVED
DEC 18 2008

METRO CAB
2121-G EVANS AVE.
SAN FRANCISCO, CA. 94124
415-648-8500
FAX 415-642-3799
Email metrocab@pacbell.net

RECORDED

DEC 17 2008

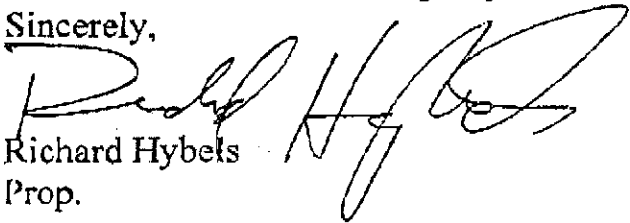
RECEIVED
SAN FRANCISCO
CALIFORNIA

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,


Richard Hybels
Prop.

TAXICAB COLOR SCHEME CHANGE APPLICATION

San Francisco Taxicab Commission

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) <u>Nollie Paul Griffin</u>		Phone <u>(415)</u>
Residence Address (Street Address, City, State, Zip) <u># Martinez Ca 94553</u>		
Joint Applicant's Name (First, Middle, Last) <u></u>		Phone <u>()</u>
Residence Address (Street Address, City, State, Zip) <u></u>		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Corporation: <u></u>		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.		
Business Name <u>METRO CAB LLC</u>	Business Address (Street Address, City, State, Zip) <u>2121 SERRA ST, CA 94124</u>	
Business Phone <u>(415) 648-8508</u>	Mediation Number(s) <u>1325</u>	<input type="checkbox"/> Owner / Operator <input checked="" type="checkbox"/> Cas & Gate <input type="checkbox"/> 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 S.F. 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 7th day of January, 2008 at San Francisco, Californiax Nollie Griffin
Print Name of Applicantx Nollie P. Griffin
Signature of Applicant

***** TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY *****	
Name of person authorized to sign for Color Scheme Holder: <u>Richard Heibel</u>	Title: <u>Proprietor</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>Metro Cab</u> hereby give consent to the applicant named to use my color scheme.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder <u>Richard Heibel</u>	Date <u>1.6.08</u>

***** 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

Updated: July 23, 2009, G:\Forms & Templates\Applications & Driver Info sheets\ColorSchemeApplication.doc

RECEIVED
 JAN 08 2009
 1:00 PM
 2009

COLOR SCHEME CHANGE QUESTIONNAIRE

1. Why are you requesting this color scheme change? I want 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 - 10⁰⁰ P.M. - 5⁰⁰ A.M.

I, NOLLIE P. GRIFFIN 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. N.P.C.
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver). N.P.C.
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. N.P.C.
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. N.P.C.
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. N.P.C.
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. N.P.C.
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations. N.P.C.

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: Nollie P. Griffin

Date: 01-07-09

Department Witness: Samara

Date: 1.13.09

JAN 09 2009

METRO CAB
2121-G EVANS AVE.
SAN FRANCISCO, CA. 94124
415-648-8500
FAX 415-642-3799

San Francisco Taxi Comm.
25 Van Ness
S.F., CA.

Re Application of Nollie Griffin

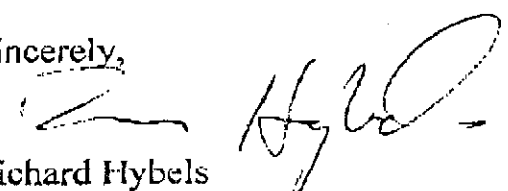
Dear Commsioners,

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,


Richard Hybels
Prop.

COML 05/31/2008 TO 05/31/2009 31
TAXI

LICENSE NUMBER

VEHICLE IDENTIFICATION NUMBER

BODY TYPE MODEL

TX

DATE ISSUED

05/13/2008

CYLS.

DATE FIRST SOLD

00/00/2005

CLASS

EF

MAKE

FORD

YR

Yr. Model

2007

2005

TYPE VEH.

32X

MP

Q

AX

2

WC

C

UNLADEN/GCSW

03960

TOTAL FEES PAID

\$183

3800

METRO CAB CO
2121 EVANS ST STE G
SAN FRANCISCO CA 94124-1024



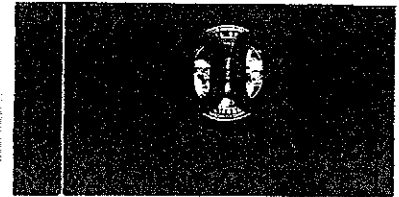
W0024
R0041
L0108

148043020085405

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
VALIDATED REGISTRATION CARD
READ REVERSE SIDE - IMPORTANT INSTRUCTIONS

S 6616336

2036



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:

MOTORCYCLES:

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

RECEIVED
JAN 08 2009

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER
 POLICY NUMBER
 YEAR
 MAKE/MODEL
 VIN
 EXPIRATION DATE
 VEHICLE IDENTIFICATION NUMBER

ABI BUSINESS INSURANCE SERVICES
 32107 W. LINDBERGH CANYON RD #126
 WESTLAKE VILLAGE, CA 91361

INSURED
 METRO CAB # 2036
 2121 BUNKER ST
 SAN FRANCISCO, CA 94124

SEE INSURING POLICY OR REVISE SLIP

INSURANCE IDENTIFICATION CARD

CALIFORNIA

COMPANY NUMBER
 POLICY NUMBER
 YEAR
 MAKE/MODEL
 VIN
 EXPIRATION DATE
 VEHICLE IDENTIFICATION NUMBER

ABI BUSINESS INSURANCE SERVICES
 32107 W. LINDBERGH CANYON RD #126
 WESTLAKE VILLAGE, CA 91361

INSURED
 METRO CAB # 2036
 2121 BUNKER ST
 SAN FRANCISCO, CA 94124

SEE INSURING POLICY OR REVISE SLIP

THIS CARD MUST BE KEPT IN THE INSURED
 VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents
 To your Agent/Company as soon as possible,
 obtain the following information:

1. Name and address of each driver,
passenger and witness.
2. Name of Insurance Company and policy
number for each vehicle involved.

FORM 50 (1/83)

THIS CARD MUST BE KEPT IN THE INSURED
 VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents
 To your Agent/Company as soon as possible,
 obtain the following information:

1. Name and address of each driver,
passenger and witness.
2. Name of Insurance Company and policy
number for each vehicle involved.

FORM 50 (1/83)

RECEIVED
 JAN 09 2009

ACORD**CERTIFICATE OF INSURANCE**

ISSUE DATE

09/29/2008

PRODUCER

MSW Insurance Services, Inc.
19100 Von Karman Ave. Suite 900
Irvine, CA 92612
License #0E55346

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.

COMPANIES AFFORDING COVERAGE

Company A Delos Insurance Co.

INSURED

Metro Cab LLC (A Corp)
2121 E. Evans Avenue
San Francisco, CA 94124

Company B

Company C

Company D

Company E

This is to certify that the policies of insurance described herein have been issued to the insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.

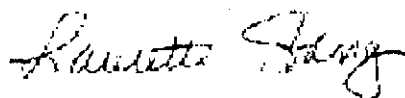
CO LT	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE EXPIRATION	LIMITS OF LIABILITY	
	GENERAL LIABILITY			EACH OCCURRENCE	\$
	<input type="checkbox"/> Commercial General Liability			FIRE DAMAGE	\$
	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence			MEDICAL EXPENSE	\$
	<input type="checkbox"/> Owners' and Contractors' Protection			PERS. AND ADVERTISING INJURY	\$
	<input type="checkbox"/>			GENERAL AGGREGATE	\$
	<input type="checkbox"/>			PRODUCTS AND COMP. OPER. AGG.	\$
	AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> Any Automobile			BODILY INJURY (Per person)	\$
	<input type="checkbox"/> All Owned Automobiles			BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> Scheduled Automobiles			PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> Hired Automobiles			COMPREHENSIVE	
	<input type="checkbox"/> Non-owned Automobiles			COLLISION	
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY		07/15/2008 07/15/2009	WC Statutory Limit <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
				EL EACH ACCIDENT	\$ 1,000,000
				EL DISEASE (Each employee)	\$ 1,000,000
				EL DISEASE (Policy Limit)	\$ 1,000,000
	EXCESS LIABILITY			EACH OCCURRENCE	\$
	<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made			AGGREGATE	\$
					\$
					\$
					\$
					\$
					\$

CERTIFICATE HOLDER

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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



Page 1 of 1

Certificate ID # WJ11 MY08



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

RECEIVED
JAN 13 2009
503-2186