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.

TO COUNTY OUT OF THE PARTY OF T

CITY AND COUNTY OF SAN FRANCISCO

TAXI COMMISSION MAYOR GAVIN NEWSOM

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

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

Commissioner Announcements:

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

Public Comment:

- Tariq Mehmood: Why didn't undercover police pull over rogue taxis.
- Sgt Reynolds: Under cover units cannot issue citations with three exceptions to the rule.
- 3. Consent Calendar [ACTION]
- Director Thigpen: Overview of items and

Public Comment

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

Public Comment:

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

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

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

Public Comment:

- **Emil Lawrence:** These are not the permanent rules but an attempt. These proposals do not address the issues properly.
- Thomas George Williams: It's important to focus on the customers but it also should focus on quality of life for the drivers.
- Jane 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 and annuity and a benefit. A medallion holder should have the right to retirement.
- Thomas George Williams: Commissioner Heinicke jumped the gun and seems like the Mayor doesn't care what the voters approved.
- Norma: A lot of drivers that do not know what's going to happen. The article is dismaying and doesn't understand that. This is discrimination against older drivers.
- Mary Maguire: Malcolm Heinicke trying to propose an auction off medallions. Plan doesn't make sense. Mayor thinks this will provide better cab service.
- Jane Bolig: Has a response but will work on it an email to Jordanna.
- Tariq 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. <u>Taxi Commission v. Tu Lam</u>, 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. <u>Taxi Commission v. Ikarouien</u>, 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 Pack: Second motion.
- Com Oneto: Would like transcript of the 911 tapes to be a part of the record.
- **Director Thigpen:** The entire hearing is part of the permanent record. If anyone requests it, we can make a copy available.

Public Comment:

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

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

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

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

You did wo 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.

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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

CITY AND COUNTY OF SAN FRANCISCO



TAXI COMMISSION MAYOR GAVIN NEWSOM

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 Trinidada, 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.

- o Mr. Lee is currently a Muni driver for San Francisco Municipal Transportation Authority (SFMTA).
- \circ Mr. Lee consistently picks up his first customer 3 4 hours after his shifts begin.
- o Mr. Lee does not meet the full-time qualifications for the year 2005.
- Mr. Lee turned in his waybills for review in December 2008 therefore no additional waybills for 2009 were requested at the time as the 2009 year had not begun.
- o If the Commission so desires, Staff may review any completed 2009 waybills for the month of January to verify prorated driving qualification per the Daly/Ma Ordinance 58-08.

B7: Kenneth W. Liang, Alternative Fuel

2005: 193 shifts 2006: 238 shifts 2007: 175 shifts 2008: 840 hours

B8: Mahmood Rudsari, Alternative Fuel

2005: 361 shifts 2006: 354 shifts 2007: 361 shifts

*Continued from December 9, 2008.

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

B9: Sanh P. Nguyen, Alternative Fuel

2005: 837 hours 2006: 976 hours 2007: 868 hours 2008: 804 hours

B10: James N. Sukovitzen, Alternative Fuel

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

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

B11: Grayson S. Bourne, Alternative Fuel

2005: 166 shifts 2006: 237 shifts 2007: 195 shifts 2008: 984 hours

PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last) GHAFFAD KHAN			Type of Medallion Ap		Ramp
Residence Address (Street Address, City, State, Zip	, SAN BRUNG) /A	-		
Mailing Address (If different than residence address)	, OHN DICKIOL	, 01 , ,		<u> </u>	
Residence Phone Numbe	· · · · ·	Alternate Phone	Numbe	· / -	-
Hours Available at this Number: 34 hou	IRS	Hours Available a	at this Number: H_{p}	m - 4An	<u>n</u>
Social Security Number	Other name(s) used	A	·		
California Driver's License Number / Expiration Year	Dat	e of Birth	Plac	e of Birth	Market.
Race (Optional)	Sex Height 18	Weight	Eye Color BRDW)	Hair Co	lor
ASIAN Color Scheme / Business Name	(M)/F 5'8	130		.,	LACIC
Color Scheme / Business Address (Street Address, C	City, State, Zip)	(20.	(4	15)97	0-1300
\$ 555 SELRY ST	SA C	Α		-	×
Are you a U.S. Citizen? SYYes □ No	, Alien Resi	dent Card Number:			
Are you currently an active driver and hole	d a current Public Passe	nger Vehicle Drive	er Permit (A-Card)?	No 54	 Yes
If Yes —Date permit was issued: 1987		#: PHH-04		_ 110 94	
Has this permit ever been revoked?	•	•			
Per MPC §1081(a)(3), do you holds or ha	*		to operate a motor v	ehicle for hir	e either in the City
and County of San Francisco or elsewher	- ,				
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TAX! COMMISSION Page 1 of 3

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If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Yes \sum 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 PADIO.
If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☑Yes ☐ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at www.sfgov.org . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this 17th day of November , 20 08 at San Francisco, California.

RECEVED

DEC 022008

SAN FRANCISCO TAXI COMMISSION

COLOR SCHEME DESIGNATION APPLICATION

San Francisco Taxlcab Commission

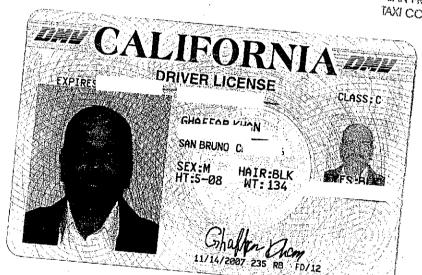
*YOU MUST SUBMIT A CERTIFICATE OF WORKER'S COMPENSATION, REGISTRATION CARD, & INSURANCE CARD WITH THIS APPLICATION.

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Mailing Address, if different from at	pove (Street Address, City, S	State, Zip)		
NA				
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Name of Taxi Company	Business	Address of Taxi Company (Street	Address, City, State, Zip)	e, address and phone number will be:
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RECORD

DEC 022008

SAN FRANCISCO TAXI COMMISSION





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)				Type of Medall		
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Color Scheme / Business Address (Street Address, 212/ EVANS St		1412	F			
Are you a U.S. Citizen? ဩYes □ No			l Card Number:			
Are you currently an active driver and ho	ld a current Public P	assenge	er Vehicle Driver	Permit (A-Car	d)? 🗌 No	o "⊠Yes
If Yes -Date permit was issued: 2 -	6-90 F	ermit#:	P-44-	04203	26	
Has this permit ever been revoked?	_		•	7 20 2	. 0	
Per MPC §1081(a)(3), do you holds or ha	ave you ever held ar	ny <u>other</u> i	permits issued to	o operate a mo	tor vehicl	e for hire either in the City
and County of San Francisco or elsewhe	<u>re</u> ? ⊠ No □ Ye	s, if yes	, explain:			
Please describe why the public will n	ot he served prope	arby if th	ie medallion ie	not granted (attach addi	itianal pages if necessary
driving Experience	Sev Franci	Orano Orano	10 1000	anexa		The state of the s
I know how to p	I ALOI	and in	1 sol		. T	and Olane
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Managaga 22 , 1 1 <u>11 22 , 1</u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 		 		en yo		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
		<u> </u>				
	Construction Control	ocus.	EONI VANAMARIO	Troj sa je se sa popular na se se se	yaanna asaasaa	
Received by: 🔏 🚉	Receipt No.	CE USI	Mark Adving to the Control of the Co	1012 (1911 - 1916) 2 (2) 3 (1918 - 1917)	Date -	
Hacks	024409	1	26700			
Notice Date: Man 117 M		Hea	ring Date	71 78	- q	

	n a taxicab in the Section 1121(b).	_	ancisco and I me∈ ⊇ No	et the currer	nt year's driving re	equirement pursuant to S	FPD Municipal
List residenc	ce addresses for l	ast five years (List most recent first, a	attach additions	I pages if needed)		
From Date	To Date	Residence Addre	ess (Street Address, Ci-	ty, State, Zip)	_		
1/1992	Convert				<u>S.F.</u> (£	· · · · · · · · · · · · · · · · · · ·
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						00-00-00-00-00-00-00-00-00-00-00-00-00-	
	ou lived within a 30 m	le radius of San		ving experienc	e do you have in San	Are you physically qualified to	drive a standard vehicle
Francisco?	23 years 5	months	Francisco?	2 <u>3</u> years_	<u>√</u> months	safely?	□No
List employm	nent for last five ye	ears (List most re	I	onal pages if n	eeded)	123,165	
From Date	To Date	Company Name		Address (Str	eet Address, City, Stat	te, Zip)	Type of Work
3/1988	current	U-5.	<u>es</u>	226	HARRIGON	1 ST SF-4944	or letter card
65/2001 -		Reger	n <del>t</del>				
12/2001	4/2006			999	PENNSY	LANIA AUZ 9410	DRIVER
5/2007	Current	DE (7)	A CAR CO		340 - 2	CLANIA AUS 9410 54th ST (A9410)	7 20148
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· · · · · · · · · · · · · · · · · · ·			<del></del>			The state of the s	
Hava yay aya	ar haan annuistad	of or pland a	illty or No Conton	t to one orla		es, if yes, provide the information	
·-			-	-		(Attach additional	pages if needed)
Failure to provi	ide full information n	alative to prior co	onvictions, guilty ple	as or not cor	test pleas may be o	considered cause to deny the	e permit.
Offense		Date	Place	of Arrest		Disposition	
					· · · · · · · · · · · · · · · · · · ·		
	**************************************	<del></del>				<u> </u>	
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					• .	Is your hearing impai	red?
	ght impaired? ordinary nearsig		rsightedness corre	ected by ev	ealasses	☐ Yes 🗷 No	
DO NOT MIONAGO	oraniary mounting.	nounded or ru	ognicarioss corre		09.00000		
Do you have	any physical imp	airments?	,⊠No □Yes,i	f yes descri	be the impairmer	nt:	
Have you eve	r had: Epile	<b>psy</b> □ Yes	⊠No	Vertigo	□ Yes ⊠No	Heart Trouble	□Yes ÆNo
Are vou now.	or have you eve	r heen				•	
	ne use of intoxic		□Yes ⊠No	1	Any Narcot	ic Drug? □Yes Ď	KNo
		<del>-</del> ,	* `				·
						•	
			Mo Ll Yes, If	ryes, was t		rmit ever revoked?	No ∐Yes
yes, π was re	evoked, explain fo	what cause;			į	KEN TELL	

#JL 1/5 Z000

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

RECEVED

JEC 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.

A. I. A. N.	PLEASE PRINT	CLEARLY - COMPLETE ENTI	RE FORM
Applicant's Name (First, Middle	PAIN WONG		Phone C
	dress, City, State, Zip)	(A ' . £	
	n above (Street Address, City, State, 2		
If this color scheme req Name of Taxi Company	uest is granted by the Taxicab Business Address	Commission, list what the taxi comparison of Taxi Company (Street Address, City, Stat	ny name, address and phone number will be, Zip)
1 3% (14 %)	170 CO.   212( )	EVANS ST. ; SANFRA	NEISCO, CA 9 4124
Business Phone (4/5) 920 - 070	9 Me	dallion Number	Owner / Operator Gas & Gate
	-		Long Term Lease
Please describe why yo	ou would like to use the col	or scheme for the above named	taxi company (attach additional page
necessary):	M COME TO	A GREAT DI	SPATCH SERVICE
	0 ( 00/100 1 0	7 40 2 7	
			`\
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			·
		s of the State of California that the fo	regoing is true and correct.
Executed on1 2	1 - 2	, 20 <i>0 8</i>	at San Francisco, California.
KAM YAIN	wowh	Signature of Applicant	- Wan
KAM YAIN Print Name of Applicant		Signature of Applicant	<u> </u>
•		,	
**********	***TO BE COMPLETED	Y ACCEPTING COLOR SCHEN	ME ONLY*******
lame of person authorized to s			Title:
JACKGTR	AD		SOLE PRORIETORSHIP
the Color Scheme Holder / per	son authorized to sign for the Col	or Schomo Holder for SFT	AXI-CAB CO.
	cant named to use my color scher		Color Scheme Name
•		State of California that the foregoing is tr	us and parrent
	y at porjury under the laws of the	_	
gnature of Color Scheme Holder / pr	erson authorized to sign for Color Scho	eme Holder Date	7 11118
			WHY I P TONG
	*************		
enda Notice Date	Hearing Date	FFICE USE ONLY************  Decision of Taxicab Commission	New Declaration Signed
rker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted
ceived by:	Receipt No.	. Amount	Date



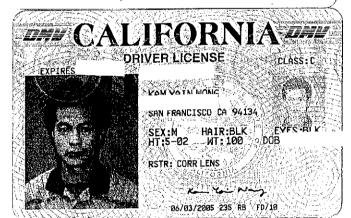
# ISSUED BY OFFICE OF THE TREASURER & TAX COLLECTOR PUBLIC PASSENGER VEHICLE DRIVER

**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.





DEC 15 2008

#### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)  ROBERT LEE BROOKS	Type of Medailion Applying for: ☑ Regular □ Ramp
Residence Address (Street Address, City, State, Zip)	
Making Address (If different than residence address)	
Residence Phone Number: 1 2 Alternate Phone N	Number:
Residence Phone Number: 1 Alternate Phone Number: 1 PM Hours Available at this Number: 1 Other name(s) used	et this Number: 1 PM ON
Social Security Number Other name(s) used	•
California Driver's License Number / Expiration Year  Date of Birth	Place of Birth
Race (Optional) CAUC. Sex Height 5 10 Weight 220	Eye Color Hair Color HAZEL WHITE
Color Scheme / Business Name  DESOTO CAB	Business Number (4/5) 9.70 - 1305
Color Scheme / Business Address (Street Address, City, State, Zip)	
555 SELBY ST. SAN FRANCISCO	CA .
Are you a U.S. Citizen?	
Are you currently an active driver and hold a current Public Passenger Vehicle Drive If Yes – Date permit was issued: 12080 Permit #: P44-0  Has this permit ever been revoked? 2 No Yes, if yes, explain:	·
Per MPC §1081(a)(3), do you holds or have you ever held any other permits issued	to operate a motor vehicle for hire either in the City
and County of San Francisco <u>or elsewhere</u> ? ☑ No ☐ Yes, if yes, explain:	
Please describe why the public will not be served properly if this medallion is	s not granted (attach additional pages if necessary):
As a San Francisco taxi driver, I am a de	facto ambassador of
, , , , , , , , , , , , , , , , , , , ,	+ that I endeavor to leave
a lasting, positive and memorable impressi	on on my customers. I
believe I am an asset to the local taxi ina	dustry and by extension
then I am also an asset to city at large.	To wit, I have been
teatured on Bay Area Backroads and hav	e been reviewed on Yelp.
I frequently regalo my customers with cle	ver and withy songs, for
which they are grateful, exiting the cab	saying this is the best
cabride Tive 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 confective
character of Son Francisco cab driver	Thank you Very much.
OFFICE USE ONLY	
Received by:   Receipt No.     Receipt No.	
Notice Date: Hearing Date:	The state of the s

List residence	e addresses for		List most recent firs		al pages if needed)			
8-1996	CURRENT				1D. Day	CITY	CA	-/ -/ -
						·····	·	
		***************************************						
How long have yo	ou lived within a 30 n		How many years Francisco?		e do you have in San	Are you physi	cally qualified to	drive a standard vehi
_	<u>31</u> years				months	00.0.7	<b>⊡</b> Ýes	□No
List employm From Date 7 - 1984	vient for last five y To Date CURPENT	ears (List most re) Company Name DESOT		Address (Stre	eeded) eet Address, City, Sta SELBY <i>Տ</i> ィ	te, Zip) - 5. た.	CA.	Type of Work
<del>/                                    </del>			9		J 1 J 1		\	V/3/11/2/
		M1487-000-0						
								- <del></del>
ailure to provid	er been convicted		onvictions, guilty p	-	,	(A	ttach additional	pages if needed)
Failure to provid		relative to prior co	onvictions, guilty p	oleas or not con	,	A) considered cau	ttach additional	pages if needed)
Failure to provid	de full information	relative to prior co	pla Pla S EV £	oleas or not con	itest pleas may be	Considered cau Disposition	ttach additional	pages if needed) e permit.
Failure to provid	de full information	relative to prior co	Pla S E V E	oleas or not conce of Arrest	itest pleas may be	Is your he	ttach additional use to deny the	pages if needed) e permit.
Failure to providense  S your eyesign on of include	ght impaired? [ ordinary nearsig	relative to prior co	rsightedness co	oleas or not conce of Arrest	eglasses.	Is your he	ttach additional use to deny the	pages if needed) e permit.  ired?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Wes ☐ 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?
Read each section and sign initials to the left of each section if you agree and understand.  I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.  I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.  I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this
Signature of Applicant .

REC 1 9 2008

#### **COLOR SCHEME DESIGNATION APPLICATION**

San Francisco Taxicab Commission

ION.

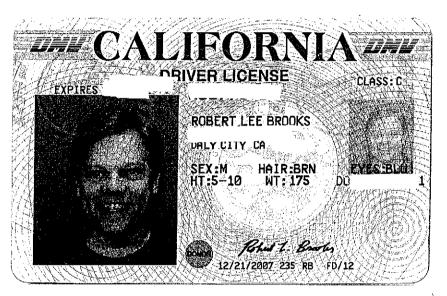
TOU WIGST SOBWIT		S COMPENSATION, REGISTRA- INT CLEARLY - COMPLE	TION CARD, & INSURANCE CARD WITH	THIS APPLIC
Applicant's Name (First, M	iddle, Last)	HTT GELFTILET - COMIT EL	F	
KOBERT	LEE BROOKS			FULL
Residence Address (Street		2		
· · · · · · · · · · · · · · · · · · ·	1 11111 4	Day City	(X) 1 1 1	
	from above (Street Address, City, St.		/ / ,	
		•		
If this color scheme	request is granted by the Taxi	cab Commission, list what the t	axi company name, address and phone i	numbor will b
	AB Business A	ddress of taxi Company (Street Addre	ss, City, State, Zip) S. F. CA. 94/24	Lander Will D
Business Phone		Medallion Number	Owner / Ope	entar.
(415) 970-	1300		Gas & Gate	rator
• / / •			!	
	11.72 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	<u> </u>	☐ Long Term Le	i
Please describe why	you would like to use the	color scheme for the above	e named taxi company (attach addi	itional page
necessary):				
GOOD	RADIO BUSIN	£55		
	/\/\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
			•	
va (falia		<u> </u>		
certify (or declare) unde	r penaity of perjury under the	laws of the State of California	that the foregoing is true and correct.	
<i>``</i>	100 100	th	and the lengthing to the drift believed.	•
Executed on	ECEMBER 19		20 <i>DB</i> at San Francisco, C	alifornia.
ROBERT	Rossin	$\Omega_{2}$	110	
	DROOK)		of 12 may	
Print Name of Applicant		Signature of Appli	cant	
F*************************************	YOUR TOTAL	DIBY/ACCEPTING (00)LO	R SCHEME ONLY*****************	****
lame of person authorized	to sign for Color Scheme Holder		Title:	
CINDY L.	WARD		10-1-01	tAa a
UINDY L.	WAKD	·	GENERAL	MGR.
the Colon Cabana 11-14	language with the late of the state	· · · · · · · · · · ·	ESOTO CAB CO.	•
me Color Scheme Holder	person authorized to sign for the	Olor Scheme Holder for	Color Scheme Name	
ereby give consent to the a	pplicant named to use my color s	cheme.	COICH COHERTS MAIRIE	
certify (or declare) under pe	nalty of periury under the laws of	f the State of California that the for	ragging is true and correct	
11.1	. )	and orange or comprising triat the fol	Agonis is true wild collect.	
(Jude X)	vard		12/18/08	
gnature of Color Scheme Holde	r / person authorized to sign for Color	r Scheme Holder Date	1,-1,-	
U				·
				1.5
	***********	**OFFICE USE ONLY******	**************************************	<u> </u>
enda Notice Date	Hearing Date	Decision of Taxicab (	100	0006
	Insurance Submitted		NEU 4 O	70148

Amount

Date

Received by:

Receipt No.





ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

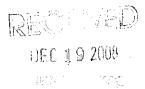
PUBLIC PASSENGER VEHICLE DRIVER

**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.





#### PC&N TAXICAB/RAMP TAXI PERMIT APPLICATION

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	am Cl	HRH	CKAL		ion Applying for: Legular	□ Ramp
Residence Address (Street Address, City, State, Zip)			CANT	RANCIS	00 C	·
Mailing Address (If different than residence address)	<u> </u>	<u>- 4-</u>	25 V 1 V 1	7,7,7		<u> </u>
Residence Phone Number: ( ///3	- 1 - 4 - 4		Alternate Phone I	,		
Hours Available at this Number: Social Security Number	Other name(s	) used	Hours Available a	t this Number:	<u>Cell</u>	Phone)
California Driver's License Number / Expiration Year		Date o	, 43/.1-	100	Place of Birth	,
Race (Optional) South Asian	Sex Heig	ght 5-8	Weight 170	Eye Color	/*/ H	lair Color 3 LACK
Color Scheme / Business Name  /2/220W C @/2					Business Nur	mber 970 - 1101
Color Scheme / Business Address (Street Address, C よって MAR / Sア /		94	c124			
Are you a U.S. Citizen? ⊠Yes □ No	, Alie	en Reside	nt Card Number:			
Are you currently an active driver and hold If Yes –Date permit was issued:  Has this permit ever been revoked?  Per MPC §1081(a)(3), do you holds or had and County of San Francisco or elsewhere	793 ☑ No ☐ Yes, it ve you ever held a	Permit# f yes, ex any <u>other</u>	P44 - α αplain: permits issued	045698		☑ Yes or hire either in the City
Sand Sareisco.	so to sublice take	a , es (0)	Compon pecially L of	y cim Ladio	eh is felsic Calls	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Received by	OFF	FICE US	SE ONLY		Date	

SAN FRANCISCO TAXI COMMISSION

I have driven a taxicab in the Police Code Section 1121(b	*.		he current yea	ar's driving re	quirement	pursuant to SF	PD Munici	ipal
List residence addresses for From Date  To Date  G/S-/62  Passen  To Date	last five years (List r Residence Address (S C++++++++++++++++++++++++++++++++++++	Street Address, City,	State, Zip)		SAN TIR	AN CISC	o	
How long have you lived within a 30 Francisco? (6 years	months	w many years driving ancisco?	years	months	Are you phy safely?	sically qualified to	drive a standa	ard vehicle
List employment for last five From Date To Date  CVG アスラミEN7	years (List most recent Company Name - (人) R R () い	A	ddress (Street Ad	idress, City, State		SF CA 99	Type of Wo	
Have you ever been convicte	d of, or plead guilty	or No Contest to	any crime?	®-No □Ye				
Failure to provide full information Offense	relative to prior convid	etions, guilty pleas Place of A		pleas may be c	onsidered ca	(Attach additional pause to deny the	pages if needi	=d) 
					ls your l	nearing impai	red?	
Is your eyesight impaired?  Do not include ordinary nears		htedness correc	ted by eyegla	sses.	□Yes	'ENo		
Do you have any physical in	npairments?	No □Yes, if y	ves describe t	he impairmer	ıt:			-
Have you ever had: Epi	lepsy □Yes	⊠ No	Vertigo 🛘	Yes ⊠ÍNo	ŀ	leart Trouble	□Yes	⊠No
Are you now, or have you ev Addicted to the use of intox		]Yes Ď∖No		Any Narcot	ic Drug?	□Yes 戊	l No	
Were you previously a meda If yes, it was revoked, explain	· ·	No □Yes, If y	es, was the I	medallion pe	rmit ever	revoked?	No □Ye	es

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Yes \( \subseteq \text{No} \) 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)
Lax a Good Reputation in serving his public and line medallion 80 to Arrow Company.
medalling 80 to Arrowl 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 you taxicab? [X] Yes $\Box$ No
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
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 <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this 12/29/08 day of Pecconher , 20 08 at San Francisco, California.  Signature of Applicant
Africon pary

PECEIVELD

JAN 0 5 2001

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.

			D, & INSURANCE CARD WITH THIS APPLI
Applies of a Manage (Class Section	PLEASE PRIN	T CLEARLY - COMPLETE ENT	RE FORM
Applicant's Name (First, Middle	•		Phone
153130	V - A. CHR	IACKAL	
Residence Address (Street Add	ress, City, State, Zip)	- , SANFRANC	
	- <del>/</del>	- , , SANFRANC	4500, CG 8
Malling Address, if different from	above (Street Address, City, State,	Zio)	
	, , , , , , , , , , , , , , , , , , ,		
If this color scheme requi	rest is granted by the Taxical	Commission, list what the taxi compa	iny name, address and phone number will te, Zip)
ARROW 7AT	$\sqrt{2575}$	Annia CJ CT A	te, Zip)
Business Phone		- 1. 7. 1. 2.4.	79147
(415) 970-110		ledallion Number	Owner / Operator
412,410-110	<b>'</b> /		☑ Gas & Gate
			☐ Long Term Lease
Please describe why yo	u would like to use the co	for scheme for the above named	taxi company (attach additional pag
necessary):			, , (, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1/2	A / / /	10000000	
- Maye	Been was	KING GON GONN	ow Cab Comban
for mon		~ //	1 Ail La
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SOOG XEE	euro prine	as my	re to ge
Dart of	that a hu	120100	
7 6		3/14/5	
namification to be a bounded.		•	
ceruny (or declare) under pe	naity of perjury under the lav	vs of the State of California that the f	oregoing is true and correct.
xecuted on/ン/	120/08	20 00	
Accounce on/ 2/	29/03	, 20 <u>0 x</u>	at San Francisco, California.
Do	44	•	see Last
nt Name of Applicant	HIRACKAL		Threw tany
it wattis of Applicatit		Signature of Applicant	
*************	"TO BE COMPLETED.	BY ACCEPTING COLOR SCHE	VE-ONIEVA ACCIONATION ACCIONATIONATICA ACCIONATICA ACCIONATICO ACCIONATICA ACCIONATICA ACCIONATICA ACCIONATICA ACCIONATICA ACC
me of person authorized to sig	yn for Color Scheme Holder:		Title:
T.I a			
Iller Speck			General Manager
- f = f = C/\	****		
e Color Scheme Holder / ners	son authorized to sign for the Co	olor Scheme Holder for AMW	Taxicah Co.
			Color Scheme Name
by give consent to the applic	ant named to use my color sche	me.	Color Constitio Halling
tify (or declare) under penalti	of nations under the laws of the	State of California that the foregoing is t	
A A	or boildry auron me isws of the	solate of California that the foregoing is t	rue and correct.
Mr. U.I		12-29-	0118
atura of Color Schame Holder / no	rson authorized to sign for Color Sch		AUU O
atting of Color Scheme Holder / pe	ISON authorized to sign for Color Sch	neme Holder Date	
			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			JAN 0 5 2993
		FFICE USE ONLY************************************	***
da Notice Date	Hearing Date	Decision of Taxicab Commission	
er's Comp Submitted	Insurance Submitted		TANK COMMISSION.
		Paint Chips Submitted	Photos Submitted

Amount

Date

Received by:

Receipt No.

ANOS SOLO





ABISON ABRAHAM CHIRACKAL

SAN FRANCISCO CA 3

SEX:M HAIR:BLK DOB:

EYES:BRN

Amen Down 03/22/2006 503 38 FD/1:



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:
Residence Address (Stroot Address City, State, Zip) So. SAN FRANCISCO, C.	XRegular □ Ramp
Mailing Address (If different than residence address)	77. 11.0.
Manning Address (in different than residence address)	
Residence Phone Number: , , , , , , , Alternate Phone Nu	·
Hours Available at this Number: 4m - 4m   Hours Available at t   Social Security Num* Other name(s) used	his Number: 9Am - 9Pm
JIM TRINIONS	
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
Race (Optional)  Sex Height 7701 Z2016	Eye Color Hair Color BLL
Color Scheme / Business Name  BAY CAB	Business Number (415) 859 -1088
Color Scheme / Business Address (Street Address, City, State, Zip)  999 PEWNSY LVANTA NE., SAN FRANCISCO, CA-9	14107
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 Pres
If Yes -Date permit was issued: 1995 Permit #: \$44-0	
Has this permit ever been revoked? ☑ No ☐ Yes, if yes, explain:	
Per MPC §1081(a)(3), do you holds or have you ever held any other permits issued to	o operate a motor vehicle for hire either in the City
and County of San Francisco <u>or elsewhere</u> ? ♠ No ☐ Yes, if yes, explain:	
Please describe why the public will not be served properly if this medallion is	not granted (attack additional pages if accessed)
IF THIS MEDALLION IS MT GRANTED TO ME THEN THE CITY	
· · · · · · · · · · · · · · · · · · ·	
ON OR HAVE ONE LESS HONEST DRIVER / MEDALLION HOLDE	R WHO WOULD TREAT HIS
PASSENDERS WITH MUCH RESPECT, COURTESY, AND SAFE	TRANSPORTATION. I AM A GOOD
LAW ABIOING CITIZEN WHO IS HAPPY TO SERVE THE COMM	OUNITY OF SAN FRANCISCO,
MCLUBING TOURIST / VISITORS AND BUSINESS PEOPLE A	
I WILL ALSO MAKE SURE THAT THE MEDALLION.	
ACCORDING TO THE SAN FRANCISCO MXI BOMMISSI	ON AND THE SAN FRANCISCO
POLICE DEATL PULES AND REEVEATIONS. I WILL ALSO	
(BAY CAB), RADIO DISPATCH, AND OTHER DRIVERS	MOER MY MEDALLION TO FOLLOW
THE RULES AND REGULATIONS. THIS IS WHO THE PU	BUIC WILL BE BETTER SERVED
14 THIS MEDALLION IS GREATTED TO ME.	
	Sec. 6.30 Sec. 5.30 Sec. 5
	RECEIVED
Received by Danalle Received by \$24432 \$2475	Commission of the Commission o
Notice Date: 1/15/109	SAN FRANCISCO

Lintunnidana		1				
From Date	e addresses for To Date	Desidence Addre	(0) 4 4 1 1	t, attach additional pages if needed)		•
2002	PRESENT		. 0	Da. So. SAN FRANCI	1900 cm	1-63
1985	2002		ر با با	Dr., So. SAN FRANCA NE., DALY CIT	7. C.F.	<del></del>
		•				
	<del>******</del>	_				
		***************************************				
-						
How long have v	ou lived within a 30 r	nile radius of San	How many years	driving experience do you have in San	Are you physically a	ualified to drive a standard vehicle
Francisco?	32 years		Francisco?	16 yearsmonths	safely?	
List amploym				ditional pages if needed)	<u> </u>	XYes □ No
From Date	To Date _	Company Name	cent first, attach add	Address (Street Address, City, Sta	ate. Zip)	Type of Work
2004	PRESUNT	BAY CAS	³	100 999 PONNSY	LVANIA AVE.	SF THY DRIVER
2004	PRESON	BAY CA	$\mathcal{B}$	499 POVNSYLVANIA	AVE., SF	OFFICE ASSISTA
				-		
		******		-		
	****					
	<del></del>	************		_		***************************************
Have you eve	er been convicted	d of, or plead gu	uilty or No Conte	est to any crime? ⊠No □		
				est to any crime? 🖾 No 🗆 No	(Attach a	idditional pages if needed)
			onvictions, guilty p	•	(Attach a	idditional pages if needed)
Failure to provi		relative to prior co	onvictions, guilty p	oleas or not contest pleas may be	(Attach a considered cause to	idditional pages if needed)
Failure to provi		relative to prior co	onvictions, guilty p	oleas or not contest pleas may be	(Attach a considered cause to	idditional pages if needed)
Failure to provi		relative to prior co	onvictions, guilty p	oleas or not contest pleas may be	(Attach a considered cause to	idditional pages if needed)
Failure to provi		relative to prior co	onvictions, guilty p	oleas or not contest pleas may be	(Attach a considered cause to	idditional pages if needed)
Failure to provi		relative to prior co	onvictions, guilty p	oleas or not contest pleas may be	(Attach a considered cause to	idditional pages if needed)
Failure to provi		relative to prior co	onvictions, guilty p	oleas or not contest pleas may be	(Attach a considered cause to	idditional pages if needed)
Failure to provi		relative to prior co	onvictions, guilty p	oleas or not contest pleas may be	(Attach a considered cause to Disposition	dditional pages if needed) deny the permit.
Failure to provi	ght impaired?	Date	Plac	oleas or not contest pleas may be	(Attach a considered cause to Disposition	dditional pages if needed) deny the permit. g impaired?
Failure to provi	ght impaired?	Date	Plac	oleas or not contest pleas may be	(Attach a considered cause to Disposition	dditional pages if needed) deny the permit. g impaired?
Failure to provi	ght impaired?	Date	Plac	oleas or not contest pleas may be	(Attach a considered cause to Disposition	dditional pages if needed) deny the permit. g impaired?
Failure to provi Offense S your eyesi Do not include	ght impaired?	Date  Date  Date	Place	oleas or not contest pleas may be ce of Arrest	(Attach a considered cause to Disposition  Is your hearing   Yes  No	dditional pages if needed) deny the permit. g impaired?
Failure to provi Offense S your eyesi Do not include	ght impaired?	Date  Date  Date	Place	oleas or not contest pleas may be	(Attach a considered cause to Disposition  Is your hearing   Yes  No	dditional pages if needed) deny the permit. g impaired?
Failure to provi Offense  S your eyesi Do not include Do you have	ght impaired?	Pate Date Date Date Date Date Date Date D	Place	oleas or not contest pleas may be ce of Arrest  orrected by eyeglasses.  s, if yes describe the impairme	(Attach a considered cause to Disposition  Is your hearing  Yes X No	dditional pages if needed) deny the permit.  g impaired?
Failure to provi Offense S your eyesi Do not include	ght impaired?	Date  Date  Date	Place	oleas or not contest pleas may be ce of Arrest	(Attach a considered cause to Disposition  Is your hearing  Yes X No	dditional pages if needed) deny the permit.  g impaired?
Failure to provi Offense  S your eyesi Do not include Do you have	ght impaired?	Pate Date Date Date Date Date Date Date D	Place	oleas or not contest pleas may be ce of Arrest  orrected by eyeglasses.  s, if yes describe the impairme	(Attach a considered cause to Disposition  Is your hearing  Yes X No	dditional pages if needed) deny the permit.  g impaired?
Failure to provi Offense  Is your eyesi Do not include Tave you eve	ght impaired?   e ordinary nearsi any physical im er had: Epil	Date  Date  Date  Parameter    Date  Date	Place	oleas or not contest pleas may be ce of Arrest  Orrected by eyeglasses.  s, if yes describe the impairme	(Attach a considered cause to Disposition    Is your hearing	g impaired?
Failure to provi Offense  Is your eyesi Do not include Tave you eve	ght impaired? e ordinary nearsi any physical im	Date  Date  Date  Parameter    Date  Date	Place	oleas or not contest pleas may be ce of Arrest  Orrected by eyeglasses.  s, if yes describe the impairme	(Attach a considered cause to Disposition    Is your hearing	dditional pages if needed) deny the permit.  g impaired?
Failure to provi Offense  Is your eyesi Do not include Tave you eve	ght impaired?   e ordinary nearsi any physical im er had: Epil	Date  Date  Date  Parameter    Date  Date	Place	oleas or not contest pleas may be ce of Arrest  Orrected by eyeglasses.  s, if yes describe the impairme  Vertigo  Yes	(Attach a considered cause to Disposition    Is your hearing	g impaired?

	olain ho	w you will				24-hour radio ispatch service				No company,	detail inform	ation
	BAT	CAB	USES	TOWN	וממו	RADIO	F012	THEIR	-RADI	0 015	PATCH	
		VICE.		, , , , , , , , , , , , , , , , , , ,								
						******		<del></del>				
If you are g			permit, will	you use an	accurate	taximeter at	all times a	nd posses	s a valid cui	rent Wei	ghts and Mea	sures
	insped	ction certif				ancisco Airpo inspection o						
Read each	n sectio	n and sign	initials to th	ne left of ea	ch section	n if you agree	and unde	rstand.				
	Contro	ler there a	that in addi are sections siness as a	of the San	Francisc	is adopted by o Municipal C r.	/ the Taxio Code, San	ab Comm Francisco	ission and Traffic Cod	of the Cit e and Ca	y and County Ilifornia Vehic	y of San de Code
at <u>www.sfg</u> penalty of	nere are gov.org perjury inform	copies of the co	f the San Fr er of Intent i foregoing i rided by me	ancisco Mu s required, s true and	inicipal C I acknow correct.	e San Franci ode available ledge that the Executed a blication, may	at City Ha Letter of t San Fra	all, The Pu Intent is p ncisco, Ca	blic Library art of the a alifornia.	Legal bo oplication understa	ookstores and , and I declar nd that any	d on-line re under false or
information	y-four ( n subm n provid	24) hour itted on n	period at le ny applicati	ast sevent on and fin	y-five per ancial sta	nittee-driver u cent (75%) o atement is tra y be conside	of the bus ue and co	iness day errect. I u	s during the understand	e calenda that any	ar year and f false or inc	that the omplete
l have read my knowled		ompleted a	all of the abo	ve stateme	ents and c	leclare under	penalty of	perjury the	at they are t	rue and c	correct to the l	best of
Executed o	on this _	SEVE	NTH	_ day of	JAN	UMRY		, 20	9	at San Fra	ancisco, Calif	ornia.
	AJ.	gin	7	ZC	<b>&gt;</b>							
	Signatur	e of Applica	ant									

RECEIVED

JAN 0 7 2009

SAN FRANCISCO TAXI COMMISSION

# MNF WHITE LETTER WITH WARD COLOR SCHEME DESIGNATION APPLICATION PLANT REPORT OF WITH WARREN COLOR SCHEME DESIGNATION APPLICATION San Francisco Taxicab Commission

	PLEASE PRINT CLEARLY		& INSURANCE CARD WITH THIS APPLICATION  FORM
Applicant's Name (First, Middle, Last)  HERMENEGILOO	VIM TEINIDAD		(''') Z
Residence Address (Street Address, City, Sta	ste, Zip) So. SAN FR	ANCISCO CA	, , , , ,
Mailing Address, if different from above (Stree	,		
If this color scheme request is gran	ited by the Taxicab Commission	, list what the taxi company	name, address and phone number will be:
Name of Taxi Company GAU CAP	Business Address of Taxi Comp	VANIA AVE.	Sm farmers co, ca 9410
Business Phone (415) 206 - 190 B	Medaliion Number		Owner / Operator
1917 200 1100			Gas & Gate
4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-			Long Term Lease
necessary):			axi company (attach additional pages if
I HAVE BEEN DRIVE	ING WITH BAY CAR	SINCE ZOOY.	I LIKE THE COMPA
AND THE WAY IT A	LUNS ITS BUSINESS,	I ALSO LIK	E DIE PEOPLE WHO WO
FOR THE COMPANY.	THIS IS WHY I WA	VT TO USE BASS	CAB AS MY
COLOR SCHOME.			
,			
Continue (constant) under a angle e of ac		460-1161-11-146	
certify (or declare) under penalty of pe	1		
Executed on	,		at San Francisco, California.
HERMENEGILDO JIM	1 TRINIDAD	# J	the
rint Name of Applicant		signature of Applicant	
	E GOMPLETED BY ACCE		
lame of person authorized to sign for Colo	and the state of t	SHWG: GUEOR SCHEIN	Title:
Dace 1	ARDENAS		MED
1)0961	4RDEN 45		1111/2
the Color Scheme Holder / person authori	ized to sign for the Color Scheme I	Holder for <u>BAY</u>	CAB
ereby give consent to the applicant named	l to use my color scheme.	/	Color Scheme Name
certify (or declare) under penalty of perjury	under the laws of the State of Cal	ifornia that the foregoing is tri	ue and correct.
Lucas Fine Por		1-7-1	n 9
gnature of Color Scheme Holder / person author	ized to sign for Color Scheme Holder		
		**************************************	RECEIVED
	**************************************	E OBI Vecenteresesses	

**************************************						
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Assurated 7 2003			
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted			
Received by:	Receipt No.	Amount	Date SAN FRANCISCO PALE PARTIES PARTIE			

# 

JAN 0 7 2009

SAN FRANCISCO TAXI COMMISSION



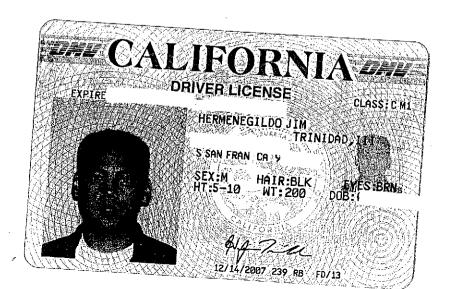
ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR
PUBLIC PASSENGER VEHICLE DRIVER

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 Article 16, Section 1089.





San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
STEVEN YIK LEE	≰ Regular □ Ramp
Residence Address (Street Address, City, State, Zip)  SOUTH SAN FRE	ANTICIA ON THE
Mailing Address (If different than residence address)	incoco, Ch
Residence Phone Number: (,	Alternate Phone Numbe. 3
Hours Available at this Number:	Hours Available at this Number: ANY TIME.
Social Security Number Other name(s) used	
California priver's License Number / Expiration Year Date of	Birth Place of Birth
Race (Optional) Sex Height	Weight Eye Color Hair Color
Color Scheme / Business Name	175 16 BRN BUSINESS Number
l	(415) 920 - 0700
Color Scheme / Business Address (Street Address, City, State, Zip)	
2121 EVANS AVERA, SAN FRANCISCO,	CA 94124
Are you a U.S. Citizen?	t Card Number:
A second	While Drive Devices on Carlo Market
Are you currently an active driver and hold a current Public Passenge If Yes –Date permit was issued: #2/05/08- \word Permit #:	
1 1495	
Has this permit ever been revoked? ✓ No ☐ Yes, if yes, exp	
Per MPC §1081(a)(3), do you holds or have you ever held any other pand County of San Francisco or elsewhere? X No Yes, if yes	
and county of San Francisco of eisewhere? A NO 11 res, if yes	, explain.
Please describe why the public will not be served properly if thi	is medallion is not granted (attach additional pages if necessary):
San Francisco il one of	1001
	'
	ion people from other state
and Oversea, come to Sam France	cisco. annually for vacation
emel convention. Although public	transportation and vental
cars are convenient taxicals	J ,
	A ,
Taxicals can offer door to door	11 1 LA
exact destination. Visitors would	d prefer taxicabs over other
transportations. For these reasons	. For serving properly to the
public, this medallion needs to	be granted.
Jubic: 1115 Medallion needs to	pe gravita.
•	
OFFICE USE	ONLY
Received by: Receipt No. Amount	+ 17/7, 7,50
Notice Date:	ing Date: y
	O 1/27/09

		e years (List mos nce Address (Stre		ittach additional pages if n by, State, Zip)	eeded)			
2003^	10×/	· ` ·		C.S.F	CA			
				4				
						•		**************************************
				•	<u></u>			
ow long have you lived ancisco?		Franc	isco?	ving experience do you ha	, s	re you physic afely?	cally qualified to	drive a standard ve
st employment for	yearsmon	<u></u>		year'smo	ntns		X¥Yes	□No
from Date To Da	•	ist most recent his ny Name	r, anach addin	Address (Street Address	, City, State, Z	ip)		Type of Work
2000 NO		UNI		1201 MASON		•	94108	DRIVER
2005 NO	DWL BIG	1 2061 CI	TY CAIS	2121 EVANS	AVE S.	F CA	94124	DRIVER
	<u></u>						<del></del>	
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ense		Date	Place	of Arrest	Dis	position		
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			<u> </u>					
your eyesight im	paired? □ Yes	1X No				-	aring impair	ed?
		•	edness com	ected by eyeglasses	lг	syourhe ∃Yes )		ed?
	ary nearsightedne	ess or farsighte		ected by eyeglasses	. [	-		ed?
not include ordina	ary nearsightedne	ess or farsighte	o ∐Yes, i		. [	Yes )		ed? □Yes ጆ∜
not include ordina	nry nearsightedne	ess or farsighte	o ∐Yes, i	f yes describe the in	pairment:	Yes )	() No	

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Yes \sum 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 you taxicab?   [Yes  ] No
Read each section and sign initials to the left of each section if you agree and understand.
I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sar Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete Information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this 22 day of DEC , 20 08 at San Francisco, California.
Steven les
Signature of Applicant

RAN 98 2009

San Francisco Taxicab Commission

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

If this color echama reco	set le aranta d	by the Tests	ob C =!!-	H-4	- 41	-	-	<del></del>
If this color scheme reque Name of Taxi Company	est is granted	Business Ad	ab Commission, dress of Taxi Comp	list what th eny (Street Ad	e taxi compan dress, City, State	у пате, а . Zip)	ddress and phone	number will
BIG DOG CITY	CAB		EVAINS A				(A 94124	<u>l</u>
8usiness Phone (415) 920 - 0709			Medallion Number	1		<u> </u>	☐ Gas & Gate ☐ Long Term Le	
company provi	en with	that relia	Compan ble an	y F81	clast nediate		unu yea	rs an
,		·	·			,		
certify (or declare) under pen Executed on			aws of the State $12/22$	of Californ	ia that the for		true and correct. an Francisco, C	
	alty of perjury		12/22	e of Californ	,20 <u>08</u> Louen			
STEVEN STEVEN	LEE		12/22	Signature of A	, 20 Ob Louen Oplicant	at S	an Francisco, C	alifornia.
STEVEN int Name of Applicant	<i>LEE</i>	)WBSspin	12/22	Signature of A	, 20 Ob Louen Oplicant	at S	an Francisco, C	alifornia.
STEVEN  int Name of Applicant  Figure 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	LEE TO BE GO	)WBSspin	12/22	Signature of A	, 20 Ob Louen Oplicant	at S	an Francisco, C	alifornia.
STEVEN int Name of Applicant	LEE TO BE GO	)WBSspin	12/22	Signature of A	, 20 Ob Louen Oplicant	at S	an Francisco, C	alifornia.
STEVEN  int Name of Applicant  ime of person authorized to sign  Cholas L	LEE TO BE GO on for Color Sch EW 15	OMPLETEL eme Holder:	12/22 ) BY ACCEP1	Signature of A	, 20 Ob Louen Oplicant	at S	an Francisco, C	alifornia.
STEVEN int Name of Applicant interpretation authorized to sign Cholas L ne Color Scheme Holder / person	LEE 1:TO BE CO n for Color Sch  LW 15 on authorized to	OMPLETEE eme Holder: O sign for the (	12 / 22 DBY ACCEP	Signature of A	, 20 Ob Louen Oplicant	at S  FONLY  Title  S  A  C	an Francisco, C	alifornia.
STEVEN  int Name of Applicant  interpolation authorized to sign  Cholas L  ne Color Scheme Holder / personeby give consent to the applica	LEC TO BE CO n for Color Sch LW 15 on authorized to nt named to us	omPLETEL eme Holder: o sign for the o	12/22 DBY ACCEPT	Signature of A	20 OS Louen ORSCHEM	at S  E ONLY  Title  Solor S	an Francisco, Co	alifornia.
STEVEN  int Name of Applicant  interpolation authorized to sign  Cholas L  ne Color Scheme Holder / personeby give consent to the applica	LEC TO BE CO n for Color Sch LW 15 on authorized to nt named to us	omPLETEL eme Holder: o sign for the o	12/22 DBY ACCEPT	Signature of A	20 OS Louen ORSCHEM	at S  E ONLY  Title  Solor S	an Francisco, Co	alifornia.
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STEVEN int Name of Applicant  ame of person authorized to sign  Cholas L  the Color Scheme Holder / person reby give consent to the applicant entify (or declare) under penalty	TO BE GO In for Color Sch On authorized to Int named to us of perjury unde	o sign for the of the laws of	12 / 22 DBY ACCEP  Color Scheme Hotheme.	signature of A	, 20 08  Sig Do  foregoing is tru  /2 -	at S  E ONLY  Title  Solor S	an Francisco, C	alifornia.
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STEVEN int Name of Applicant  The Color Scheme Holder / person to the applicant reby give consent to the applicant retrify (or declare) under penalty whature of Color Scheme Holder / person to the applicant retrify (or declare) under penalty whature of Color Scheme Holder / person to the applicant retrify (or declare) under penalty whature of Color Scheme Holder / person to the applicant retrieves the color Scheme Holder / person to the color Scheme / perso	TO BE GO In for Color Sch On authorized to Int named to us of perjury unde	o sign for the of the laws of the laws of the sign for Color Sign	12 / 22 DBY ACCEP  Color Scheme Hotheme.	signature of A	Jeg De structure de la constant de l	at S  EONLY Title S  Color S  e and corre	an Francisco, C	alifornia.
STEVEN int Name of Applicant  The of person authorized to sign  Cholas L  The Color Scheme Holder / person aby give consent to the applicant  The office of the color service of	TO BE GO In for Color Sch On authorized to Int named to us of perjury unde	o sign for the of the laws of the laws of the sign for Color S	12 / 22  DBY ACCEPT  Color Scheme Hotheme.  The State of Califor  Scheme Holder	signature of A	, 20 OS  Plouen  OR SCHEM  Or Schem  12 -	at S  FONLY Title Solor S  e and corre	an Francisco, C	alifornia.

Amount

Date

Received by:

Receipt No.



### 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 DALL

COMMERCIAL DRIVER LICENSE CLASS: B ENDORS: P



STEVEN Y LFF S SAN FRAN CA

HT:5-08

RSTR: 64

07/18/2007 599 23 FD/09

# 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:  ☐ Regular ☐ Ramp
Residence Address (Street Address, City, State, Zip)	^ .
Mailing Address (If different than residence address)	
Residence Phone Number Alternate Phone Num	nbe
Hours Available at this Number: 9 a.m. 2 p.m. Hours Available at thi	is Number: 4 P.M - 12 a.m.
Social Security Number Other name(s) used	
California Driver's License Number / Systration Year Date of Birth	Place of Birth
Race (Optional) BURMESE Sex Height   Weight   170   15	Eye Color BROWN Hair Color BLACK
Color Scheme / Business Name  DE SOTO CAB CO.	Business Number (4/5) 970 _ 1300
Color Scheme / Business Address (Street Address, City, State, Zip)	
555 SELBY ST. , SAN FRANCISCO, C	CA 3
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 P	Permit (A-Card)? ☐ No  ☐ Yes
If Yes –Date permit was issued: 1994 Permit #: 48970	
Has this permit ever been revoked? ☑ No ☐ Yes, if yes, explain:	
Per MPC §1081(a)(3), do you holds or have you ever held any other permits issued to o	_
and County of San Francisco <u>or elsewhere</u> ?   No  Yes, if yes, explain:	AMPED TAXI CAB # 9054
Please describe why the public will not be served properly if this medallion is no	
If I do not have the medallion, I this	nk that the public
will not be served well because m	y duty is taxi cab
driver, I alanay work my to hour shift	I am a nice person.
I daways ask my customers how they are	doing and I alanays help
with their biggage if they have it. I drive	e steady and well special
Older people and disable people, I go out my Cab on	I take care everything include
seat belt 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
•	
	the ten in the same
OFFICEUSE ONLY	
eceived by Receipt No Amount 12 (24)	Date IAN A COM
office Date:	

TAXI COMMISSION Page 1 of 3

Liet regidence	e addresses for	last five years (	List most recent fir	rst, attach additional pages if needed)		
From Date	To Date	•		s, City, State, Zip)		
1-1-1996	CURRENT		- <u>-</u>	- ALY	CITY, CA,	
		-				
						4
			· · · · · · · · · · · · · · · · · · ·			
				distant and a distant		
How long have yo Francisco?	ou lived within a 30 n	-	How many years Francisco?	s driving experience do you have in San	Are you physically qualified safely?	to drive a standard vehicle
	years (	months		years 6 months	☑ Ye:	s 🗆 No
List employme	ent for last five y	ears (List most re	cent first, attach ac	dditional pages if needed)		
From Date	To Date	Company Name		Address (Street Address, City, Sta		Type of Work
2000	5-22-2006	_ REGENTS	5 CAB	999 PENNSYLVA	NIA ST, S.F,	DRIVER
5-22-2006	CURRENT	DE SOTO	CAB	555 SELBY ST.	, S.F.,	DRIVER
		and the second s				
		12-11				
•				test to any crime? ⊠No □Y	(Attach addition	nal pages if needed)
Failure to provid			onvictions, guilty	test to any crime? ☑ No ☐ Y pleas or not contest pleas may be ace of Arrest	(Attach addition	nal pages if needed)
Failure to provid		relative to prior co	onvictions, guilty	pleas or not contest pleas may be	(Attach addition considered cause to deny	nal pages if needed)
•		relative to prior co	onvictions, guilty	pleas or not contest pleas may be	(Attach addition considered cause to deny	nal pages if needed)
Failure to provid		relative to prior co	onvictions, guilty	pleas or not contest pleas may be	(Attach addition considered cause to deny	nal pages if needed)
Failure to provid		relative to prior co	onvictions, guilty	pleas or not contest pleas may be	(Attach addition considered cause to deny	nal pages if needed)
Failure to provid		relative to prior co	onvictions, guilty	pleas or not contest pleas may be	(Attach addition considered cause to deny Disposition	nal pages if needed) the permit.
Failure to provid	de full information	Date  Date	pnvictions, guilty	pleas or not contest pleas may be	(Attach addition considered cause to deny	nal pages if needed) the permit.
Failure to provid Offense S your eyesig Do not include	de full information	Pate Date Date Date Date Date Date Date D	rsightedness o	pleas or not contest pleas may be ace of Arrest	(Attach addition considered cause to deny Disposition  Is your hearing imp  ☐ Yes ☑ No	nal pages if needed) the permit.
Failure to provid Offense S your eyesig Do not include	ght impaired? [ ordinary nearsig	Pate Date Date Date Date Date Date Date D	rsightedness o	pleas or not contest pleas may be ace of Arrest	(Attach addition considered cause to deny Disposition  Is your hearing imp  Yes No	pal pages if needed) the permit.  paired?
S your eyesig Oo not include Do you have a	ght impaired? [ ordinary nearsig	Date  Date  Date  Date  No ghtedness or factorists:  Date	rsightedness o	pleas or not contest pleas may be ace of Arrest corrected by eyeglasses.  es, if yes describe the impairme	(Attach addition considered cause to deny Disposition  Is your hearing imp  Yes No	pal pages if needed) the permit.  paired?

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Yes \sum 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 lampand smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab? ☑ Yes ☐ No
Read each section and sign initials to the left of each section if you agree and understand.  Lunderstand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of Sai Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/o permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false of incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this 24 th day of <u>DECEMBER</u> , 20 <u>08</u> at San Francisco, California.
Comulto tan
Signature of Applicant

RECEIVED

JAN 0 8 2003

SAN FRANCISCO TAXI COMMISSION

San Francisco Taxicab Commission

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

	PLE		ARLY – COMPLI	<u> </u>	ORM
Applicant's Name (First, Mid-	•	TENG I	-IANG		Phone
Residence Address (Street A	iddress, City, State, Zip	)	-1/1/10		
			ALY CITY,	10 A 10 18 m	
Mailing Address, if different fr	om above (Street Addre	ess, City, State, Zip)	, , ,	***	
Name of Taxi Company	equest is granted by	the Taxicab Comm Business Address of Ta	Ission, list what the xi Company (Street Addr	taxi company nam ess, City, State, Zip)	e, address and phone number will
DE SOTO	CAB	555 S	ELBY ST.	, SAN	FRANCISCO, CA
Business Phone (45) 970 -	1300	Medallion	Number		Owner / Operator
(-11)					☐ Gas & Gate
					Long Term Lease
Please describe why	you would like to	use the color sch	neme for the abov	e named taxi co	ompany (attach additional page
necessary):					
I already	have ro	amped Ta:	xi #9054	· at D	E SOTO CABCO.
				-	
W				· · · · · · · · · · · · · · · · · · ·	
		<del>,,,</del>			
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certify (or declare) under p	penalty of perjury ι	inder the laws of th	e State of California	a that the foregoir	g is true and correct.
Executed on	DECEMBE	R 24		2008	at San Francisco, California.
		,		410	at Jan Francisco, Jan J. Hig.
	ETH LIAN	<b>ブ</b>		emili yup	
rint Name of Applicant			Signature of App	licant	
	FULTE SECOND SERVICES				·
ame of person authorized to	sign for Color Scher	ne Holder:	(CESTAIN/GEORGIA)	R SCHEWEIGH	Title:
0.10.1					•
CINDY L. L	WARD		- Washing		GENERAL MGR.
iha Oalas Cahassa Haldas Is			T	ESOTO (	GENERAL MGR.
the Color Scheme Holder / p			eme Holder for		or Scheme Name
reby give consent to the app	licant named to use	my color scheme.			
ertify (or declare) under pena	alty of perjury under t	he laws of the State o	f California that the fo	regoing is true and	correct.
Midn DI	1) 015		-	Dog. tox	- 10 1000
nature of Color Soneme Holder /	nerson authorized to si	on for Color Scheme Hol	der Date		79, 2008
<u> </u>	position and the dis-	JI TO COLO. CONOMIC TION	Jan Date		
				•	· IASI A A AAAA
		```T'''''''OFFICE	USE ONLY*****	********	JAN 0 8 2009
nda Notice Date	Hearing Date		Decision of Taxlcab	Commission	New Declaration Signed SAM FRANCISCO
nda Notice Date ker's Comp Submitted	Hearing Date Insurance Subm	nitted	Decision of Taxicab Paint Chips Submitte		New Declaration Signed SAN FRANCISCO Photos Submitted TAX: COMMISSION

# RECEIVED

JAN 0 8 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 KENNETH WANT TENG LIANG DALY CITY CA SEX:M HAIR:BLK EYES:BRN HT:5-08 WT:155 DOE 09/01/2005 599 09 FD/10

San Francisco Taxlcab Commission

Applicant's Name (First, Middle, Last)			Type of Medailion Applying for:
Residence Address (Street Address City State, Zip)	NGUYE	<u> </u>	<u> </u>
Mailing Address (If different than residence address)	DRIVE S	AN JOS	E = CA,
Residence Phone Numbe		Alternate Phone Num	ber: ( )
Hours Available at this Number:		Hours Available at this	s Number:
Social Security Number	Other name(s) used		
California Driver's License Number / Expiration Year	Date o	f Birth	Place of Birth
	Sex Height 5 - 0 8	/ 2.0	-, :olor Hair Color 13 R D W B / K
Color Scheme / Business Name			Business-Number
Color Scheme / Business Address (Street Address, City, S	MU tate, Zip) y	7	
2230 Jerrald A'VE	SAN F	VANCISOG	5 Ca 94124
Are you a U.S. Citizen?   ✓Yes □ No,	Alien Reside	nt Card Number:	
Are you currently an active driver and hold a c	urrent Public Passeng	er Vehicle Driver P	ermit (A-Card)?  No Yes
	85 Permit#		
Has this permit ever been revoked? 🗵 N			
			perate a motor vehicle for hire either in the City
and County of San Francisco <u>or elsewhere</u> ?	☑ No ☐ Yes, if ye	s, explain:	
Please describe why the public will not be	served properly if th	nis medallion is no	ot granted (attach additional pages if necessary):
- The public will no	+ be cerv	ed proj	erly Es The sick
Client or case o	0	/ /,	ent weed to Go To
Hospital or To see			y have To wait long
for Taxis it can	le Herry	nful To	Their Health, That's
why this medale	ion reed	To Be	Granted.
- 12 The other ha	and Moss	TAXI CU	rented in down town
- an airport, must	- Rosideni	45 IN Sun	set, Park Mercel,
Hunter Paint DISTR.	iet Eic	had t	o wast long for a
Taxi, when The	ey need	0W. 1	HIS NECESSERY FOR
This medallion;	o be gra	nted to	Temper The Puffic.
- n		JAN 1	6 2009
			NCISCO DEMINARD
Received by:	OFFICE US		Date // //
HEZ IZWALILI	是[49]	at 2006	
lòlice Date: 1/13/09	Heaville Committee Committ	aring Date: 1169	

If you are granted a taxicab permit, will you use or provide 24-hour radio dispatch service? Yes \( \subseteq No\) 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)
If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☐ Yes ☐ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
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 23 nd day of December, 20 8 at San Francisco, California.
Signature of Applicant

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

Applicant's Name (First, Middle, Last)  MAHMAID BAGHAL RUDGARI	Type of Megallion Applying for:  A Regular   Ramp
Residence Address (Street Address City. State, Zip)	24111-
Mailing Address (If different than residence address)	14114
Residence Phone Number: (4 5) Alternate Phone N	lumber: (415)
Hours Available at this Number:    Hours Available at Social Security Number   Other name(s) used	this Number:
California/Driver's License Number / Expiration Year , Date of Birth .	
	Place of Birth
Race (Optional) Weight Weight M/F G-M 205	Eye Color Hair Color
Color Scheme (Business Name TAXI INC.	Business Number (415) 401 - 8900
Color Scheme / Business Address (Street Address, City, State, Zip), TOWN TAXI / 999 PENHSYLVANIA AVE SAN FRAN	6140, CX 94107
Are you a U.S. Citizen? ☐ Yes ☐ No, If No, write the Alien Resident Card Number:	
Are you currently an active driver and hold a current Public Passenger Vehicle Driver	Permit (A-Card)? Yes No
If Yes -Date permit was issued: 10/23/08 Permit #: REVAKED A4 A TEMPERARY PERMIT	PERMIT WAS P44-052617
A4 A TEMPERARY PERMIT Has this permit ever been revoked? ☑Yes ☐ No If yes, explain: FAIL	ED TO PAY A PERMIT FEE
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 <u>or elsewhere</u> ?  Yes  1	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):
THANK A FIRSTEN YEARY HIGTORY OF WARKING	IN A TAXICAB WITH THE
TOPIC OVER THE YEARS, I HAVE MAIN AINE	LA OHAN RECORD WITH
NA ACCIDENTS OF COMPLAINTS WITH MY	1814ING BECORD.
MY EPUCATION AT THE PHO LEVEL 19	IN ARCHITECTURE AND
UPBAN FLANNING WHICH DEMOGTRATEG MY ABILITY	TOWARK WITH THE FIBLIC.
MY LANG TERM GOOD IS TOSTAY IN THE CITY AND	PLANTINUE TO PRAVIDEA
GAFE, DEPENDAGLE GERVICE TO THE GENER	AL PUBLIC, TO PROMOTE
CAMMERCE IN THE CITY OF GANFRANCISCO.	I HAVE BEEN & COTIZEN
OF GAT FRANCISCO, FOR 210 YEARS AND FIN	17 THE CITY TO HAVE THE
MAGIT DIVERSO, EXCITING AND TOURNIL	PERPLE THAN ANYWHERE
TO LE ON EARTH	The property of the property o
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	The second second
OFFICE USE ONLY	perside persid
Received by:  Re	

I have driven a taxicab in the Police Code Section 1121(b		and I meet the current year's driving r	requirement pursuant to SFPD Municipal
List residence addresses for From Date To Date	Residence Address (Street	recent first, attach additional pages if needed) t Address, City, State, Zip)	94114
How long have you lived within a 30 if Francisco?	mile radius of San How ma	any years driving experience do you have in San co?	Are you physically qualified to drive a standard vehicle safely?  Yes No
List employment for last five From Date  1998  1008	years (List most recent first, Company Name	attach additional pages if needed)  Address (Street Address, City, Sta	Type of Work  ANA 9F, CA 9410F DRIXER
		No Contest to any crime? Yes Mossifiers or not contest pleas may be Place of Arrest	No If yes, provide the information required below. (Attach additional pages if needed) considered cause to deny the permit.  Disposition
,			
ls your eyesight impaired? Do not include ordinary nears	☐ Yes ☑ No ightedness or farsighted	iness corrected by eyeglasses.	Is your hearing impaired? □ Yes ☑ No
Do you have any physical in	npairments? □ Yes	No If yes, describe the imp	airment:
Have you ever had: Epil	lepsy □Yes ☑N	o Vertigo □Yes MNo	O Heart Trouble □Yes ☑No
Are you now, or have you ev Addicted to the use of intoxi		s ⊠No Any Narco	tic Drug? ☐ Yes ☑ No
Were you previously a meda f yes, was the medallion per		☑ No ves, 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)
RADIA PIGRATCH 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.
M/C I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this day of day of, 20 08 at San Francisco, California.
M. B. Kudsor
Signature of Applicant

RECEVED

OCT 28 2008

San Francisco Taxicab Commission

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

	PLEASE PRINT CLE/	ARLY – COMPLETE ENTIRE F	ORM
Applicant's Name (First, Middle, Last)  MAHMAAD BAG	HAI RUDGARI		Phone
Residence Address (Street Address, Ci	SF, CA	+ 94114	
Mailing Address, if different from above	(Street Address, City, State, Zip)	,	
		· ·	
If this color scheme request is	granted by the Taxicab Comm	nission, list what the taxi company na	ame, address and phone number will be:
Name of Taxi Company  SF TOWN TOXY!	The Business Address of Ta	xi Company (Street Address, City, State, Zip NSY (VGM/R AVF	SF, CA 94107
8415) 401-890C	) Medallion	Number/	Owner / Operator Gas & Gate Long Term Lease
Please describe why you wo necessary):	uld like to use the color sc	heme for the above named taxi	company (attach additional pages if
	cine with	Town Taxi ba	r the past
ten years,	and I wou	eld like to re	main with
the empaine	) le a fu	ARTE.	
I certify (or declare) under penalty	of perjury under the laws of t	the State of California that the fore	going is true and correct.
Executed on (0)	77108	20 () 5	at San Francisco, California.
DC+06e	Thenty 5	seven M.B. D.	- land
Print Name of Applicant	WOFIN)	Signature of Applicant	
	ioreccomposiedency	NGGERTING COLOR SCHEME	ON V ***********************************
Name of person authorized to sign for			Title
Jacob 1	1 ayzel		Manafer
i, the Color Scheme Holder (person	authorized to sign for the Color S	cheme Holder for 57	Manager oun Taxi
hereby give consent to the applicant	named to use my color scheme.		Color Scheme Name
I certify (or declared under penalty of	perjury under the laws of the Stat	te of California that the foregoing is true	3
Signature of Color Scheme Holder / person	n authorized to eign for Color Schame		27/08
digitatile of Golds Goldsine Holder / person	Tablionzed to sign for opin dufferne	Tioned Date	
	*********************	CENTICE CONTRACTOR AND	
Agenda Notice Date	Hearing Date	Decision of Taxicab Commission	New Declaration Signed
Worker's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted Photos Submitted
Received by:	Receipt No.	Amount	Date Arms

From:

Mahmood Baghai Rudsari, A-card #: P44- 052617 until 05/01/2008

Temp A-card until January 30, 2009

RECEIVED

OCT 28 2008

- 544 4 - 2000 DVI 0 - 24 - 2**60** 

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. Het 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,

B. Jawhar

Respectfully,

Mahmood Rudsari.

TLA2 ACCT.	NO: P44 04652	8 TAX ID	- CEI	NSUS	OLD#
DBA DE	SOTO CAB CO		CERTIF NBR	DATE STA	RTED 10-05-94
SITUS 000	00 VARIOUS LO	CATIONS	0000	DATE INACTIV	ATED 03-15-95
OWNER RUI	DSARI, MAHMOOD	В.	CARE OF		
ADDRESS			SAN FRANCISO	CO, CA	94122
CONDOMINIUM	DISTRICT C	ODE NON-MA	TCHING ADDRESS	UNIT COUNT	
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DATE PAID	<b>-</b> -				
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ADDRESS			SAN FRANCISC	O, CA	94122
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ADDRESS			SAN FRANCISCO	), CA 9	4122
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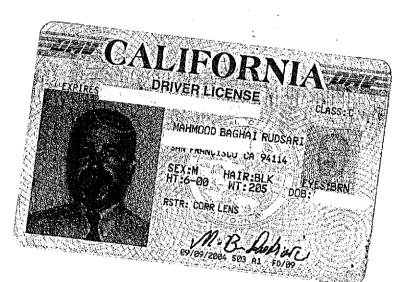
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MISC.				•
PENALTY				
TOTAL		55.00	60.00	50.75
PAID: FEE		52.00	51.00	50.75
SURCHRG		3.00	9.00	
MISC.				
PENALTY	•			
TOTAL		55.00	60.00	50.75
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P44 052617 RECORD	RETRIEVED - ENT	ER CLASS-ACCOUNT	FOR NEXT RECORD	

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RECENTED

OCT 28 2008

SANTALAGEO
TEXT COMMENTS





# SAN FRANCISCO POLICE DEPARTMENT TAXICAB DETAIL

OCT 28 2008

DRIVER PUBLIC PASSENGER VEHICLE FOR HIRE

## **TEMPORARY PERMIT**

Permission is hereby given to MAHMOOCH	A CESSAL To operate as a "Driver
Public Passenger Vehicle" for	Taxicab Company.
This temporary permit expires at 5:00 p.m. on	JAN 3 0 2009
Issued on behalf of the San Francisco Taxicab Commission by	PAUL MAKAVECKAS Police Officer #1601
of the San Francisco Police Taxicab Enforcement Unit.	TAXI DETAIL
Date of Issuance OCT 2 3 2008	

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)	Type of Medallion Applying for:
SANH PHUC NGUYEN	/ /Regular □ Ramp
Residence Address (Street Address, City, State, Zip)	nee CA
Mailing Address (If different than residence address)	
Residence Phone Number: (4,	e Number: ( )
Hours Available at this Number: Hours Available Social Security Number Other name(s) used	e at this Number:
Cuter harrie(s) useu	
California Driver's License Number / Expiration Year Date of Birth	Place of Birth
Race (Optional) 2009   06-05-	Eye Color Hair Color
(M)/F = 5.08 = 12.0	BROWN BIK
Color Scheme / Business Name Lux or Cab Company	Business Number (16) 40/-1420
Color Scheme / Business Address (Street Address, City, State Zio)	
2230 Jerrald All SAN FRANCIS	500 Ca 94124
Are you a U.S. Citizen? MYes ☐ No, Alien Resident Card Number	
Are you currently an active driver and hold a current Public Passenger Vehicle Dri	ver Permit (A-Card)?  No Xi Yes
If Yes –Date permit was issued: 1985 Permit #: P44-	
Has this permit ever been revoked? ☒ No ☐ Yes, if yes, explain:	
Per MPC §1081(a)(3), do you holds or have you ever held any other permits issue	d to operate a motor vehicle for hire either in the City
and County of San Francisco or elsewhere?   No  Yes, if yes, explain:	
Please describe why the public will not be served properly if this medallion	is not granted (attach additional pages if necessary):
- The public will not be served p.	roserla ES The sick
Client or case of Emergency A/	elient need to Go To
Hospital or To see DOCTOR and T	bey have to wait long
for Taxi it can be Herrinful T	o Their Health, That's
Why this Medallion need to Be	granied.
- In The other hand Most Taxi	evreuled in downtown
- an airport, most Residents in	funset, Park Mexced,
- Hunter Point DISTRICT ETC har	to wait long Jor a
Taxi, when They need one	. It's Necessary For
This medallion to be granted to	george The Puffic.
	AN 0 6 2003
OFFICE USE ONLY "X	N FRANCISCO LECTION SIGN
Received by A Trungli Receipt No. Amount 41911	Date Comments of the Comments
Notice Date: Hearing Date: Hearing Date: 1/21/	

O7/96 PR 10/78 07	196 -		Address, City, State, Zip)	n sose c Francisc	A 38	)
How long have you lived Francisco?	796 -		DR. San	Trancisc	2 6', 38	2
Francisco?			DK: 56111	FAGUEISC	<u> </u>	
Francisco?	within a 30 mile rad					
Francisco?	I within a 30 mile rad	*******				
Francisco?	I within a 30 mile rad					
		Erapoie	any years driving experienc		Are you physically qualified safely?	to drive a standard vehicle
lict amplayment fo	years_ <i>_()_()</i> m		_ <u>2_3</u> years_		Yes	i □ No
From Date To D			attach additional pages if no		4- 71	T (1)
# 1-110		pany Name		eet Address, City, Sta		Type of Work
10/03/03 01/	<u>e6/09</u> <u>F</u>	ay CAB		1 fold geva	WK ST	_ TXX, VIIV C
		14 C M 6 C M 14 C				
Have you ever been	n convicted of a	r plead quilty or N	lo Contest to any crim	ne? NNn □Y	es, if yes, provide the informat	tion required below
						al pages if needed)
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Offense		Date	Place of Arrest		Disposition	
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	, 11 - mwanusus.					
s your eyesight im	naired? □ Vec	 Za¹No		<del></del>	Is your hearing impa	aired?
	•	•	lness corrected by ey	eglasses.	☐ Yes 💆 No	
Do you have any pl	nysical impairn	nents? Ż̇́No	☐ Yes, if yes descri	be the impairmer	nt:	
lave you ever had:	Epilepsy	□Yes ⊠N	o Vertigo	□ Yes Ø No	Heart Trouble	e □Yes 爲No
are you now, or has	=	· ·	s ØNo	Any Narcot	tic Drug? □ Yes	X 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)
If you are granted a taxicab permit, will you use an accurate taximeter at all times and possess a valid current Weights and Measures seal? ☑ Yes ☐ No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
<u>N₱Ქ V ♥ 5</u> I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
I have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.
Executed on this 23 nd day of December , 20 58 at San Francisco, California.
Executed on this 33 rd day of December , 20 58 at San Francisco, California.
Signature of Applicant

San Francisco Taxicab Commission

ON.

Applicant's Name (First, Mide	PLEASE PRIN	T CLEARLY - COMPLETE ENTIRE	FORM
The second of said tands	dle, Last)		Phone
S'A-W/A  Booldanso Addraga (Street A	D. W. C. V. G. U. Address, City, State, Zip)	YEN	1
1	rom above (Street Address, City, State		
If this color scheme re	equest is granted by the Taxica	b Commission, list what the taxi company i	name, address and phone number will be
Name of Taxi Company	Coron (Aco	b Commission, list what the taxi company is ress of Taxi Company (Street Address, City, State, Z	ip)
Business Phone		Medallion Number /	DWner / Operator
(4K) 382 3	787	•	Gas & Gate
			Long Term Lease
<i>,</i>	<i>y</i>	ws of the State of California that the fore	
Executed on/_/_	709	, 20	at San Francisco, California.
/		Jane Br	
/	こんひゅとモル	Sawi	h
SAA/H 22 HOC rint Name of Applicant	NGUYEN	Signature of Applicant	h
SANH 2 HOC rint Name of Applicant	Mana (Carle (Can Menerale)	Signature of Applicant	
SANH PHOC rint Name of Applicant arme of person authorized to	Maring Bic (c(a)//Piacurds) Sign for Color Scheme Holder:	Signature of Applicant	
SANA 22 HOC rint Name of Applicant	Maring Bic (c(a)//Piacurds) Sign for Color Scheme Holder:	Signature of Applicant	old same care are trained
SANH PHOC rint Name of Applicant  ame of person authorized to  Hall Meller	MACTO BE COMPLETED Sign for Color Scheme Holder: 3	Signature of Applicant  BY ACCURATING COLORS GHEWE	OM Saremonts medicini
SANH 2HOC rint Name of Applicant  ame of person authorized to  Al Melle Cohe Color Scheme Holder / p	Maring Bic (c(a)//Piacurds) Sign for Color Scheme Holder:	Signature of Applicant  BY AND SERVING COLORS OF EVILL  olor Scheme Holder for	ONE VALUE AND THE PROPERTY OF THE
SANA PHOC int Name of Applicant  ame of person authorized to  Al Melle f  the Color Scheme Holder / p  reby give consent to the app	osign for Color Scheme Holder.  Derson authorized to sign for the Colicant named to use my color sch	Signature of Applicant  BY AND SERVING COLORS OF EVILL  olor Scheme Holder for	Title:  Title:  Folor Scheme Name
SANA PHOC int Name of Applicant  ame of person authorized to  Al Melle f  the Color Scheme Holder / p  reby give consent to the app	osign for Color Scheme Holder.  Derson authorized to sign for the Colicant named to use my color sch	Signature of Applicant  BYAGO EXPLINIS COLORS CHIEVIE  olor Scheme Holder for	Title:  Title:  Yellow Cal-  Solor Scheme Name
SANH PHOC int Name of Applicant  ame of person authorized to  Al Melle of  the Color Scheme Holder / p  reby give consent to the apprentify (or declare) under pensional consent to the color series of the c	osign for Color Scheme Holder.  Derson authorized to sign for the Colicant named to use my color sch	olor Scheme Holder for/kill.  e State of California that the foregoing is true	Title:  Title:  Yellow Cal-  Solor Scheme Name
ame of person authorized to  Al Melle f  the Color Scheme Holder / p  reby give consent to the app  ertify (or declare) under pens	Derson authorized to sign for the Colorant named to use my color sch	olor Scheme Holder for/kill.  e State of California that the foregoing is true	Title:  Color Scheme Name  and correct.
SANA PHOC int Name of Applicant  ame of person authorized to  Al Melle of the Color Scheme Holder / pereby give consent to the appertify (or declare) under pens	person authorized to sign for the Color alty of perjury under the laws of the person authorized to sign for Color School authorized to sig	olor Scheme Holder for	Title:  Con Schema Name  and correct.
int Name of Applicant  ame of person authorized to  All Melles  the Color Scheme Holder / preby give consent to the apprentify (or declare) under pensional authorized to the authorized	person authorized to sign for the Color scheme Holder.  Design for	olor Scheme Holder for	Title:  Con Jellan Cal  Color Scheme Name  and correct.

Amount

Date

Received by:

Receipt No.

JAN 0 6 2009

SAN FRANCISCO TAXI COMMISSION



ISSUED BY
OFFICE OF THE TREASURER & TAX COLLECTOR

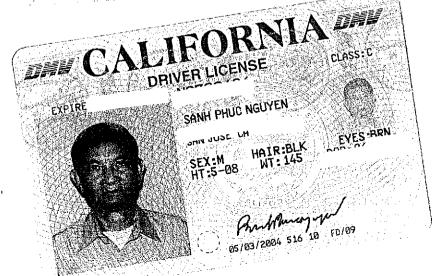
PUBLIC PASSENGER VEHICLE DRIVER

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.





San Francisco Taxicah Commission

				n Francisco Taxicab Commissior
Applicant's Name (First, Middle, Last)	SILKOUTSON		Type of Medallion Applying	
Residence Address (Street Address, City, State, Zip)	Sukovitzen		☐ ☐ Regular	□ Ramp
	,	.01	SF, Cq	~0
Mailing Address (if different than residence address)				
Residence Phone Number		Alternate Phone Nu	imber /	
			·	
Hours Available at this Number: NIGHT Social Security Number	Other name(s) used	Hours Available at t	his Number: DAY	
0 0 10 1	_	<b>پ</b>		
California Driver's License Number / Expiration Year	12-09 Date of	Rirth	Place of Bi	rth
Race (Optional) White	Sex Height,		Fve Color	Hair Color
	Mb/F 6/	Weight 0	Eye Color BLVC	Hair Color RN - GREY
Color Scheme / Business Name			Business N	Number
Color Scheme / Business Address (Street Address, Ci	ity, State, Zio)		(7/5)	, , , ,
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	the state of the s			
Are you a Ü.S. Citizen? ☐ Yes ☐ No,	Alien Residen	t Card Number:		
are you currently an active driver and hold	a current Public Passenge	er Vehicle Driver	Permit (A-Card)? ∐ No ~a⇔a	) XYes
Yes –Date permit was issued: $199$	Permit #:	177 00	7817	
las this permit ever been revoked? 🔯	No ☐ Yes, if yes, exp	olain:		
er MPC §1081(a)(3), do you holds or hav			onerate a motor vehicle	for hire either in the City
nd County of San Francisco or elsewhere			operate a motor vernote	, for this charter in the Only
<u> </u>	. pt 110 = 100, 11 you	, oxplair.		1
Noone describe why the public will not	the control property if the	a madallian ia	not arouted the state of	
Please describe why the public will not	be served property if the	s medalion is	iot granteu (attach addit	ional pages il necessary):
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erved by	OFFICE USE		Date ,	
	21460	<b>4:</b> 12(7) :		IN 6 War contract to

Page 1 of 3

MOTOS INVESTIGATION

ist resident From Date	ce addresses f To Date	or last five years ( Residence Addre		nt first, atlach addi dress, City, State, Z		if needed)			
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*				,			-		
ow long have y rancisco?	1-0.00	0 mile radius of San _months	How many Francisco?	years driving experi	-		Are you p	hysically qualifi	ied to drive a standard veh
ist employrr From Date	nent for last five	e years (List most re Company Name	L cent first, attac			ess, City, State	e, Zip)		Type of Work
991	NOW	LUXOF	ζ	221	10 (a	Seroli	1		Driver
							***		
ilure to provi		n relative to prior co		uilty pleas or not		eas may be c	considered	(Attach additi cause to den	mation required below. ional pages if needed) by the permit.
ilure to provi						eas may be c	-	(Attach additi cause to den	ional pages if needed)
•		n relative to prior co		uilty pleas or not		eas may be c	considered	(Attach additi cause to den	ional pages if needed)
ilure to provi		n relative to prior co		uilty pleas or not		eas may be c	considered	(Attach additi cause to den	ional pages if needed)
illure to providense	ght impaired?	n relative to prior co	171	Place of Arrest	contest ple	eas may be c	Disposition	(Attach additi cause to den	ional pages if needed) by the permit.
your eyesig	ght impaired?	n relative to prior co	onvictions, gr	Place of Arrest	contest ple	es.	Disposition  Is your	(Attach additicause to den	ional pages if needed) by the permit.
your eyesig	ght impaired? ordinary near	Date  Date  Date  Order  Date  No sightedness or fairments?	onvictions, gr	Place of Arrest	eyeglass	es.	Is your Yes	(Attach additicause to den	ional pages if needed) by the permit.

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 PRIVE WITH LUXOR ce ho las 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? X Yes \( \subseteq \) No
If you are granted a taxicab permit, will you obtain a San Francisco Airport decal, submit annually a State of California brake, road lamp and smog inspection certificate and submit to an annual inspection of the general appearance of the interior and exterior of you taxicab?
Read each section and sign initials to the left of each section if you agree and understand.
I understand that 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 <a href="https://www.sfgov.org">www.sfgov.org</a> . If a Letter of Intent is required, I acknowledge that the Letter of Intent is part of the application, and I declare under penalty of perjury that the foregoing is true and correct. Executed at San Francisco, California. I understand that any false or incomplete information provided by me, relative to this application, may be considered cause to either deny the requested permit or revoke the permit that is granted.
I will actively and personally engage as a permittee-driver under any permit issued to me for at least four (4) hours during any twenty-four (24) hour period at least seventy-five percent (75%) of the business days during the calendar year and that the information submitted on my application and financial statement is true and correct. I understand that any false or incomplete information provided by me relative to this application, may be considered cause to either deny the requested permit or revoke the permit if granted.
have read and completed all of the above statements and declare under penalty of perjury that they are true and correct to the best of my knowledge.  Study DAY  TANVARY  Executed on this 1-08-09 day of
Signature of Applicant

RECEIVED

JAN 0 8 2003

SAN FRANCISCO VAXI COMMISSION

San Francisco Taxicab Commission

*YOU MUST SUBMIT A			NSURANCE CARD WITH THIS APPLICATION
Applicant's Name (First, Midd	PLEASE PRINT (	CLEARLY - COMPLETE ENTIRE	
		7.75	Phone 2 2 / 2 211
JANES Residence Address (Street A	MOEL DUK	COVITZEN	
Meancine Address (2056) W	indiess Car State Zini		^
		$_{1}$ , $_{5}$ , $_{6}$ , $_{6}$	,
Mailing Address, If different from	om above (Street Address, City, State, Zip	)	
<u></u>		to the state of th	Visit of
If this color scheme re	equest is granted by the Taxicab Co	ommission, list what the taxi company	name, address and phone number will be:
LUXOR (	RB = 12230	JERROLD, SF	E CA 94124
Business Phone	Meda	illion Number	Owner / Operator
282	- 111111	•	☑ Gas & Gate
202	777		Long Term Lease
Please describe why	rou would like to use the selection	cohoma fauth a t	
necessary);	you would like to use the color	scheme for the above named tax	ti company (attach additional pages i
A	-1	$\rho$ $\rho$ $\star$ ,	n + 1
(9 le	ceuse Juxa	r (ab is t	he to company
	1 4	- 7 - 1	
<u>and</u>	gives the	best serve	ce to san
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	// 4	(I ) ac = 5	BPCK-
<u>triuu</u>	sco, Has 7	the BEST RI	4D10 - DEST
DRIVE	RS		The last last last last last last last last
	3		
certify (or declare) under p	enalty of perjury under the laws o	of the State of California that the foreg	going is true and correct. JAN 🧕 🖁 20
xecuted on JAN	Q TH	00	
xecuted on			at San Francisco, California ANCISC
JAMES S	OUKOVITZEN	1 / Jan 1/. 1	P TAKI COMMISSI
int Name of Applicant	3015011 ( CE1A	Signature of Applicant	<u>///                                  </u>
The real of reputous		signature of Applicant y	
		: /	,
mo of person sutherized to	WATO BE COMPLETED BY	Accepting color scheme	ONLY************************************
The or person authorized to	sign for Color Scheme Holder:		Title:
1 HOMAS	J. STANGHE	11 (8)	If Dona - Maria
11101117	O. Ollewale	LL MI	OPERATIONS   ANIMOR
oe Color Sahama Haidar / na	Season and the standard for the local	Scheme Holder for LUXC	OR CAB
	erson authorized to sign for the Color		Color Scheme Name
by give consent to the appl	icant named to use my color scheme.		Osti Otherio rame
rtify (or deglare) under pena	ity of perfury under the take of the kis	ate of California that the foregoing is true a	and correct
	1 1	camorna triat the foregoing is tibe s	and collect.
Trumers (	4 Olanunillan	)	1009
afure of Color Scheme Holder /A	person authorized to sign for Color Scheme	Holder Date	
		•	
		ICE/USE ONLY*****************	
da Notice Date	Hearing Date	Decision of Taxlcab Commission	New Declaration Signed
er's Comp Submitted	Insurance Submitted	Paint Chips Submitted	Photos Submitted

Amount

Date

Received by:

Receipt No.



# SAN FRANCISCO POLICE DEPARTMENT TAXICAB DETAIL

DRIVER PUBLIC PASSENGER VEHICLE FOR HIRE

# **TEMPORARY PERMIT**

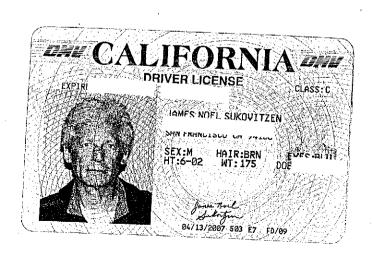
Permission is hereby given to JAMES N. SUKOVI	†フロル to operate as a "Driver
Public Passenger Vehicle" for	Taxicab Company.
This temporary permit expires at 5:00 p.m. on	as 1/25/09 TTX
Issued on behalf of the San Francisco Taxicab Commission by of the San Francisco Police Taxicab Enforcement Unit.	Paul Makaveckas WRR Police Officer #1601 Code Enforcement

Date of Issuance 7-31-08

JAN 0 9 2003

RECEIVED

SAN FRANCISCO TAXI COMMISSION



TLA2 ACCT. NO: P44 054814 TAX ID DBA LUXOR CAB SITUS 0000 VARIOUS LOCATIONS OWNER SUKOVITZEN, JAMES NOEL	- CENSUS CERTIF NBR DATE STAR 0000 DATE INACTIVA CARE OF	OLD# 052322 TED 07-16-02 TED 05-01-08
ADDRESS	SAN FRANCISCO, CA 9	4115
CONDOMINIUM DISTRICT CODE NON-MA	TCHING ADDRESS UNIT COUNT	
PERMIT NO. 068540 SUB-CLASS DESC	. DRIVER-PUB.PASS.VEH. ACCOU	NT 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	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	

San Francisco Taxicab Commission

Applicant's Name (First, Middle, Last)			Type of Medallion App	plying for:
Grayson Sinclai	r Bour	n-e.	□Regu	lar □ Ramp
Booldon & doress (Street Address, City, State, 2	ip) = A Berke			
Mailing Address (if different than residence address	ss)	1 + A - CE		
		1		
Residence Phone Number:	• • •	Alternate Phone	<del>u</del>	
Hours Available at this Number: 377 - Social Security Number	Structure (s)	Hours Available	at this Number: 7 Am	- Span
	,	usea		
California Driver's License Number / Expiration Ye	ear	Date of Birth	Place	of Birth
7010		<u> </u>	,	.,
Race (Optional)	Sex Heigh	t Weight	Eye Color	Hair Color 13rown
Color Scheme / Business Name		<u> </u>	Busia	ness Number
〜u×υ┌ こうり Color Scheme / Business Address (Street Address	City State 7in		(子	15)401-1420
2230 Jerrold Ave		1500 (a. 91	417.4	
	SAN FRANC	13 (0) 7	1127	
Are you a U.S. Citizen?	lo, Alier	n Resident Card Number:		
Are you currently an active driver and h				」No
f Yes -Date permit was issued: //5-	709 F	Permit#: アイチーの	734000	
Has this permit ever been revoked?	☑ No ☐ Yes, if	yes, explain:		
Per MPC §1081(a)(3), do you holds or h	nave vou ever held ar	ny other permits issued	to operate a motor ve	hicle for hire either in the Ci
and County of San Francisco or elsewhe			to operate a meter re	
•				
Please describe why the public will r	not be served prope	erly if this medallion	is not granted (attach	additional pages if necessary):
				•
MANY DEUPLE I	PICICUD	EXTREME T	nat the	SERVICLE
could be bette	R IN SA	~ Franci	reo with	More cobs
on the Street	**************************************			
011 1000 241 66				
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				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	OFE	CE USE ONLY	and the second s	
eceived by	Receipt No. 172	Amount 4 12 /-	Date	
	0414/	2011/10 <b>/1</b> /4-2/		
otice Date:		Hearing Date:	nlac	
			TO THE REAL PROPERTY OF THE PR	re a successification program and the left decision in the control of the fill of

I have driven a taxicab in the Police Code Section 1121(b		and I meet the current year's driving re	equirement pursuant to SFPD Municipal
List residence addresses for From Date To Date		ecent first, attach additional pages if needed) Address, City, State, Zip)	CO:
<u> 111198 1012-035</u>		Frankisc	<i>`</i> ∂
How long have you lived within a 30 Francisco?	1	ny years driving experience do you have in San o?	Are you physically qualified to drive a standard vehicle safely?
List employment for last five From Date  52 of 3763  4108  9108	Company Name	Address (Street Address, City, Sta	te, Zip) Type of Work  1 Francisco Ca 94124 CAb driver  1 AND Berkoley Ca 94702 Clerk
•		o Contest to any crime? ②No □Y , guilty pleas or not contest pleas may be Place of Arrest	es, if yes, provide the information required below. (Attach additional pages if needed) considered cause to deny the permit.  Disposition
			Is your hearing impaired?
Is your eyesight impaired?  Do not include ordinary nears		ness corrected by eyeglasses.	□Yes ØÑo
Do you have any physical ir	npairments? 🗹 No	☐ Yes, if yes describe the impairme	nt:
Have you ever had: Epi	lepsy □Yes ☑Ńo	Vertigo □ Yes ☑ No	D Heart Trouble □ Yes ☑ No
Are you now, or have you ex Addicted to the use of intox		a ☑Ño Any Narco	tic Drug? ☐ Yes ☐ Ño
Were you previously a meda If yes, it was revoked, explain		☐ Yes, If yes, was the medallion p	ermit ever revoked? ☐ No ☐ Yes

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 you taxicab?  Yes  No
Read each section and sign initials to the left of each section if you agree and understand.  SSB I understand that in addition to the regulations adopted by the Taxicab Commission and of the City and County of San Francisco Controller there are sections of the San Francisco Municipal Code, San Francisco Traffic Code and California Vehicle Code that are applicable to my business as a taxicab permit holder.
I understand that there may be sections of the San Francisco municipal Code that are applicable to my business and/or permit. There are copies of the San Francisco Municipal Code available at City Hall, The Public Library, Legal bookstores and on-line at <a href="https://www.sfgov.org">www.sfgov.org</a> . 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.
1 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 0 7 at San Francisco, California.  Signature of Applicant
Signature of Applicant

RECEIVED

JAN 0 6 2009

### **COLOR SCHEME DESIGNATION APPLICATION**

San Francisco Taxicab Commission

Applicant's Name (First, Middle, La	PLEASE PRINT C	LEARLY - COMPLETE ENTIR	
1 ''	•		Phone
Residence Address (Street Address	nclaine Bou	CRNC	,
Trestanted Fladreda (enect Fladress	- 1 0 i		
Mailing Addross if different from an	4 Pt ., Be	rkeley co	
i Walling Address, it different from acc	ove (Street Address, City, State, Zip)	,	
		·	
If this sales as here	47		
Name of Taxi Company	Business Address of	mmission, list what the taxi compan of Taxi Company (Street Address, City, State	y name, address and phone number will be:
Luxor.	2230 Je	crold Ave same Fr	2xc15/0 CA 94124
Business Phone	Medal	lion Number	1 Juner/Operator
(415) 401-1420			Gas & Gate
•			☐ Long Term Lease
Please describe why you v necessary):	would like to use the color	scheme for the above named t	axi company (attach additional pages
7.7	,		
Luxer CAb	405 0 900	ed disputch	ustemi
			·
	,		
certify (or declare) under penal	ity of perjury under the laws o	of the State of California that the fo	regoing is true and correct.
xecuted on/	Oh	20 0 9	at San Francisco, California.
,		, 20 /	at Sair Francisco, Calilornia.
Scarsan Sinch	ain Bourns	Kransn 3	77
int Name of Applicant	1110 DEGRETO 15	Signature of Applicant	
/ _{///} /	TÖRE GOMENERENISY	ACCEPTING COLOR SCHEN	I-Jania William Caracteristica
me of person authorized to sign	for Color Scheme Holder:		Title:
HOMAS J.	STANGHELL	imi	PERATION ANALY
, , , , , , , , , , , , , , , , , , ,		1	
ne Color Scheme Holder / person	authorized to sign for the Color	Scheme Holder forX	
	_	<del></del>	Color Scheme Name
reby give consent to the applicant	t named to use my color scheme.		Color Scheme Name
reby give consent to the applicant	t named to use my color scheme.	<del></del>	Color Scheme Name
reby give consent to the applicant	t named to use my color scheme.	ate of California that the foregoing is tru	Color Scheme Name ue and correct.
reby give consent to the applicant ertify (or declare) under penalty of	named to use my color scheme.  Deglury under the lays of the Sta	ate of California that the foregoing is tru	Color Scheme Name
reby give consent to the applicant artify (or declare) under penalty of	named to use my color scheme.  Deglury under the lays of the Sta	ate of California that the foregoing is tru	Color Scheme Name ue and correct.
reby give consent to the applicant ertify (or declare) under penalty of	named to use my color scheme.  Deglury under the lays of the Sta	ate of California that the foregoing is tru	Color Scheme Name ue and correct.
reby give consent to the applicant artify (or declare) under penalty of	t named to use my color scheme.  The gury under the laws of the Sta  Why have the laws of the Sta  The gury under the gury under the laws of the Sta  The gury under the gury under the laws of the Sta  The gury under the	ate of California that the foregoing is true  / - 5 e Holder Date	Color Scheme Name  Je and correct.  2000)
reby give consent to the applicant entity (or declare) under penalty of the second of	named to use my color scheme.  begury under the laws of the Sta  fundamental to sign for Color Scheme  authorized to sign for Color Scheme	ate of California that the foregoing is true  / - 5 e Holder Date	Color Scheme Name  Je and correct.  2000)
the Color Scheme Holder / person reby give consent to the applicant ertify (or declare) under penalty of parties of Color Scheme Holder / person and Notice Date	t named to use my color scheme.  The gury under the laws of the Sta  Why have the laws of the Sta  The gury under the gury under the laws of the Sta  The gury under the gury under the laws of the Sta  The gury under the	ate of California that the foregoing is true  / - 5 e Holder Date	Color Scheme Name  Je and correct.  - 2 00 C)

Amount

Date

Received by:

Receipt No.



### 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.





### Consent: Item C

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

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

### TAXICAB <u>NEW</u> COLOR SCHEME APPLICATION San Francisco Taxicab Commission

NEW COLOR SCHEME (C					
YOU MUST SUBMIT A CERTIFICATE					
Applicant's Name (First, Middle, Last)	PLEASE PRIN	II CLEARLY -	COMPLETE ENT	IKE FUKI	Phone
	NIGHUEN				(415) -
TAM DINH Residence Address (Street Address, City, Sta	ate, Zip)				
•	<del></del>		IDANCICCO	OA	941311
loint Applicant's Name (First, Middle, Cast)		->//14	FRANCISCO	1 -1	Phone
	. *				( )
esidence Address for Joint Applicant (Street	Address, City, State	, Zip)	· · · · · · · · · · · · · · · · · · ·		
s this a Corporate permit?	√lo ☐ Yes	If yes, Name of Co	rporation:		
If this color scheme request is gr				ss name, ad	dress and phone number will be.
usiness Name	Business Ad	dress (Street Address			3
VINA CAB	1999	PENNSY Medallion Number(s)	LVANIA A	NE S	SF, CA 94101
45 305-6913					Owner / Operator
10 303-6913		1311			Gas & Gate
			**************************************		☐ Long Term Lease
Because It is Oblor scheme		Opposi T Can	timity to	mar god	iggement My ou Dispatch Servi
	<del></del>	·	- Va		,
		·	Thanks	<b>.</b>	
	*****				
	<del></del>				
We) certify (or declare) under pena			e State of California t	that the fore	egoing is true and correct.
ecuted thisda	y of <u>[0</u> _	05		<u>8</u> at S	an Francisco, California
The state of the s	c				***
TAM DINH No	407EN	<del></del>	Signature of Applicant		
it italies of i spinoon			nghalale ui nggisene		
i Na of Taini A			A	- 11-11	
nt Name of Joint Applicant		;	Signature of Applicant	SE.	Cold Victory
				\. \.	OV 07 2008
		•		M	JV V 3 2000
					AV STOLETICO
				U	MONON CONTRACTOR
demonstration and the second s				·	
	ring Date		ONLY	The state of the s	New Decigration Cinned
11.72,00	12.4.	0 )		O-U/1	New Declaration Signed
1 105	rance Submitted	15 Pa	nt Chips Submitted		Photos Submitted
eived by:	Receipt No	1241	Amount 12 2	1 30	Date 11 1 84

Applicant's Name AM DINH	NGIMEN		
Distinguishing color scheme of vehicle to b	e used in business: (Musi Gold	t include color rendering upon submission.)	
Body WHITE Hood WHITE	Top GREEK	Trunk WHITE Fenders WHITE	-
Logo shown on vehicles: VINA	CAB	Lettering Color GREEN Gold	
Other markings			
Dispatch Service: B & W	CHECKER		_
Commission a distribution of Chief Scheme and de	esign for all such taxicabs all any person may, with the col	ng a taxicab shall adopt and have approved by the Taxica and the operators thereof, and shall use the same on all onsent of another operator to whom a distinctive color ☐ No	àb
Does the applicant understand that it is unlawful to characteristics of taxicabs unless the permission of	o make or cause to be made of the Taxicab Commission h	e any changes whatever in the color or distinguishing has first been obtained? XYes □ No	
			1
Name of Dispatch Service:	BY THE ACCEPTING D	DISPATCH SERVICE ONLY************************************	
	Address: 999 Penn:	SYLVANIA AUE S.F.CA 9411	, ,
1, <u>bennady</u> <u>Epstreyn</u> Print Name of Authorized Person of Diepatch Ser	the person auti	thorized to sign for the Dispatch Service hereby give	
consent to the applicant named to use the disp	patch service.		
certify (or declare) under penalty of perjury ur	nder the laws of the State	e of California that the foregoing is true and correct.	
ew of Fly	,	chemeholder 8/19/00	
ignature of Authorized Person	Title	Date	
			لـ

### COLOR SCHEME DECLARATION

· · · · · · · · · · · · · · · · · · ·				
Business Name	Business Phone			
VINACAB	(415) 305-6913			
Business Address (Street, City, State, Zip)				
999 PENNSY/VANIA AVE SF, CA No. of Regular Taxis No. of Ramp Taxis	94107   Fax Number /			
# 1311	(HIS) 285-3605			
Dispatch Service	24-hr Dispatch Phone			
B ? W CHECKER	(415) 285-3800			
Dispatch Service Address (Street, City, State, Zip)				
999 PENNSYIVANIA AVE S.F. CA C	74107			
Permit Holder's Name	Permit Holder's Phone			
TAM DINH NGUYEN Other Manager/Company Representative Names	(4/5) 3.05- 69/3 Manager/Representative's Phone			
Other Manager/Company Representative Names	Manager/Representative's Phone			
·				
Please initial as acknowledgement of the following:				
DISTANCE OFFICE The best of th	time Patrice 0.00			
BUSINESS OFFICE - The business office must be staffed Monday t exceptions, no answering service, etc The business office must store lost protection that must be available within twenty-four (24) hour notification for inspection	operty of passengers and current waybills			
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.				
BUSINESS OFFICE PHONE number must be published in the Classift directory and be accessible through operator information. The number murequests, accidents complaints and lost property.				
DISPATCH SERVICE – All taxicabs operating under a Color Scheme muradio under the same Dispatch Service. The two-way radio must be operation.				
DISPATCH SERVICE PHONE number must be published in the Classist directory and must be in operation twenty-four (24) hours a day, each day of the control of				
Changes in my principal place of business shall be made in writing within terms the Taxicab Detail.	n (10) days and is subject to approval by			
I will notify the Taxicab Detail within two (2) working days of any other charinformation.	nges in the Color Scheme business office			
Commission Approved Alternative Parking Location:				
I declare under penalty of perjury that the information provided on this form is true California. I understand that any false or incomplete information provided by m considered cause to revoke the permit that is granted.				
DECENTED DECENTED	12-2-08 Date			
Permit Holder/Manger's Signature	Date			
TAM DINH NGUYEN DEC 042008	PERMIT Holcles			
	1 211A			

s:etc/Susan/MyFiles/Forms/TCFORMCSDeclaration.doc

SAN FRANCISCO TAXI COMMISSION

(Rev. 12/08/05)





PRODU	CORD. CERTIF	ICATE OF LIABI				DATE (MM/DD/YY) 09/11/0
(SF) 120	Heffernan Insurance Howard Street, Suite	Brkrs	HOLDER	L THIS CERTIFIC	SUED AS A MATTER OF IN RIGHTS UPON THE CER ATE DOES NOT AMEND,	TIFICATE
San	Francisco CA 94105	330	ALTER T	HE COVERAGE	AFFORDED BY THE POLI	CIES BELOW.
Pho		415-778-0301	MELIDEDE	ACCORDUG 64		
INSURE	D	-	INSURER A:	AFFORDING CO		NAIC#
	. Dalle mit m		INSURER B:	Delos ins	urance Company	
	Delta Cab Company David Van 1340 25th Street	7	INSURER C:			
	1340 25th Street San Francisco CA	0.41'0#	INSURER D:	<del> </del>		
	Dam Flancisco CA	34107	INSURER E:		<del></del>	
	RAGES				***************************************	
POLIC	PERTAIN, THE INSURANCE AFFORDED BY THE SHOWN MAY HAVE	IAVE BEEN ISSUED TO THE INSURED NAM NY CONTRACT OR OTHER DOCUMENT WI THE POLICIES DESCRIBED HEREIN IS SUB YE BEEN REDUCED BY PAID CLAIMS.	ED ABOVE FOR THE I TH RESPECT TO WHI JECT TO ALL THE TEI	POLICY PERIOD INDIC CH THIS CERTIFICAT RMS, EXCLUSIONS AN	ATED, NOTWITHSTANDING E MAY BE ISSUED OR ID CONDITIONS OF SUCH	
TR INS	RD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	ONI	
	GENERAL LIABILITY		DATE (MARIOUTTY)	DATE (REPODRY		<del></del>
	COMMERCIAL GENERAL LIABILITY	NOT APPLICABLE		1.	EACH OCCURRENCE	\$
	CLAIMS MADE OCCUI	1			PREMISES (Ea occurence) MED EXP (Any one person)	\$
	<u> </u>	.1.			PERSONAL & ADV INJURY	S
1			1		GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER	<b>e</b>	į		PRODUCTS - COMP/OP AGG	s
_ _	POLICY PRO-	-			THE COLUMN TO AGG	13
	AUTOMOBILE LIABILITY ANY AUTO	NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	s
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$ .
	NON-OWNED AUTOS				BODILY (NJURY (Per accident)	s
-	GARAGE LIABILITY				PROPERTY DAMAGE (Per accident)	\$
	ANY AUTO	NO COVERNS OF			AUTO ONLY - EA ACCIDENT	s
		NO COVERAGE			OTHER THAN EA ACC	s
	EXCESS/UMBRELLA LIABILITY		<del></del>	<u></u>		Š
	OCCUR CLAIMS MADE	NOT APPLICABLE	•		EACH OCCURRENCE	8
			i		AGGREGATE	<u> </u>
	DEDUCTIBLE					\$
	RETENTION 5	. }	ŕ			\$
	RKERS COMPENSATION AND				·	\$
ANY	LOYERS' LIABILITY PROPRIETOR PARTNER/EXECUTIVE		07/20/08	07/20/09		4700000
UFF	CEROMEMBER EXCLUDED?		0.,20,00	0,720,03	EL DISEASE - EA EMPLOYEE	s 1000000
SPEC	i, describe under CIAL PROVISIONS below					s 1000000
ОТН	ER .	NOT APPLICABLE			THE STORES POLICY CHAPT	100000
rebt:	ON OF OPERATIONS / LOCATIONS / VEHICL ICE of Insurance. *1	LES / EXCLUSIONS ADDED BY ENDORSEM	ENT / SPECIAL PROV	ISIONS		· · · · · · · · · · · · · · · · · · ·
emi		0 day notice of cance	stractor To	n non-baym	ant of	
				•		
	.^ 					
RTIFIC	ATE HOLDER		CANCELLATIO	N .		···
		Sanfrta	SHOULD ANY OF	THE ABOVE DESCRIB	ED POLICIES SE CANCELLED BE	FORE THE EXPIRATION
					RWILL ENDEAVOR TO MAIL 3	
					NAMED TO THE LEFT, BUT FAIL	
	San Francisco Taxi	Commission			OF ANY KIND UPON THE INSURE	
	25 Van Ness Avenue Ste 420		REPRESENTATIVES.			
	San Francisco CA 94102		AUTHORIZED SEEA	ESENTATIVE		
		•				

DEC 0 3 ZUUB

NOISH CONTRACTOR

INSURANCE IDENTIFICATION CARD

CALIFORNIA

*

COMPANY NUMBER COMPANY

POLICY NUMBER

IN ISSUE

CNA INSURANCE COMPANY EFFECTIVE DATE

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

EXPIRATION DATE 10/12/09

FORD MAKE/MODEL

10/12/08

VEHICLE IDENTIFICATION NUMBER

ENCY/COMPANY ISSUING CARD

2005 YEAR

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

INSURED

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

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

2.Name of Insurance Company and policy

INSURANCE IDENTIFICATION CARD

SAN ERANCISCO, CA 94107

DELTA CAB # 1311

number for each vehicle involved.

# 1311

I CENSE NUMBER REGISTRATION WILD FROM 31 TAXI 04/30/2008 TO 04/30/2009 :OHL VEHICLE SENTIFICATION MARKER FORD BODY TYPE ISODEL DW TX DATE ISSUED

REGISTERED OWNER

03/08/2008

DELTA CAB CO PO BX 425866 SAN FRANCISCO

CA 94142-5866

03380

TAM NGUYEN PO BX 425846 SAN FRANCISCO W0024 R0041 L0098

3800

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

- 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 CAL 1A0000 HE CALIFORNIA 1 SAM 123

EXCEPT:

Truck Tractors And Commercial Vehicles With A Declared Gross Vehicle Weight of 10,001 ibs. or More—Must Apply Sticker To <u>Front Plate</u>

0

L-ENHOLDER

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

CHANGE OF COLOR SCI	HEME Erom:	50==1	/	To: W)	San Francisco Taxicab Confinission
		Jorkar's Compans	tion Registration C		Card, Vehicle Introduction Form (2)
and Color Scheme Change Que	estionnaire.				zaru, veincie introduction Form (2)
		NI CLEARLY -	COMPLETE EN	TIKE FORM	
Applicant's Name (First, Middle, Last)	/	<b>.</b>		Pho	ne i bai i .
- Oloke	E LANC	11 /A		41	(d) a.v.
Residence Address (Street Address, (	City, State, Zip)		•		
		E)ALY	CCTY	CA 99	10/4
Joint Applicant's Name (First, Middle,	Last)			Pho	ne
	NA			[(	)
Residence Address (Street Address, (	City, State, Zip) /	14			
		/11			
Is this a Corporate permit?	☑No ☐ Yes I	f yes, Name of Corp	oration:		
If this color scheme reques	t is granted by the Taxic	ab Commission, lis	t what your busines	ss name, addres	s and phone number will be.
Business Name	Business Addi	ress (Street Address, C		- / 0	Chu il
MEZIVO	CHO 312	1 War	2 W	e St	79129
Business Phone	, , , , , , , , , , , , , , , , , , ,	vledaliion Number(s)			☐ Owner / Operator
415-648-	Com	C111.			Gas & Gate
415-090-	0 000	270			☐ Long Term Lease
Please describe why you w	ould like to change to	the shove nam	ad tavi aamaanu	(attach additi	and range if recessors.
Tiodoc describe with you w	odia like to change to	Tile above hain	ed taxi company	(attach additi	onal pages if necessary):
Better	uss h	(1) J.J.	- and	11.11.	
	1 - 40 0/2009 -1	orainin		/ace	
<del></del>					
	•	-			
	** · · · · · · · · · · · · · · · · · ·				
I (We) certify (or declare) unde	r penalty of periury und	er the laws of the	State of California	that the foregoi	no is true and correct
17	7	**			ng to and and contcol.
Executed this / /	day of		, 29 <u>/</u> e	<u>වර්</u> at San	Francisco, California
7-27-11	/ 1		10/		
CEORGE	MMCIA	with the same wi	// fee	<u>&lt;-</u> >>	
Print Name of Applicant		S	gnature of Applicant		
*********	TO BE COMPLETE	D RY ACCEPTU	NG COLOR SCH	EME ON V*	*******
Name of person sythorized to sign for C	olor Scheme Holder:	D D I AOOL! III	10 OOLOR GOI	Title:	A
KichApol	11.0011				nan.
10.11.20	N90217			14-1	Tup
I, the Color Scheme Holder / person	n authorized to sign for the	Color Scheme Hold	er for	lokes	,
hereby give consent to the applicar				Taxicab Co	olor Scheme
	<u>.</u>				ŀ
certify (or declare) under penalty of	perjury under the laws of	f the State of Californ	nia that the foregoing	is true and corre	ct.
1. alson	Holads		/>		·
Signature of Color Scheme Holder /	person authorized to sign for Color	Schema Holder		2.5.00	
	The sign to solo	Soliono Holdel		Dai	ee .
	**********	***OFFICE 110F (	\\!**********	****	1417-1181
Agenda Notice Date	Hearing Date		Sion of Taxicab Commis		w Declaration Signed
Norker's Comp Submitted	Insurance Submitted		Chips Submitted		
	<u> </u>			Pno	otos Submitted
Received by:	Receipt No.	2	Amount 416	.00	Date 12 . 11 . 08
00		***************************************			TAX A SECTION ASSESSMENT

Updated: July 23, 2008, G:\Forms & Templates\Applications & Driver Info sheets\ColorSchemeApplication.doc

	COLOR SCHEME CHANGE QUESTIONNAIRE
1.	Why are you requesting this color scheme change? <u>Better Wefery</u> + Hates
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.
	For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?  The following state of the complete of the com
	<ol> <li>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.</li> <li>All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).</li> </ol>
	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.
	<ol> <li>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.</li> </ol>
I	<ol> <li>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.</li> </ol>
	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.
ve re com	ead and understood all of the above. I declare that I will operate my taxicab permit number 840 in pliance with the above stipulations.
natur	e: 1/ec 3/08.
partm	ent Witness: Date: 12.16.08

Updated: July 23, 2008, G:\Forms & Templates\Applications & Driver Info sheets\ColorSchemeApplication.doc

DEC 16 2008



BLV 256

TYPE LIC

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

TYPE VEH VLF CLASS *YR YR 1ST SOLD MAKE YR MODEL 33X 2008 AM FORD 2006 0000

31

MP MO AX WC UNLADEN/G/CGW BODY TYPE MODEL PR 0

VEHICLE ID NUMBER

TXTYPE VEHICLE USE COMMERCIAL

2 C 03540 DATE ISSUED

38

STICKER ISSUED CC/ALCO DT FEE RECVD PIC USE TAX 04/18/08 R0405298 5 168

04/18/08 PR/HIST: SALVAGED

AMOUNT PAID \$ 369.00

LICENSE NUMBER

REGISTERED OWNER METRO CAB LLC 2121 EVANS AVE

AMOUNT DUE

AMOUNT RECVO

369.00

CASH :

CHCK:

CRDT :

369.00

SAN FRANCISCO CA

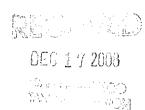
94124

LIENHOLDER

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

> RACE LED DEC 1.6 2008

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



DATE: 12-16-2008

TO: Vicky Siu, Taxi Comm.

FROM: Richard

Re. Lancia color scheme change.

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

We are with the Erenkov agency.

1-21

Sincerely,

Richard Hybels

Prop.

TAXICAB CO	LOR SCHEME CHANGE APPLICATION
CHANGE OF COLOR SCHEME - From: Big Dog Tax:	Sen Francisco Taxicab Commission  To: Meto Cob
Forms to submit with this application: Certificate Of Worker's Compensation, Registration Ca	- · · · · · · · · · · · · · · · · · · ·
and Color Scheme Change Quantionnaire.  PLEASE PRINT CLEARLY — COMPLETE ENT	• •
Applicant's Name (First Middle, Last)	Prone
Manufence Address (Street Address, City, State, Zip)	(415)
Joint Applicant's Name (First, Middle, Last)	ez Ca 94553
Residence Address (Sweet Address, City, Stine, Zip)	
Is this a Corporate permit? If No	
If this color scheme request is granted by the Taxicab Commission, list what your business	name, address and phone number will be.
Dusiness Address (Street Address, City, State, Zip)  METPL CHB III 21 FARM 57-  Business Phono Medition Number(s)	CA 94/24
415-648-8500 / 1325	[
Please describe why you would like to change to the above named taxi company (  al feel this company, or one, a ma- continuously maintain my wehicle to  Standauely as required my the S.F	safe & reliable texacist commission
I (We) certify (or declare) under penalty of perjury under the laws of the State of California th	at the foregoing is true and correct.
Executed this 7th day of January 2006	at San Francisco, California
Print Name of Applicant  C 1 C C C Signature of Applicant	O Styffi
Name of payson authorized to algor for Golor Scheme Hylder:	
Charl Hybels	POPPIE/OR
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for	ere Clb
hereby give consent to the applicant named to use my color scheme.	Tuxiculo Color Scheme
I certify (or declare) under penalty of perjury under the fauge of the State of California that the foregoing is	true and correct.
Signature of Cotor Schemen Holder / porsen nutricined a sign for Cotor Scheme Holder	6. 08

Agonda Notice Date Hearing Date Decision of Taxicao Commission New Cecteration Signed
Worker's Comp Submitted Pales Chips Submitted Photos Submitted
Receipt No. Amount Date

Updated, July 23, 2009, G:N-orms & Templates\Applications & Driver Into sheets\ColorSchemeApplication.doc



COLOR SCHEME CHANGE QUESTIONNAIRE

1.	Why are you requesting this color scheme change? what the trumfer 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 carbe 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 p.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. Note that 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.   \[ \textstyle \t				
	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				
(	<ol> <li>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. Webs.</li> </ol>				
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 re full com	ad and understood all of the above. I declare that I will operate my taxicab permit number 1325 in pliance with the above stipulations.				
Signature					
Departme	ent Witness: <u>Samana Obleb</u> Date: 1. 13-09				

JAN 0 8 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.

Hyla-

Sincerely,

Richard Hybels

Prop.

05/31/2008 TO 05/31/2009 31 COML TÄÄI VEHICLE IDENTIFICATION NUMBER FORD CLASS BODY TYPE MODEL CYLS. DATE FIRST SOLD EF 2007 00/00/2005 \$183 TYPE VE . C UNLADEN/G/CGW 03960 05/13/2008 ž Õ

METRO CAB CO 2121 EVANS ST STE SAN FRANCISCO CA



W0024 R0041 L0108

LICENSE NUMBER

Yr. Model

2005

3800

148043020085405

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

S 6616336

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:

Right Half of This Well CAL 1A0000 In Top Right Corner B CALIFORNIA # 1 SAM 123

EXCEPT:

MOTORCYCLES:

ALL OTHERS:

Truck Tractors And Commercial Vehicles With A Declared Gross Vehicle Weight of 10,001 lbs. or More—Must Apply Sticker To Front Plate

#2036



REG-STERED OWNER L-EXHOLDER

0

# INSURANCE IDENTIFICATION CARD

СОМАНИИ

NEWWORL ASSESSED CALIFORNIA

ROLLOW MANERA

2亿5 KERS

PERMIT/COMENT ISSUING CARD

) P

ABI BULINESS INSURANCE SERVICES

SELECTIVE DATE CMA INSUPARCE COMPANY

首京的/全位四 50/12/08

SKEIRAFICH DATE 10/12/04

VEHICLE IDENTIFICATION NUMBER

32107 W. FINDERO CHIYON RD \$126 WESTLANE TILEBEE, CA 91361

SAN FEMOLOGY, CO 34124 RETEC CAB # 1036

HER INDUSTRIES NO SUTTON CONTROLLED

VETCUE AND PRESENTED DECH DEMAND THIS LEWI MUST BE KEST IN THE INSURED

IN CASE OF ACCIDENT: Report all accidents

To your Agent/Company as soon as possible, Abtain the following information:

number for each vehicle involved, 1. Page of Inguisance Company and publicy 1. Have and address of each driver, passenger and witness.

(EB/1) 05 CHO.W

# INSURANCE IDENTIFICATION CARD

CONTRACT MERCEN CALLFORNIA

ONA INSURANCE CONCANY

ANTADADO

CENTRAL ANDREAS

TOCK BYES EXECUTAR DALE 16/1:/08

ACCRUT/CONSANT ISSUING CARD

CLO

ARI RICINOS INSCRAIOS SEAVICES 32107 R. LERCERO CARRON RO 17136 WISTLARD VILLENSE, CA 91361

**INSURED** 

METZO CAS 1 2008

2121 EUNE 37 CO 94124

SEE THEMSELECTED WITHOUT IN A STREET

KKIN BATTIN PATE

TU/TEMES

VEHICLE JEENSTRICKTION MINISTR

AMAINTH WORK GASSESS ON THAT AND THIS CARD MUST BE REFT IN THE INSPAED

To year Agent/Company as soon as prosticle. IN CAME OF ACCIONATE Report will accidents

enther for each enhance involved. 1. Newe and oddress of each driver, Passenger and witcomes.

WANTE OF CHANK

euus 80 nal

S.q

6628-219-911

Metro

arr:00 00 00 nsl

ACORD.	CERTIF	ICATE O	ISSUE DATE 09/29/2008		
PRODUCER  MSW Insurance Services, Inc. 19100 Von Karman Ave. Suite 900 Irvino, CA 92612 License #0E55346		This certificate is issued as a matter of information only and conters no rights upon the Certificate Holder. This Certificate does not amend, extend or after the coyurage afforded by the policies below.			
		COMPANIES AFFORDING COVERAGE			
		Company Dalos Insurance Co.			
INSURED  Metro Cab LLC (A Corp) 2121 E. Evans Avernue San Francisco, CA 94124		Company			
		Company C			
		Company D			
		Company E			
This is to certify that the policies of insuran any requirement, form or condition of contribe policies described herein is subject to a	act or other document with	respect to which this	certificate may be issued or may pertain, to	he insurance afforded by	
TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE EXPIRATION	LIMITS OF LIAB	LITY	
GENERAL LIABILITY			EACH OCCURRENCE	\$	
Commercial General Liability Claims Mada			FIRE DAMAGE	\$	
Owners' and Contractors' Protection			MEDICAL EXPENSE PERS, AND ADVERTISING INJURY	<u> </u>	
			GENERAL AGGREGATE	s s	
Ceneral Aggragate Limit applies per:			PRODUCTS AND COMP. OPER. AGG.	5	
AUTOMOBILE LIABILITY			001400111000000000000000000000000000000		
Any Automobile			COMBINED SINGLE LIMIT	2	
All Owned Automobiles			BODILY INJURY (Por parson)	<u> </u>	
Schoduled Automobiles		-	BODILY (NJURY (Por accident)	\$	
Hired Automobiles			PROPERTY DAMAGE (Per accident) COMPREHENSIVE	3	
☐ Non-owned Automobiles		!	COLLISION		
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	'	07/15/2008	[WC Statutory Limit X Other	1,000,000	
WAS BILL FOLEVA CINDICIS		07/15/2009	EL CACH ACCIDENT	\$ 1,000,000 \$ 1,000,000	
			CL DISEASC (Each employee)	\$ 1,000,000	
EXCESS LIABILITY		<u> </u>	FL DISEASE (Policy Limit) FEACH OCCURRENCE	\$ 1,000,000	
Occurrence Commis Made			AGGREGATE	\$	
Control Control			ACCINECALE		
The second secon	1141			S	
		1		\$	
				5	
				\$	
<u> </u>		<u></u>		\$	
•					
ERTIFICATE HOLDER	ļ ·	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 ACENTS OR REPRESENTATIVES.			
				VIAIIVES.	
San Francisco Taxleab Commission	/	Authorized Representative			
25 Van Noos Avenue San Francisco, CA 94102-6033		Laurette Hary			
section of the residence of the Committee of the Committe			A S DOCTOR AND A C. B.	Í	
•	l e	290 1 0E 1	Certific	WIJIL MYCH	





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 JAN 1 3 2009