

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the City Clerk's office at (310) 618-2780. Notification 48 hours prior to the meeting will enable the City to make reasonable arrangements to ensure accessibility to this meeting. [28CFR35.102-35.104 ADA Title II]

Direct questions or concerns to the Suzanne Bittner at (310) 618-5923 or individual department head prior to submission to the Board. Parties will be notified if the complaint will be included on a subsequent agenda.

Participate before the meeting by emailing Revenue@TorranceCA.Gov and write "Public Comment" in the subject line. In the body of the email include the item number and/or title of the item with your comments.

Any correspondence received after 2:00 p.m., the DAY BEFORE the License Review Board meeting on any item on the agenda will be provided to the Board electronically and available for public inspection in the City Clerk's Office. A copy of the correspondence will be available for public inspection in a binder at the back of the West Annex Commission Meeting room.

**TORRANCE LICENSE REVIEW BOARD AGENDA
THURSDAY, NOVEMBER 18, 2021
REGULAR MEETING**

10 A. M. IN WEST ANNEX COMMISSION ROOM AT 3031 TORRANCE BOULEVARD

1. CALL TO ORDER

2. ROLL CALL

License Review Board Members – Chair Smith ____, Botiller ____, Wand ____
Alternate License Review Board Members – Harris ____, Rumery ____

3. REPORT OF STAFF ON THE POSTING OF THE AGENDA

The agenda was posted on the Public Notice Board at 3031 Torrance Boulevard and on the City's website on Wednesday November 10, 2021.

4. ANNOUNCEMENT OF WITHDRAWN, DEFERRED, AND/OR SUPPLEMENTAL ITEMS.

5. ORAL COMMUNICATIONS (Limited to a 30 minute period)

This portion of the meeting is reserved for public comment on items not on the agenda under the subject matter of the License Review Board. Under the Ralph M. Brown Act, Board Members cannot act on items raised during public comment but may respond briefly to statements made or questions posed; request clarification; or refer the item to staff. Speakers under this Public Comment period will have no longer than 3 minutes per speaker. Please step up to the podium and speak clearly into the microphone.

6. Consent Calendar

Matters listed under the Consent Calendar are considered routine and will be enacted by one motion and one vote. There will be no separate discussion of these items. If discussion is desired, that item will be removed by a Board Member from the Consent Calendar and considered separately.

6A. APPROVAL OF MINUTES

7. ADMINISTRATIVE MATTERS

7A. WINYUN INC., DBA OKANE UMI, application for a business license to allow the operation of a restaurant serving alcohol.

7B. SIMPLE ON & ON INC., DBA HAPPY FEET MASSAGE, application for a business license to allow the operation of a massage establishment.

7C. J HEALING MASSAGE THERAPY, application for a business license to allow the operation of a massage establishment.

8. PUBLIC HEARINGS (IF APPLICABLE MUST BE PUBLISHED IN NEWSPAPER)

9. BOARD ORAL COMMUNICATIONS

10. ADJOURNMENT

10A. Adjournment of License Review Board Meeting to Thursday December 2, 2021, at 10:00 a.m in the West Annex Commission Room at 3031 Torrance Boulevard.

LICENSE REVIEW BOARD MEETING
NOVEMBER 18, 2021

ITEM NO. 7. A. – WINYUN INC., DBA OKANE UMI

BACKGROUND

Fengyun Jin, owner of Winyun Inc., DBA Okane Umi has made an application for approval of a business license to allow the operation of a restaurant serving alcohol. The business is located at 2439 Pacific Coast Highway in Torrance.

ANALYSIS

Per Section 31.7.1 subsection 4) of the Torrance Municipal Code, any business license application, at the discretion of the Assistant Finance Director, can be sent to the License Review Board for approval before issuance of the license.

RECOMMENDATION

The License Division recommends approval of this business license with the conditions set forth by the California Department of Alcohol Beverage Control.

Approval is conditional on applicant providing a copy of their LA County Health Permit or the approval to open and operate by LA Health's Plan Check Division.

Attachment A: Business License Application

Attachment B: California Department of ABC License Query

Attachment C: Torrance Police Department Reports

Attachment A

Please call the Business License Office at 310 618 5923 for fee amounts. Payment must be submitted with your application.

 <p>City of Torrance, Revenue Division Business License Application 3031 Torrance Blvd, Torrance, CA 90503 (P) 310-618-5923 (F) 310-618-5852 revenue@torranceca.gov</p>	SELECT APPLICABLE BOX: NEW APPLICATION <input type="checkbox"/> CHANGE OF OWNERSHIP (greater than 50%) <input checked="" type="checkbox"/> CHANGE OF BUSINESS LOCATION <input type="checkbox"/> CHANGE OF NAME (Only) <input type="checkbox"/>	
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PART I. APPLICANT TO ANSWER ALL QUESTIONS IN THIS SECTION (print or type)

BUSINESS NAME OR DBA * <i>Winyun, Inc. DBA Okane Luni</i>	CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA) * <i>Winyun Inc.</i>
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1. BUSINESS LOCATION (*physical business address - see note below) <i>2439 Pacific Coast Hwy</i>	Suite#	City <i>Lomita</i>	State <i>CA</i>	ZIP <i>90717</i>
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2. MAILING ADDRESS OR PO/PMB BOX (required) <i>Same as above</i>	Suite#	City <i>Lomita</i>	State <i>CA</i>	ZIP <i>90717</i>
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3. IS THE BUSINESS LOCATED AT A RESIDENTIAL ADDRESS (*select one)? YES <input type="radio"/> NO <input checked="" type="radio"/>	HOME OCCUPATION PERMIT#:	EMAIL ADDRESS: [REDACTED]
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NATURE OF BUSINESS (description of business activity in detail):
restaurant - serving alcohol

FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S) (**see note below):	STATE WASTE DISCHARGER IDENTIFICATION NUMBER (WDID#) (**if applicable - see note below):
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TECHNOLOGY BUSINESS (select one): Definition: A business entity utilizing scientific equipment and engineering techniques, microelectronics, data processing, genetic engineering, or telecommunications.	YES <input type="radio"/>	NO <input type="radio"/>
--	---------------------------	--------------------------

RETAIL BUSINESS - WILL YOU BE SELLING CBD PRODUCTS? (select one): Definition: CBD is the cannabidiol compound derived from industrial hemp, cannabis or otherwise.	YES <input type="radio"/>	NO <input type="radio"/>
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CONTACT NAME: <i>Fengyun Jin</i>	CONTACT TITLE: <i>CZO</i>	CONTACT PHONE#: [REDACTED]	BUSINESS PHONE#:	CELL PHONE#:
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DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED ID#:	SOCIAL SECURITY# (optional):	COMMERCIAL OFFICE SOFT:	# OF PEOPLE WORKING IN TORRANCE: <i>3 FT, 10 PT</i>	# OF UNITS (apartments/hotels/mobile homes/vehicles):
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FEDERAL TAX ID# (FEIN): [REDACTED]	STATE TAX ID# (SEIN):	STATE CONTRACTORS LICENSE #:	STATE SELLERS PERMIT#:
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OWNERSHIP INFORMATION (check applicable box): CORPORATION <input type="radio"/> LLC <input type="radio"/> PARTNERSHIP <input type="radio"/> SOLE OWNERSHIP <input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
---	----------------------------------	-----------------------	-----------------------	-----------------------

NAMES OF OWNER PARTNERS OR PRINCIPAL OFFICERS: <i>Fengyun Jin</i>	TITLE: <i>CZO</i>	NAMES OF OWNER PARTNERS OR PRINCIPAL OFFICERS:	TITLE:
--	----------------------	--	--------

I declare that I am the owner, partner, corporate officer or person with the power of attorney, and I understand if any of the information provided above is not true the business license being applied for may be revoked as outlined in section 31.9.10 of the Torrance Municipal Code.
I am duly authorized to make this application. All of the information provided in this application is true and correct. The business will not provide any service, good or product which is illegal under Federal, State, or Local Laws. I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE: [REDACTED]	DATE: <i>7/14/21</i>
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PART II. FOR OFFICIAL USE ONLY				
BASIC FEE	PROCESSING FEE	STATE FEE	PER PERSON FEE	PER UNIT FEE
OTHER FEES	PENALTY FEE	TOTAL AMOUNT	[REDACTED]	Business License # BL-LIC-

NOTES:
* FOR A RESIDENTIAL BUSINESS ADDRESS YOU ARE NOT REQUIRED TO PROVIDE IT. IF YOU DO NOT WANT TO PROVIDE IT, PLEASE LEAVE BOX #1 BLANK AND SELECT YES UNDER BOX #3. FOR A RESIDENTIAL ADDRESS IN TORRANCE YOU WILL FIRST REQUIRE A HOME OCCUPATION PERMIT.
** ACCESS THE BUSINESS SIC CODE(S) AT UNITED STATES DEPARTMENT OF LABOR WEBSITE: <https://www.osha.gov/pls/imsrsc/manual.html>
*** ACCESS INFORMATION FOR AN INDUSTRIAL BUSINESS REQUIRING A WDID# FROM THE CALIFORNIA STATE WATER RESOURCES CONTROL BOARD WEBSITE: https://www.waterboards.ca.gov/water_issues/programs/stormwater/industrial.html



CALIFORNIA DEPARTMENT OF

Alcoholic Beverage Control

Attachment B

Report Date: Friday, September 17, 2021

LICENSE INFORMATION

License Number: 625081 **Primary Owner:** WINYUN, INC. **Office of Application:**

03 - LB/LAKEWOOD

BUSINESS NAME

OKANE UMI ✓

BUSINESS ADDRESS

2439 PACIFIC COAST HWY , TORRANCE, CA, 90717 ✓

County: LOS ANGELES **Census Tract:** 6511.01

LICENSEE INFORMATION

Licensee: WINYUN, INC.

Company Information

OFFICER: JIN, FENGYUN (DIRECTOR)

OFFICER: JIN, FENGYUN (CHIEF FINANCIAL OFFICER)

OFFICER: JIN, FENGYUN (PRESIDENT/SECRETARY)

STOCKHOLDER: JIN, FENGYUN

LICENSE TYPES

41 - ON-SALE BEER AND WINE - EATING PLACE

License Type Status: ACTIVE **Status Date:** 01-JUL-2021 **Term:** 12 Month(s)

Original Issue Date: 30-JUN-2021 **Expiration Date:** 31-MAY-2022 **Master:** Y **Duplicate:** 0

From License Number: 41-579870

Fee Code: P40 **Transfers:** Transferred On: 30-JUN-2021

OPERATING RESTRICTIONS:

The quarterly gross sales of alcoholic beverages shall not exceed the gross sales of food during the same period. The licensee shall at all times maintain records which reflect separately the gross sale of food and the gross sales of alcoholic beverages of the licensed business. Said records shall be kept no less frequently than on a quarterly basis and shall be made available to the Department on demand.

There shall be no bar or lounge area upon the licensed premises maintained for the purpose of sales, service or consumption of alcoholic beverages directly to patrons for consumption.

There will be no dancing allowed on the premises.

There shall be no live entertainment permitted on the premises at any time.

Entertainment provided shall not be audible beyond the area under the control of the licensee(s) as defined on the ABC-257 dated 2-24-21 and ABC-253 dated 2-24-21.

There shall be no amusement machines or video game devices in the premises at any time.

The parking lot of the premises shall be equipped with lighting of sufficient power to illuminate and make easily discernible the appearance and conduct of all persons on or about the parking lot. Additionally, the position of such lighting shall not disturb the normal privacy and use of any neighboring residences.

DISCIPLINARY ACTION:

No Active Disciplinary Action found

DISCIPLINARY HISTORY:

No Disciplinary History found.

HOLDS:

No Active Holds found

ESCROWS:

No Escrow found





Torrance Police Department Intelligence
Section

Interview Summary License Review

Detective Lucas Ryono [REDACTED]

To:

Date: 29 OCT 21

Suzanne Bittner
License Supervisor

From:

Detective Lucas Ryono
Intelligence Section

Licensees:

"Okane Umi" - Winyun Inc.
2439 Pacific Coast Highway
Torrance, CA. 90717
[REDACTED]

License Review Board Hearing – 18 NOV 21

Subject:

Fengyun Jin (Owner)
[REDACTED]

On 29 OCT 21, I interviewed Mr. Jin who is the owner of "Okane Umi" located at 2439 Pacific Coast Highway, in the City of Torrance. Mr. Jin related this is a pre-existing business that he is taking over from the previous owner. Mr. Jin stated he has 4-5 years of experience working in alcohol sales in the restaurant industry, previously operating Fengmao restaurant in Los Angeles. The current business is a food establishment with alcohol, and the license he is applying for is a type 41 license, "On-Sale, Beer, and Wine" Eating Place.

I reviewed the local and state laws that regulate this business, as well as the conditions that exist on the license. I furnished Mr. Jin with a copy of the Applicable Code Highlights for ABC "On Sale" Licensed Businesses. In addition, we completed the Torrance Police Department Alcohol Beverage License Indoctrination Form together. Mr. Jin signed and initialed the form, indicating that he understood the issues at hand. Based on the interview Mr. Jin was given a license review board date of 18 NOV 21.



Detective Lucas Ryono
Intelligence Section



Torrance Police Department
Alcohol Beverage Licensee
Indoctrination and Training

Interpreter _____ Language _____



General Information

Business Name Okane Umi Phone [REDACTED]

Licenses Fengyun Jin [REDACTED]

Who are the sole owners? Fengyun Jin
 Is the business incorporated? YES
 Is this reflected in the ABC License? YES
 Are there other officers in the company? No

Address 2439 Pacific Coast Hwy, Lomita, CA 90717

Do you have prior experience working in alcohol sales? Yes, 4-5 years
 Where? Fengmao restaurant, Los Angeles
 How Many Years? —

Type of License 41 - On-sale

Do you own any other businesses? No



Important Training Areas

1. **How to check for identification.** ✓

- Presentation
- Type of acceptable identification
 - Valid government (not expired)
 - Photo
 - Date of birth

Methods of alteration.

Tricks used by minors.


Minors (under 21) are vertically displayed (not horizontal).

Spotters

It is important to establish a policy.

Whenever in doubt about an ID, consider it to be a fake.

2. Criminal, administrative, and civil liabilities regarding sales of alcoholic beverages to minors or drunks.

✓ 

Criminal citations or arrest, fines

ABC administrative hearings and fines

Civil suits

Loss of business license

Moral issues

3. LEAD Seminar Training

✓ 

If you are selling alcohol, you should attend a LEAD seminar.

These are hosted by ABC – Call the Lakewood office.

8 Hour course

You should attend with your key employees.

4. Hours of sales and supervision of parking lot (posting).

✓ 

45.4.9 TMC - Requires posting sign

If you are involved in off-site alcohol sales, you must post a sign stating there is no drinking in the parking lot.

45.4.8 TMC - No drinking in parking lot

You get a copy of this city ordinance today.

5. Emergency and routine response by Patrol units.

✓ 

Understand that the routine telephone number is to be used for routine service.

The 911 line is used for emergencies.

6. Crime prevention and protection

✓ 

What to look for and how to protect business and employees.

Employee problems

City ordinances

7. Explanation of EASY, DECOY and STAKE programs.

✓ 

The enforcement programs are not intended to entrap.
The minors will be truthful and appear to be their age.
These are intended to establish and enforce compliance.

8. Explanation of Intelligence function.

✓ PH

"Eyes and ears in the community"

9. Escort ordinances and hostess bars.

✓ PH

Do you have plans to offer a hostess or escort service?
If, so here is a copy of the city ordinances related to
to these issues.

10. Prostitution and gambling are illegal.

✓ PH

11. Age of employees and rules of service.

✓ PH

Off-sale only: 16-17 year olds may sell alcohol if supervised by someone over 21.
18 year olds may serve alcohol but only if served with food.
They can be a food server that also serves alcohol.
21 and over can serve alcohol without restrictions.

12. Sale of tobacco to juveniles

✓ PH

Are you selling tobacco?
You have to be 21 years old to buy tobacco.
Enforcement of laws and compliance checks
via STAKE will take place.

13. Adult Entertainment

✓ PH

Are you planning on providing entertainment?
If so, you will need an entertainment permit.
You can only have entertainment that is specifically
allowed by your license.
Are you planning on allowing dancing?
If so, you will need a dance permit.
Are you planning on selling adult videos or magazines?
If so, you will need to make sure that the covers are not exposed
to the general public and have a private/dedicated section.

14. Understanding and Posting of Licenses

✓ D

You must post your ABC alcohol license with business license.
Conditions must be posted alongside this license.
Review your conditions.

15. Laws, Statutes and Municipal Codes Related to the Business

Has Licensee(s) received a copy of the "ABC Regulations?"

✓ D



Training Confirmation

I, as a licensee, fully understand all of the above information as related to me and will abide by all the rules and regulations. I also confirm that the above information is accurate.

[Redacted Signature]

Licensee

10/29/21

Date

Licensee or Designated Representative

Date

[Redacted Signature]

10-29-21

LICENSE REVIEW BOARD MEETING
NOVEMBER 18, 2021

ITEM NO. 7. B. – SIMPLE ON & ON INC.,
DBA HAPPY FEET MASSAGE

BACKGROUND

Chao Cao owner of Simple On & On Inc., DBA Happy Feet Massage has made an application for approval of a business license to allow the operation of a massage establishment. The business is located at 17316 Crenshaw Boulevard in Torrance.

ANALYSIS

Per Section 31.7.3 subsection 25) of the Torrance Municipal Code, applications for a massage establishment must have License Review Board approval before issuance of the license.

RECOMMENDATION

All necessary documents have been received, the License Division recommends approval of the business license.

Attachment A: Business License Application
Attachment B: Form 100E and Massage Therapist's Certificate
Attachment C: Statement from Property Owner
Attachment D: Police Department Reports

Please call the Business License Office at 310 618 5923 for fee amounts. Payment must be submitted with your application.



City of Torrance, Revenue Division
Business License Application
 3031 Torrance Blvd, Torrance, CA 90503
 (P) 310-618-5923 (F) 310-618-5852
 revenue@torranceca.gov

SELECT APPLICABLE BOX:

NEW APPLICATION CHANGE OF OWNERSHIP (greater than 50%)

CHANGE OF BUSINESS LOCATION CHANGE OF NAME (Only)

PART I. APPLICANT TO ANSWER ALL QUESTIONS IN THIS SECTION (print or type)

BUSINESS NAME OR DBA: Happy Feet Massage CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA): Simple On & On Inc.

1. BUSINESS LOCATION (*physical business address - see note below) Suite# _____ City Torrance State CA ZIP 90504

2. MAILING ADDRESS OR PO/PMB BOX (required) Suite# _____ City Torrance State CA ZIP 90504

3. IS THE BUSINESS LOCATED AT A RESIDENTIAL ADDRESS (*select one)? YES NO HOME OCCUPATION PERMIT#: _____

NATURE OF BUSINESS (description of business activity in detail): Massage, Foot Massage

FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S) (**see note below): _____ STATE WASTE DISCHARGER IDENTIFICATION NUMBER (WDID#) (**if applicable - see note below): _____

TECHNOLOGY BUSINESS (select one): YES NO
 Definition: A business entity utilizing scientific equipment and engineering techniques, microelectronics, data processing, genetic engineering, or telecommunications.

RETAIL BUSINESS - WILL YOU BE SELLING CBD PRODUCTS? (select one): YES NO
 Definition: CBD is the cannabidiol compound derived from industrial hemp, cannabis or otherwise.

CONTACT NAME: Chao Cao CONTACT TITLE: owner CONTACT PHONE #: 310 895 8868

DRIVERS LICENSE OR OTHER GOVERNMENT SOCIAL SECURITY# (optional): _____ # OF PEOPLE WORKING IN TORRANCE: 1 # OF UNITS (apartments/hotels/mobile homes/vehicles): _____

FEDERAL TAX ID# (FEIN): _____ STATE TAX ID# (SEIN): _____ STATE CONTRACTORS LICENSE #: _____ STATE SELLERS PERMIT#: _____

OWNERSHIP INFORMATION (check applicable box): CORPORATION LLC PARTNERSHIP SOLE OWNERSHIP

NAMES OF OWNER, PARTNER, OR PRINCIPAL OFFICERS: Chao Cao TITLE: Owner

I declare that I am the owner, partner, corporate officer or person with the power of attorney, and I understand if any of the information provided above is not true the business license being applied for may be revoked as outlined in section 31.9.10 of the Torrance Municipal Code.
 I am duly authorized to make this application. All of the information provided in this application is true and correct. The business will not provide any service, good or product which is illegal under Federal, State, or Local Laws. I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE: _____ DATE: 10-12-2021

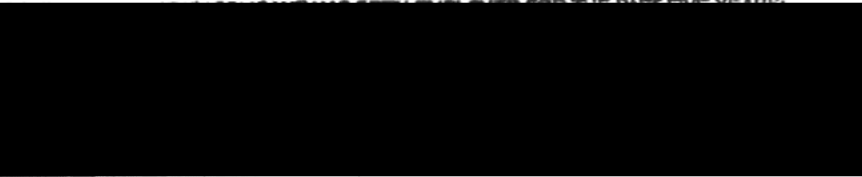
PART II. FOR OFFICIAL USE ONLY

FOR A RESIDENTIAL BUSINESS ADDRESS YOU ARE NOT REQUIRED TO PROVIDE IT. IF YOU DO NOT WANT TO PROVIDE THE RESIDENTIAL ADDRESS PLEASE LEAVE BOX #1 BLANK AND SELECT YES UNDER BOX #3. FOR A RESIDENTIAL ADDRESS IN TORRANCE YOU WILL FIRST REQUIRE A HOME OCCUPATION PERMIT#.
 ** ACCESS THE BUSINESS SIC CODE(S) AT UNITED STATES DEPARTMENT OF LABOR WEBSITE: http://www.osha.gov/4428sm/sic_manual.html
 *** ACCESS INFORMATION FOR AN INDUSTRIAL BUSINESS REQUIRING A WDID# FROM THE CALIFORNIA STATE WATER RESOURCES CONTROL BOARD WEBSITE: https://www.waterboards.ca.gov/water_issues/programs/stormwater/inquiry.html

NAMES AND ADDRESSES OF PERSONS, FIRMS OR CORP

Luck H. Enterprize, Inc

Simple On On Inc.



NAMES AND ADDRESSES OF THREE RESPONSIBLE PERSONS WHO HAVE KNOWN APPLICANT FOR MORE THAN THREE YEARS:

Yan Zhang

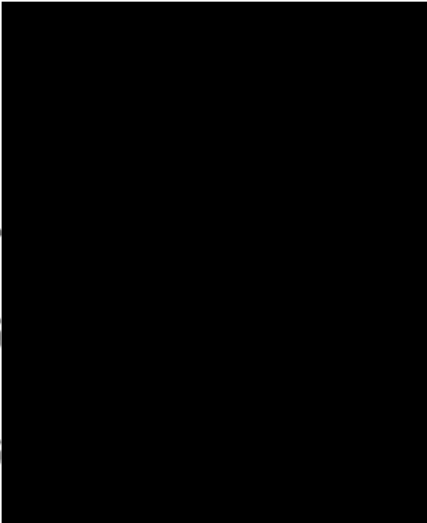
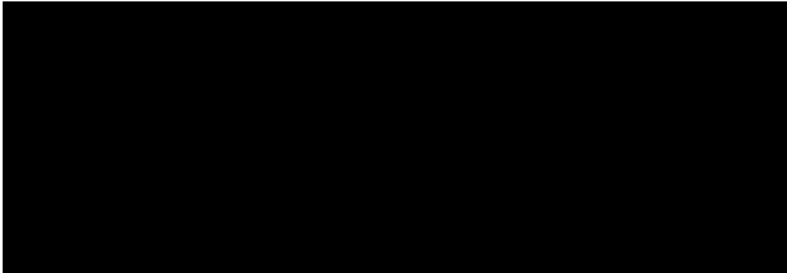
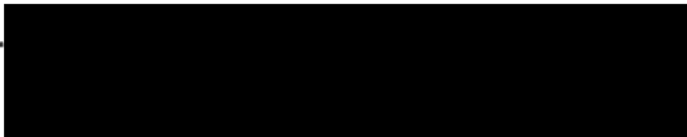
Zhao Liang

Lihui Zhang

LIST ANY AND ALL MISDEMEANOR AND FELONY CONVICTIONS FOR VIOLATIONS OF ANY LAW, EVEN IF THE CONVICTION WAS DISMISSED OR EXPUNGED, PER CALIFORNIA PENAL CODE 1203.4 ET.SEQ. Failure to list all convictions is grounds for DENIAL of the license. (IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH ADDITIONAL SHEETS)

None.

A LETTER AUTHORIZING APPLICANT TO REPRESENT SAID PERSON, FIRM OR CORPORATION IS HEREWITH ATTACHED.



FOR OFFICIAL USE ONLY

APPROVED BY:

CHIEF OF POLICE

DATE

LICENSE I

DATE

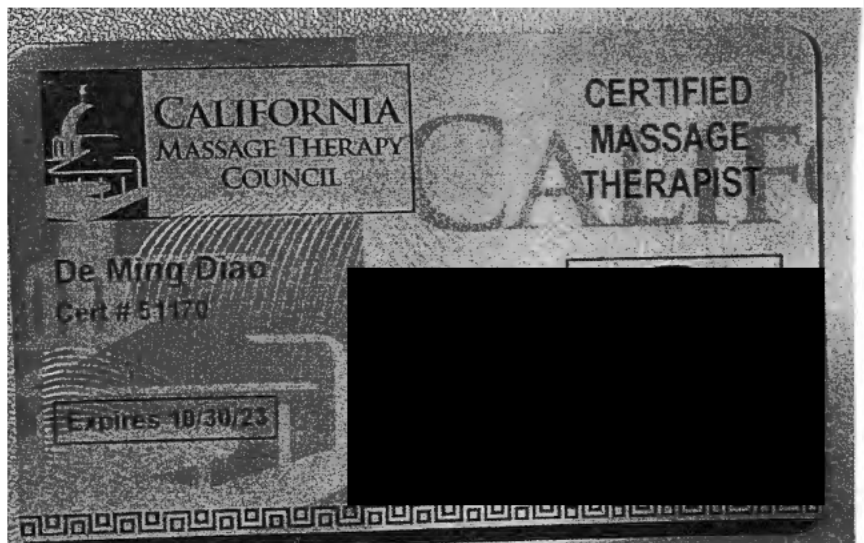
DISAPPROVED BY:

CHIEF OF POLICE

DATE

LICENSE I

DATE



Information on Certificate - De Ming Diao, Cert #51170, Expires 10/30/2023

Verified by License Supervisor Suzanne Bittner

Attachment C

Artesia real estate

October 13/2021

To whom it may Concern

I am the undersigned Ameera Ammari acknowledge that the Tenants for the property I manage
Located at 17316 Crenshaw Blvd, Torrance Ca 90504. Is occupied by a Massage establishment.

Name: Ameera Ammari



All-purpose Acknowledgment California

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On 10/13/2021 before me, Patricia K Gall, Notary Public (here insert name and title of the officer),

personally appeared Ameera Ammari

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Signature _____

For Bank Pr

Description of Attached Document

Type or Title of Document Artesia Real Estate To Whom it May Concern letter

Document Date' 10/13/2021 Number of Pages 1

Signer(s) Other Than Named Above N/A

Account Number (if applicable) N/A



Torrance Police Department Intelligence Detail
License Review Interview Summary
Detective Lucas Ryono

To:
Suzanne Bittner
License Supervisor

Date: October 29, 2021

From:
Detective Lucas Ryono
Intelligence Section

Subject:
"Happy Feet Massage" – Simple On and On Inc.
17316 Crenshaw Blvd, Torrance, CA 90504

License Review Board Hearing – November 18, 2021

Licensees Interviewed:
Chao Cao (Owner)

On 29 OCT 21, I interviewed Mr. Cao regarding his application for a business license for "Happy Feet Massage," 17316 Crenshaw Blvd, in the City of Torrance.

Mr. Cao is taking over a pre-existing business at the location and will be the sole owner. Mr. Cao also manages Chinese Happy Feet (2110 Artesia, Redondo Beach) and has worked in the massage industry for over 5 years. The business will be providing body massage by appointment and "walk-in" type customers.

Mr. Cao will be managing the location with a staff of certified masseuses.

An inspection of the establishment (specific to the concerns of law enforcement) was met as required by TMC Section 35.14.080 and 35.14.090.

Mr. Cao was advised of the laws regulating his occupation, and he was provided with a "Torrance Municipal Section Highlights" form, which detailed these laws and regulations. I completed a Massage Establishment Licensing Interview Questionnaire with him which he signed indicating that he understood the laws regulating this occupation. Mr. Cao was advised to strictly adhere to record keeping and hours of

operation, as well as all the other rules and regulations that apply to the massage business.



Detective Lucas Ryono
Intelligence Section



Torrance Police Department
Acupuncture/Massage Establishment Licensing Interview
Questionnaire

Interpreter _____ Language _____



General Information

Business Name Happy Feet Massage Phon _____

Licensee(s) Chao Cao

Who are the sole owners? Chao Cao

Is the business incorporated? YES

Are there other officers/owners in the company? No
(Simple On and On Inc)

Business Address 17316 Crenshaw Blvd

How Long Has This Business Been Operating? 2017



Company History

Past Businesses

Have you been in the acupuncture/massage business before? YES

Location address? "Chinese Happy Feet" 2110 Artesia Blvd, Redondo Beach, CA 90278

How long? + 5 Years

Do you own any other businesses? Yes

Location address? Chinese Happy Feet (see above)

Record in Other Cities (If Applicable)

In what other cities is the company licensed?

Rodan de Beach

Has the company had problems/issues in any of these cities? What problems/issues? How were the problems/issues resolved?

No issues.

Have you ever had your business license revoked or suspended? For what reason(s)?

No

Have you responded to all open complaints (Better Business Bureau or Department of Consumer Affairs) in any other business you have owned? How were the complaints resolved?

No



Business Inspection

The Following Conditions (Specific to the Concerns of Law Enforcement) Have Been Met As Required By TMC Section 35.14.080 and 35.14.090:

CC ✓ Minimum lighting shall be provided in accordance with the Uniform Building Code, and either natural light per CA Building Code (CBC) 1205.2 or artificial light per CBC 1205.3.

CC ✓ A massage table will be used for all massage therapy with the exception of "Thai," "Shiatsu," and similar forms of therapy. Those may be provided on a padded mat on the floor provided the patron is fully attired in loose clothing or similar garment. Massage tables are required to be a minimum of 18 inches from the floor. **Beds, floor mattresses and waterbeds are not permitted on the premises of the business or establishment (35.14.080 (d)).**

CC ✓ All exit doors will be kept unlocked during business hours.

cc ✓ Closed cabinets shall be utilized for the storage of clean linen. All massage tables will be covered with a clean sheet or other clean covering for each patron. After use, each covering will be deposited in a closed receptacle and not used until properly sanitized in the immersion of water at least 140 degrees Fahrenheit for not less than 15 minutes. An adequate supply of clean linens will be maintained.

cc ✓ The massage business must display the State Certificate (California Massage Therapy Council) of each massage therapist in a location so that it can be readily seen by persons entering the business.

cc ✓ All massage rooms, toilet rooms, pools, showers, bathtubs, steam rooms saunas, Jacuzzis and all other physical facilities will be thoroughly cleaned and disinfected as needed and at least once each business day the premises is open and in use.

cc ✓ The patron's genitals, pubic area, anus, and female patron's breasts below a point immediately above the top of the areola must be fully draped at all times while any employee of the business or establishment is in the massage therapy room with the patron. No massage therapy will be provided to a patron that results in intentional contact, or occasional and repetitive contact, with the genitals, anus, or areola of a patron.

cc ✓ An owner of a massage business shall be responsible for the conduct of all employees or independent contractors working on the premises of the business (Torrance Municipal Code (TMC) 35.14.120(a)).

cc ✓ Each operator of a massage or acupressure establishment shall maintain a record of the date, time, name of customer, address of the customer, date of birth of the customer, type of service provided, and the licensed person supplying such service. The name, address and date of birth must be verified using legal identification prior to any service. Such records shall be open to inspection by health officials or police officers at all times, on the premises of the massage or acupressure establishment. Such records shall be kept for a minimum of not less than one year. The information contained in such records shall be used only for the purpose of enforcing this Article, as well as other applicable laws, and shall otherwise be confidential. It shall be unlawful for any person to disclose such information for any unauthorized purpose.

cc ✓ 35.14.050 T.M.C. Hours of Operation.

10-9pm

No massage business or establishment will provide massage therapy to the public for compensation between the hours of 9:00 P.M. and 8:00 A.M. of the following day. The massage business or establishment must close and all patrons must leave the massage business or establishment by 9:00 P.M.



Local Codes and State Laws

Acupuncture Standards of Practice (State Requirements)

An acupuncturist is allowed to engage in the practice of acupuncture, electro acupuncture, perform or prescribe the use of oriental massage, acupressure, moxibustion, cupping, breathing techniques, exercise, heat, cold, magnets, nutrition, diet, herbs, plant, animal, and mineral products, and dietary supplements to promote, maintain, and restore health pursuant to Business & Professions Code Section 4937.

1399.450. Condition of Office.

1. (a) Every acupuncture office shall be maintained in a clean and sanitary condition at all times, and shall have a readily accessible bathroom facility in accordance with Title 24, Part 2, Building Standards Code Sections 494A.1 and 1994 Uniform Building Code Section 2902.3.

1399.451. Treatment Procedures.

In treating a patient, an acupuncturist shall adhere to the following procedures:

1. (a) The acupuncturist's hands shall be brush-scrubbed with soap and warm water immediately before examining patients or handling acupuncture needles and other instruments, and between patients.
2. (b) All instruments shall be sterilized before and between uses in a manner which will destroy all microorganisms. All needle trays which contain sterile needles shall also be sterile. Each time instruments are sterilized, the acupuncturist shall use a tape or strip indicator which shows that sterilization is complete.
3. (c) Acupuncture points, where needles are to be inserted, shall be cleaned with an appropriate antiseptic before insertion of the needle.
4. (d) In the event an acupuncture needle inserted in a patient breaks subcutaneously, the treating acupuncturist shall immediately consult a physician. An acupuncturist shall not sever or penetrate the tissues in order to excise such a needle.
5. (e) Any complication, including but not limited to, hematoma, peritonitis or pneumothorax arising out of acupuncture treatment shall be referred immediately to a physician or dentist or podiatrist, if appropriate, if immediate medical treatment is required..
6. (f) Acupuncture shall not be performed using hypodermic needles.
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An acupuncturist shall keep complete and accurate records on each patient who is given acupuncture treatment, including but not limited to, treatments given and progress made as a result of the acupuncture treatments.

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An acupuncturist shall use needles labeled for single use only that meet the requirements of federal regulations 21 CFR Part 880.5580 (61 FR 64617, December 6, 1996). It shall constitute unprofessional conduct for an acupuncturist to use a needle more than once.

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1. (a) A licensed acupuncturist may advertise the provision of any acupuncture services authorized to be provided by such licensure in a manner authorized by Section 651 of the code so long as such advertising does not promote the excessive or unnecessary use of such services.
2. (b) It is improper advertising as provided in Section 4955 of the code to disseminate any advertising which represents in any manner that the acupuncturist can cure any type of disease, condition or symptom.
3. (c) It is improper advertising as provided in Section 4955 of the code to disseminate any advertising of a practice, technique or procedure which is not within the scope of the practice of acupuncture as defined in Section 4927 and 4937 of the code and which is the unlawful practice of medicine.

1399.456. Use of the Title "Doctor."

It is unprofessional conduct for an acupuncturist to use the title "Doctor" or the abbreviation "Dr." in connection with the practice of acupuncture unless he or she possesses a license or certificate which authorizes such use or possesses an earned doctorate degree from an accredited, approved or authorized educational institution as set forth under Article 4 (commencing with section 94760) of Chapter 7 of Part 59 which is in acupuncture, Oriental medicine, a biological science, or is otherwise related to the authorized practice of an acupuncturist as set forth in Sections 4927 and 4937 of the Code.

The use of the title "Doctor" or the abbreviation "Dr." by an acupuncturist as authorized above without further indicating the type of license, certificate or degree which authorizes such use, constitutes unprofessional conduct.

Is the Licensee(s) aware of applicable local codes and state laws?

CC

Has Licensee(s) received a copy of the "Massage Therapy Regulations?"

CC

Does the Licensee(s) know how to contact the police department?

CC



Information Confirmation

I (We), as a licensee(s), fully understand all of the above information and will abide by all the rules and regulations that govern acupuncture/massage businesses. I confirm that all of the above listed information is correct.

—

10/29/2021
Date

—

Date

—

LICENSE REVIEW BOARD MEETING
NOVEMBER 18, 2021

ITEM NO. 7. C. – J HEALING THERAPY

BACKGROUND

Guadalupe Vega Nolasco owner of J Healing Therapy has made an application for approval of a business license to allow the operation of a massage establishment. The business is located at 25690 Crenshaw Boulevard, Suite 101 in Torrance.

ANALYSIS

Per Section 31.7.3 subsection 25) of the Torrance Municipal Code, applications for a massage establishment must have License Review Board approval before issuance of the license.

RECOMMENDATION

All necessary documents have been received, the License Division recommends approval of the business license.

- Attachment A: Business License Application
- Attachment B: Form 100E and Massage Therapist's Certificate
- Attachment C: Statement from Property Owner
- Attachment D: Police Department Reports

Please call the Business License Office at 310 618 5923 for fee amounts. Payment must be submitted with your application.



City of Torrance, Revenue Division
Business License Application
3031 Torrance Blvd, Torrance, CA 90503
(P) 310-618-5923 (F) 310-618-5562
revenue@torranceca.gov

NEW APPLICATION	<input checked="" type="checkbox"/>	CHANGE OF OWNERSHIP (greater than 50%)	<input type="checkbox"/>
CHANGE OF BUSINESS LOCATION	<input type="checkbox"/>	CHANGE OF NAME (Only)	<input type="checkbox"/>

PART I. APPLICANT TO ANSWER ALL QUESTIONS IN THIS SECTION (print or type)

BUSINESS NAME OR DBA J HEALING THERAPY	CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA) N/A
--	--

1. BUSINESS LOCATION (physical business address - see note below)	Suite#	City	State	ZIP
25690 CRENSHAW BLVD	101	TORRANCE	CA	90505

YES NO

NATURE OF BUSINESS (description of business activity in detail):
SWEDDISH, PRENATAL, MYOFACIAL, DECOMPRESSING TIGHT MUSCLES, REFLEXOLOGY, DEEP TISSUE, AROMATHERAPY MESSAGES.

FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S) (*see note below):	STATE WASTE DISCHARGER IDENTIFICATION NUMBER (WDID#) (**if applicable - see note below):
	N/A

TECHNOLOGY BUSINESS (select one): YES NO
Definition: A business entity utilizing scientific equipment and engineering techniques, microelectronics, data processing, genetic engineering, or telecommunications.

RETAIL BUSINESS - WILL YOU BE SELLING CBD PRODUCTS? (select one): YES NO
Definition: CBD is the cannabidiol compound derived from industrial hemp, cannabis or otherwise.

CONTACT NAME GUADALUPE VEGA NOLASCO	CONTACT TITLE OWNER	CONTACT PHONE #	BUSINESS PHONES	CELL #
	SOCIAL SECURITY# (optional)	COMMERCIAL OFFICE SOFT:	# OF PEOPLE WORKING IN TORRANCE: 1	# OF UNITS (apartments/mobile homes/vehicles)
	STATE TAX ID# (SEIN)	STATE CONTRACTORS LICENSE #	STATE SELLERS PERMIT#	

OWNERSHIP INFORMATION (where applicable box):
CORPORATION LLC PARTNERSHIP SOLE OWNERSHIP

NAME OF OWNER, PARTNER, OR PRINCIPAL OFFICER GUADALUPE VEGA NOLASCO	TITLE OWNER	NAME OF OWNER, PARTNER, OR PRINCIPAL OFFICER	TITLE
---	-----------------------	--	-------

I declare that I am the owner, partner, corporate officer or person with the power of attorney, and I understand if any of the information provided above is not true the business license being applied for may be revoked as outlined in section 31.8.10 of the Torrance Municipal Code.
I am duly authorized to make this application. All of the information provided in this application is true and correct. The business will not provide any service, good or product which is illegal under Federal, State, or Local Laws. I declare under penalty of perjury that the foregoing is true and correct.

DATE: **5/23/21**

PART II. FOR OFFICIAL USE ONLY

BUILDING FEE	PROCESSING FEE	STATE FEE	PER UNIT FEE
OTHER FEE	FEELITY FEE	TOTAL AMOUNT	Business License & B-LIC

NOTES:
 * FOR A RESIDENTIAL BUSINESS ADDRESS YOU ARE NOT REQUIRED TO PROVIDE IT. IF YOU DO NOT WANT TO PROVIDE THE RESIDENTIAL ADDRESS PLEASE LEAVE BOX #1 BLANK AND SELECT YES UNDER BOX #3. FOR A RESIDENTIAL ADDRESS IN TORRANCE YOU WILL FIRST REQUIRE A HOME OCCUPATION PERMIT.
 ** ACCESS THE BUSINESS SIC CODE(S) AT UNITED STATES DEPARTMENT OF LABOR WEBSITE: <https://www.bls.gov/ipeds/sic/>
 *** ACCESS INFORMATION FOR AN INDUSTRIAL BUSINESS REQUIRING A WQDS FROM THE CALIFORNIA STATE WATER RESOURCES CONTROL BOARD WEBSITE: https://www.waterboards.ca.gov/water_issues/programs/industrial_wqds/

apartment

Telephone:
626-5888

CITY OF TORRANCE
REVENUE DIVISION

3031 Torrance Boulevard
Torrance, CA 90503

APPLICATION FOR GUADALUPE VEGA NOLASCO

Torrance Municipal Code Section: _____

ISSUE DATE: MAY 24 2021
NAME OF APPLICANT: GUADALUPE VEGA NOLASCO

ADDRESS: [Redacted] FROM [Redacted] CA.

TYPE OF BUSINESS: MASSAGE THERAPY

HEALING THERAPY

PHONE: 25690 CRENSHAW BL #101 FROM [Redacted]

CITY: TORRANCE STATE: CA.

PROOF OF AGE: BIRTH CERTIFICATE BAPTISMAL CERTIFICATE DRIVERS LICENSE OTHER

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

DATE	RECEIPT NO.	AMOUNT	ID CARD	LICENSE NO.	DATE ISSUED

NAMES AND ADDRESSES OF PERSONS, FIRMS OR CORPORATIONS BY WHOM APPLICANT HAS BEEN EMPLOYED FOR THE PAST FIVE YEARS:

FROM 03/20/19 - 12/20/19

RENEW MEDICAL CLINIC

400 LONG BEACH BL STE 225

LONG BEACH, CA. 90807



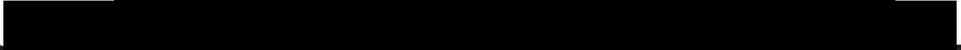
NAMES AND ADDRESSES OF THREE RESPONSIBLE PERSONS WHO HAVE KNOWN APPLICANT FOR MORE THAN THREE YEARS:

JOIME MACHUCA



MARIA BARBARA VAZQUEZ

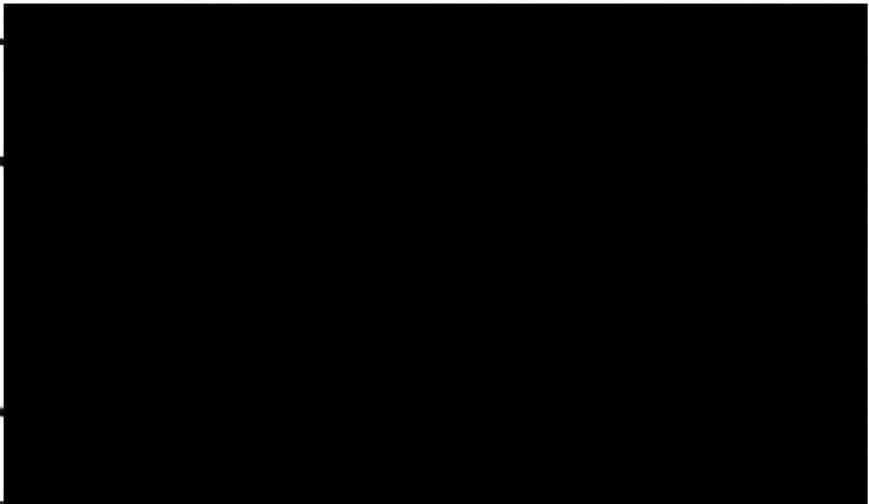
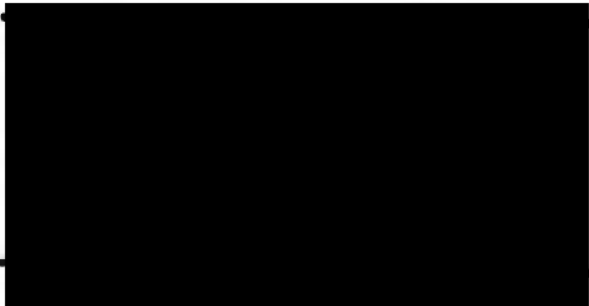
GUADALUPE RODRIGUEZ



LIST ANY AND ALL MISDEMEANOR AND FELONY CONVICTIONS FOR VIOLATIONS OF ANY LAW, EVEN IF THE CONVICTION WAS DISMISSED OR EXPUNGED, PER CALIFORNIA PENAL CODE 1203.4 ET. SEQ. Failure to list all convictions is grounds for DENIAL of the license. (IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH ADDITIONAL SHEETS)

NONE

A LETTER AUTHORIZING APPLICANT TO REPRESENT SAID PERSON, FIRM OR CORPORATION IS HEREWITH ATTACHED.



APPROVED BY:

CHIEF OF POLICE

DATE

LICENSE REVIEW BOARD

DATE

DISAPPROVED BY:

CHIEF OF POLICE

DATE

LICENSE REVIEW BOARD

DATE

CALIFORNIA MASSAGE THERAPY COUNCIL

*By authority of the State of California Code B&P Section 4600,
the California Massage Therapy Council hereby awards to*

Guadalupe Vega Nolasco

the designation of

CERTIFIED MASSAGE THERAPIST

Let it be known by all that, having met the standards set forth by the California Massage Therapy Council and having demonstrated knowledge of applicable disciplines related to the practice of massage therapy, Guadalupe Vega Nolasco is recognized as a CMT in good standing, including all the rights and privileges pertaining thereto, as witnessed by the signature below.

Given at Sacramento, California, Thursday, September 09, 2021.



*Jeffrey Fournier, Chairman of the Board
California Massage Therapy Council*

CMTA/C: One Capitol Mall, Suite 800, Sacramento, CA 95814

**CERTIFICATE # 81623
EXPIRES: 9/23/2023**



May 6, 2024

CITY OF TORRANCE, Revenue Division
Business License Application
3031 Torrance Boulevard
Torrance, CA 90503

RE: Rancho Plaza - **J Healing Therapy**
25690 Crenshaw Boulevard, Unit #101, Torrance, CA 90505

To Whom It May Concern

In connection with the business license application from J Healing Therapy, the City of Torrance is requesting information regarding the owner of Rancho Plaza Offices where prospective tenant, Guadalupe Vega Nolasco, will open her business. She will have Swedish, Prenatal, Myo-facial, Decompressing, Reflexology, Deep Tissue and Aromatherapy massage.

Rancho Plaza Office consists of two buildings, 25660 & 25690 Crenshaw Boulevard in Torrance, CA 90505. The owner of the center is Rancho Plaza Offices, LLC and our corporate office address as follows c/o K LW Management, Inc.:


11835 W. Olympic Boulevard, Suite 1210E, Los Angeles, CA 90064

We have attached a copy of the prospective lease agreement between Rancho Plaza Offices and J Healing Therapy and the owners of the business: Jamie Machuca & Guadalupe Vega Nolasco. This lease will commence upon issuance of the Business License by the City of Torrance and the completion of the tenant improvements in the space (#101).

If you have any questions or need any additional information from the owner, Rancho Plaza Offices, LLC, please feel free to reach out to our offices (310) 576-6906 or via our Property Asset manager, Katrina Rosenloecher, at (310) 877-0901. Please also see attached CA notarization.

Sincerely,

RANCHO PLAZA OFFICES, LLC



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

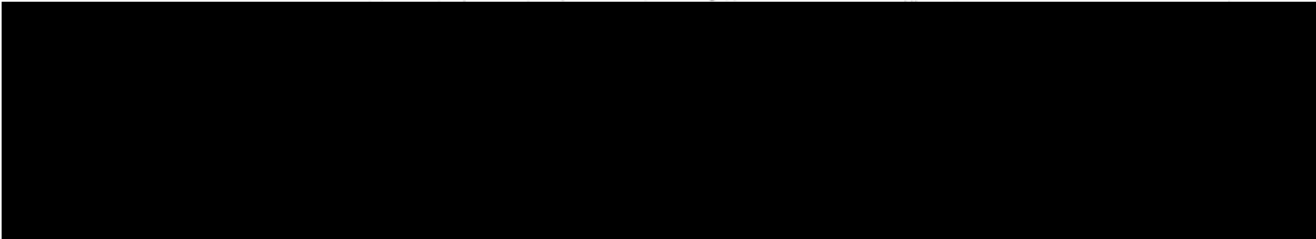
CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On 5-6-2021 before me, Katrina J Rosenlechner, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared KIM L. WOODEN
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws



Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Document. RD New Business License App. J Healing Therapy Document Date: 5-6-21
Number of Pages: 1 Signer(s) Other Than Named Above: none

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
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 Trustee Guardian or Conservator
 Other: _____
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Torrance Police Department Intelligence Detail

License Review Interview Summary [REDACTED]
Detective Lucas Ryono [REDACTED]

To:
Suzanne Bittner
License Supervisor

Date: October 28, 2021

From:
Detective Lucas Ryono
Intelligence Section

Subject:
"J Healing Therapy"
25690 Crenshaw Blvd. #101, Torrance, CA 90505
[REDACTED]

License Review Board Hearing – November 18, 2021

Licensees Interviewed:
Guadalupe Vega Nolasco (Owner)
[REDACTED]

On 28 OCT 21, I interviewed Ms. Nolasco regarding her application for a business license for "J Healing Therapy," 25690 Crenshaw Blvd, in the City of Torrance.

Ms. Nolasco is opening a new business at the location and will be the sole owner. Ms. Nolasco's prior experience working in the massage industry was through the practical application portion of her massage certification program. The business will be providing body massage by appointment and "walk-in" type customers.

Ms. Nolasco is a certified massage therapist under State Certification #81623, expiration 09-23-23. Ms. Nolasco stated she will be starting out as the sole worker at the location, handling receptionist duties, record keeping, and massage services. She intends to hire additional help as needed.

An inspection of the establishment (specific to the concerns of law enforcement) was met as required by TMC Section 35.14.080 and 35.14.090.

Ms. Nolasco was advised of the laws regulating her occupation, and she was provided with a "Torrance Municipal Section Highlights" form, which detailed these laws and regulations. I completed a Massage Establishment Licensing Interview Questionnaire

with her which she signed indicating that she understood the laws regulating this occupation. Ms. Nolasco was advised to strictly adhere to record keeping and hours of operation, as well as all the other rules and regulations that apply to the massage business.



Detective Lucas Ryono
Intelligence Section

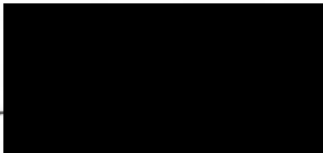


Torrance Police Department
Acupuncture/Massage Establishment Licensing Interview
Questionnaire

Interpreter _____ Language _____



General Information

Business Name J Healing Therapy Phone 

Licensee(s) Guadalupe Vega Nolasco

Who are the sole owners? see above

Is the business incorporated? no

Are there other officers/owners in the company? no

Business Address 25690 Crenshaw Blvd, #101, Torrance, CA 90505

How Long Has This Business Been Operating? New



Company History

Past Businesses

Have you been in the acupuncture/massage business before? no

Location address? N/A

How long? N/A

Do you own any other businesses? no

Location address? N/A

Record in Other Cities (If Applicable)

In what other cities is the company licensed?

N/A

Has the company had problems/issues in any of these cities? What problems/issues? How were the problems/issues resolved?

NO

Have you ever had your business license revoked or suspended? For what reason(s)?

NO

Have you responded to all open complaints (Better Business Bureau or Department of Consumer Affairs) in any other business you have owned? How were the complaints resolved?

N/A - no prior complaints



Business Inspection

The Following Conditions (Specific to the Concerns of Law Enforcement) Have Been Met As Required By TMC Section 35.14.080 and 35.14.090:

^{GV} Minimum lighting shall be provided in accordance with the Uniform Building Code, and either natural light per CA Building Code (CBC) 1205.2 or artificial light per CBC 1205.3.

^{GV} A massage table will be used for all massage therapy with the exception of "Thai," "Shiatsu," and similar forms of therapy. Those may be provided on a padded mat on the floor provided the patron is fully attired in loose clothing or similar garment. Massage tables are required to be a minimum of 18 inches from the floor. **Beds, floor mattresses and waterbeds are not permitted on the premises of the business or establishment (35.14.080 (d)).**

^{GV} All exit doors will be kept unlocked during business hours.

✓^{GV}
Closed cabinets shall be utilized for the storage of clean linen. All massage tables will be covered with a clean sheet or other clean covering for each patron. After use, each covering will be deposited in a closed receptacle and not used until properly sanitized in the immersion of water at least 140 degrees Fahrenheit for not less than 15 minutes. An adequate supply of clean linens will be maintained.

✓^{GV}
The massage business must display the State Certificate (California Massage Therapy Council) of each massage therapist in a location so that it can be readily seen by persons entering the business.

✓^{GV}
All massage rooms, toilet rooms, pools, showers, bathtubs, steam rooms saunas, Jacuzzis and all other physical facilities will be thoroughly cleaned and disinfected as needed and at least once each business day the premises is open and in use.

✓^{GV}
The patron's genitals, pubic area, anus, and female patron's breasts below a point immediately above the top of the areola must be fully draped at all times while any employee of the business or establishment is in the massage therapy room with the patron. No massage therapy will be provided to a patron that results in intentional contact, or occasional and repetitive contact, with the genitals, anus, or areola of a patron.

✓^{GV}
An owner of a massage business shall be responsible for the conduct of all employees or independent contractors working on the premises of the business (Torrance Municipal Code (TMC) 35.14.120(a)).

✓^{GV}
Each operator of a massage or acupressure establishment shall maintain a record of the date, time, name of customer, address of the customer, date of birth of the customer, type of service provided, and the licensed person supplying such service. The name, address and date of birth must be verified using legal identification prior to any service. Such records shall be open to inspection by health officials or police officers at all times, on the premises of the massage or acupressure establishment. Such records shall be kept for a minimum of not less than one year. The information contained in such records shall be used only for the purpose of enforcing this Article, as well as other applicable laws, and shall otherwise be confidential. It shall be unlawful for any person to disclose such information for any unauthorized purpose.

✓^{GV}
35.14.050 T.M.C. Hours of Operation.

No massage business or establishment will provide massage therapy to the public for compensation between the hours of 9:00 P.M. and 8:00 A.M. of the following day. The massage business or establishment must close and all patrons must leave the massage business or establishment by 9:00 P.M.



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The use of the title "Doctor" or the abbreviation "Dr." by an acupuncturist as authorized above without further indicating the type of license, certificate or degree which authorizes such use, constitutes unprofessional conduct.

Is the Licensee(s) aware of applicable local codes and state laws?

GU

Has Licensee(s) received a copy of the "Massage Therapy Regulations?"

GU

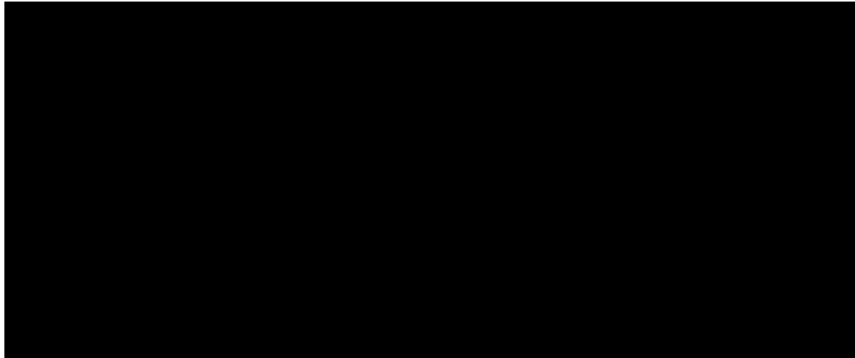
Does the Licensee(s) know how to contact the police department?

GU



Information Confirmation

I (We), as a licensee(s), fully understand all of the above information and will abide by all the rules and regulations that govern acupuncture/massage businesses. I confirm that all of the above listed information is correct.



10-28-21

Date

Date