Pursuant to Assembly Bill 361, members of the License Review Board and staff will participate in this meeting via teleconference or other electronic means.

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.

MEMBERS OF THE PUBLIC MAY VIEW AND PARTICIPATE IN THE MEETING via Zoom by using the following link or by calling in with the phone number listed below:

Link: https://us02web.zoom.us/j/87817714007?pwd=elpac0VzZmZ0LzNCT0luVUJDdFQzdz09

Phone number: 1-669-900-6833 Meeting ID: 878 1771 4007

Passcode: 582891

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.

TORRANCE LICENSE REVIEW BOARD AGENDA THURSDAY, MARCH 3, 2022 REGULAR MEETING 10:00 A.M. VIA TELECONFERENCE OR OTHER ELECTRONIC MEANS

| 1 | CVI | L TO | \cap D | DED |
|----|-----|------|----------|-----|
| Ί. | CAL | L IU | UK | DER |

| | _ |
|---|------|
| 2 | CALL |
| | |

| _icense Review Board Members – Botiller _ | , Chun _ | , Chair Smith |
|---|----------|---------------|
| 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 Friday February 18, 2022.

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 ANNOUNCEMENT OF WITHDRAWN, DEFERRED, AND/OR SUPPLEMENTAL ITEMS.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 do not use Bluetooth or speaker devices, mute the volume on your television or other electronic devices and speak clearly. Your phone call to the Board meeting will be recorded as part of the meeting. By staying on the line and making public comment during the meeting, you are agreeing to have your phone call recorded.

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: Thursday January 6, 2022

7. ADMINISTRATIVE MATTERS

- **7A.** ORGANIC THAI MASSAGE & NAIL SPA, LLC, application for a business license to allow the operation of a massage establishment.
- **7B.** <u>YUMIKO MASSAGE SPA</u>, 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 March 17, 2022, at 10:00 a.m. Pursuant to Assembly Bill 361, members of the Board and staff will participate in this meeting via teleconference or other electronic means.

MINUTES OF A REGULAR MEETING OF THE LICENSE REVIEW BOARD

1. CALL TO ORDER

The Torrance License Review Board convened in a regular session at 10:04 a.m. on Thursday, January 6, 2022, via teleconference or other electronic means.

2. ROLL CALL

Present: Chairman Michael Smith, City Manager's Office

Board Member Jason Botiller, General Services Board Member Katie Wand, City Manager's Office

Also Present: Deputy City Attorney Brandon Gonzaque

License Supervisor Suzanne Bittner

3. REPORT OF STAFF ON THE POSTING OF THE AGENDA

<u>MOTION</u>: Member Botiller, seconded by Member Wand moved to accept and file the report of the City Clerk on the posting on the agenda for this meeting. A roll call vote reflected unanimous approval.

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

None

5. ORAL COMMUNICATIONS

None

6. CONSENT CALENDAR

- 6A. APPROVAL OF MINUTES: Thursday, October 21, 2021
- 6B. <u>APPROVAL OF MINUTES:</u> Thursday, November 4, 2021

6C. <u>APPROVAL OF MINUTES:</u> Thursday, November 18, 2021

Member Wand noted that she had not been present at the meeting of November 18, 2021.

<u>MOTION</u>: Member Botiller moved to approve the minutes for the meetings held on October 21, 2021, November 4, 2021 and November 18, 2021, as submitted. The motion was seconded by Member Wand and the motion passed.

7. <u>ADMINISTRATIVE MATTERS</u>

7A. ISHIBA CO, DBA TENDON TEMPURA CARLOS JR.

Application for approval of a Business License to allow the operation of a restaurant serving alcohol

Mr. Kengo Kawanishi, manager of Ishiba Co. dba Tendon Tempura Carlos Jr. confirmed his application for a business license to allow the operation of a restaurant serving alcohol, located at 1510 Cabrillo Avenue, in Torrance, and verified that he had met with the Police Department and understood the rules and regulations pertaining to this type of business.

In response to a question from Member Botiller, Mr. Kawanishi confirmed that the name of his restaurant was Tendon Tempura Carlos Jr.

<u>MOTION:</u> Member Botiller moved to approve Item 7A, the application for a business license to allow the operation of a restaurant serving alcohol to Ishiba Co. dba Tendon Tempura Carlos Jr., located at 1510 Cabrillo Avenue, in Torrance, with the conditions set forth by the Department of Alcoholic Beverage Control. The motion was seconded by Member Wand and a roll call vote reflected unanimous approval.

7B. GR WARE WELLNESS GROUP INC. DBA SOUTHBAY WOMAN GYM AND DAY SPA

Application for approval of a Business License to allow the operation of a massage establishment

Renee and George Ware, owners of GR Ware Wellness Group Inc., dba Southbay Woman Gym and Day Spa, confirmed their application for a business license to allow the operation of a massage establishment, located at 2755 Pacific Coast Highway Suite E in Torrance. and verified that they had met with the Police Department and understood the rules and regulations pertaining to this type of business.

In response to a question Member Wand, Ms. Ware stated that they had cleaned and painted the facility.

Responding to questions from Deputy City Attorney Gonzaque. Ms Ware confirmed that: she was responsible for all activities that occurred at the business, whether she was present on site or not, including the activities of the employees, that she or any employees providing massages would need to be licensed by the California Massage Therapy Council, that she needed to maintain an up-to-date list of her employees with the Finance Department and inform the Finance Department if she hired any employees or let any employees go and that if she or any of her employees performed any illegal or illicit acts, in violation of California Penal Code, California Health and Safety Code or the Torrance Municipal Code or any other laws, she could be held responsible, she could have her business license suspended or revoked and if she or an employee violated the California Penal Code, the California Health and Safety Codes or the Torrance Municipal Code or any other laws, she could also be prosecuted in a criminal court of law.

MOTION: Member Botiller moved to approve the application for a business license to allow the operation of a massage establishment to GR Ware Wellness Group Inc., dba Southbay Woman Gym and Day Spa, located at 2755 Pacific Coast Highway Suite E in Torrance. The motion was seconded by Member Wand and a roll call vote reflected unanimous approval.

7C. SHIATSU AND MASSAGE BY JAY

Application for approval of a Business License to allow the operation of a massage establishment

Mr. Joaquin Robles Gutierrez, owner of Shiatsu and Massage by Jay, confirmed his application for a business license to allow the operation of a massage establishment, located at 2746 Pacific Coast Highway, Suite 17 in Torrance and verified that he had met with the Police Department and understood the rules and regulations pertaining to this type of business.

In response to a question from Member Wand, Mr. Gutierrez stated that he had painted the facility.

Responding to questions from Member Botiller, Mr. Gutierrez stated that he had no massage technicians and that he had closed his other location and opened this facility, as it was a safer location.

Responding to question from Deputy City Attorney Gonzaque, Mr. Gutierrez confirmed that: he was responsible for all activities that occurred at the business, whether he was present on site or not, including the activities of the employees, that he or any employees providing massages would need to be licensed by the California Massage Therapy Council, that he needed to maintain an up-to-date list of his employees with the Finance Department and inform the Finance Department if he hired any employees or let any employees go and that if he or any of his employees performed any illegal or illicit acts, in violation of California Penal Code, California Health and Safety Code or the Torrance Municipal Code or any other laws, he could be held responsible, he could have her business license suspended or revoked and if he or an employee violated the California Penal Code, the California Health and Safety Codes or the Torrance Municipal Code or any other laws, he could also be prosecuted in a criminal court of law.

<u>MOTION:</u> Member Botiller moved to approve the application for a business license to allow the operation of a massage establishment to Shiatsu and Massage by Jay, located at 2746 Pacific Coast Highway, Suite 17 in Torrance. The motion was seconded by Member Wand and a roll call vote reflected unanimous approval.

8. <u>PUBLIC HEARINGS (IF APPLICABLE MUST BE PUBLISHED IN NEWSPAPER)</u>

None

9. BOARD ORAL COMMUNICATIONS

The Board wished all a happy new year.

10. ADJOURNMENT

10A. <u>MOTION:</u> At 10:26 a.m., Member Botiller moved to adjourn the meeting to Thursday, January 20, 2021 at 10:00 a.m. via teleconference or other electronic means. The motion was seconded by Member Wand and a roll call vote reflected unanimous approval.

###

LICENSE REVIEW BOARD MEETING MARCH 3, 2022

ITEM NO. 7. A. - ORGANIC THAI MASSAGE & NAIL SPA, LLC

BACKGROUND

Nirawan Bupphakorn owner of Organic Thai Massage & Nail Spa, LLC has made an application for approval of a business license to allow the operation of a massage establishment. The business is located at 3535 Torrance Boulevard, Suite 4 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

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

| | | W | 31 | Attachment A |
|--|--|--|---|---|
| Please call the Business Licens | se Office at 310 618 5923 for fee an | nounts. Payment must be subm | | # ALL |
| City of Torrance Business Licens | r, Revenue Division se Application | | SELECT APPLICABLE BOX: | CHANCE OF CHANEDCHIP |
| | Blvd, Torrance, CA 90503 | | NEW APPLICATION | CHANGE OF OWNERSHIP (greater than 50%) |
| | 3 (F) 310-618-5852 | | CHANGE OF BUSINESS | |
| revenue@torran | | TION (- 1 - 1 - 1 | LOCATION | CHANGE OF NAME (Only) |
| BUSINESS NAME OR DBA | VER ALL QUESTIONS IN THIS SECT | | AME (LEGAL ENTITY NAME IF DIFFERE | NT EDOM BUSINESS NAME OF DRAN |
| | age & Nail Spa LLC | CONFORMEN | AME (LEGAL ENTITY NAME IF DIFFERE | NT FROM BUSINESS NAME OR DBA) |
| I. BUGINESS LOCATION (*physical bus | sinless address - see note below) | Suite# | City | State ZIP |
| 3535 Torra | ance Blvd | 4 | Torrance | CA 90503 |
| | | Suite# | City Sta | te ZIP |
| S. IS THE BUSINESS LUCATED AT A R | (ESIDENTIAL ADDRESS (Select one)? | HOME OCCUPATION PERMIT#: | JEMAIL ADDRESS: | - |
| YES O | ио 🔘 | | | |
| NATURE OF BUSINESS (description of | business activity in detail): Na i | | | |
| FOR A BUSINESS LOCATED IN TORRA | ANCE PROVIDE THE PRIMARY STANDARD | INDUSTRY (SIC) CODE(S) | STATE WASTE DISCHARGER IDEN below): | ITIFICATION NUMBER (WDID#) (***if applicable - see note |
| TECHNOLOGY BUSINESS (select one) | ł: | | YES () | NO O |
| | entific equipment and engineering techniques, | microelectronics, data processing, genetic | | |
| RETAIL BUSINESS - WILL YOU BE SEL | LLING CBD PRODUCTS? (select one): ound derived from industrial hemp, cannabis or | or otherwise | YES | NO O |
| CONTACT NAME: | CONTACT TITLE: | CONTACT PHONE #: | BUSINESS PHONE#: | |
| Nirawan Buppha | korn Miss. | | | |
| DRIVERS LICENSE OR OTHER GOVER | RNMENT SOCIAL SECURITY# (option | onal) COMMERCIAL OFFICE SQFT: | # OF PEOPLE WORKING IN TORRANCE: | # OF UNITS (apartments/hotels/mobile homes/vehicles) |
| SSUED ID/ | STATE TAX | ID# (SEIN) | STATE CONTRACTORS LICENSE # | : STATE SELLERS PERMIT#: |
| EBENCE E | | 1511 (5211). | | |
| OWNERSHIP INFORMATION check applicable box) | CORPORATION | LLC PARTNERSHIP | SOLE OWNERSHIP | 0 |
| NAMES OF OWNER, PARTNERS, OR PRINCIPAL O | OFFICERS TITLE: | NAMES OF OWNER, PARTNERS O | OR PRINCIPAL OFFICERS: | TITLE |
| Nirawan Bupohako | rn Miss. | | | |
| | | | | |
| declare that I am the owner partner co | exporate officer or person with the power of attr | orney, and I understand if any of the inform | ation provided above is not true the husing | ess license being applied for may be revoked as outlined in |
| section 31.9.10 of the Torrance Municipal | al Code. | | | |
| am duly authorized to make this applica declare under penalty of perjury that the | | plication is true and correct. The business | will not provide any service, good or produ | act which is illegal under Federal, State, or Local Laws. I |
| SIGNATURE | | - Alkan | DATE: | |
| | | | Monday June 14 | 2021 |
| PART II. FOR OFFICIAL C | ISE WILL | Constitution of the consti | Thomas Some 14 | 1821 |
| BASIC FEE: | PROCESSING FEE: | STATE FEE: | PER PERSON FEE: | PER UNIT FEE: |
| OTHER FEES: | PENALTY FEE: | TOTAL AMOUNT: | | Business License # |
| | | | | BL-LIC- |
| FOR A RESIDENTIAL BUSINESS A SELECT YES UNDER BOX #3: FOR | ADDRESS YOU ARE NOT REQUIRED TO PRO R A RESIDENTIAL ADDRESS IN TORRANCE | OVIDE IT. IF YOU DO NOT WANT TO PRE YOU WILL FIRST REQUIRE A HOME O | OVIDE THE RESIDENTIAL ADDRESS PL | EASE LEAVE BOX #1 BLANK AND |
| ACCESS THE BUSINESS SIC CODI | E(S) AT UNITED STATES DEPARTMENT OF | LABOR WEBSITE: https://www.osha.gov/pl | s/imis/sic_manual.html | 2017 |
| | INDUSTRIAL BUSINESS REQUIRING A WDID aler_issues/programs/stormwater/industrial.htm | | ER RESOURCES CONTROL BOARD WEI | BSITE: |
| | | | | |

| Telephone: 618-5828 | CITY OF TORRANCE REVENUE DIVISION | 3031 Torrance Boulevard Torrance, CA 90503 | |
|------------------------|---|---|-----------------------|
| APPLICATION F | OR | | |
| Torrance Municip | oal Code Section: | | |
| | | 4/21/2021 | FOI |
| NAME OF APPLICANT_ | Nirawan Bupphakorn | | FOR OFFICIAL UBE ONLY |
| ADDRESS | | PHONE _ | NAME ICIAL I |
| any_Tort | gnce | SINE California | BE C |
| TYPE OF BUSINESS | Massage & SPa | | - NILY |
| FORM NAME Orga | nic Thai Massage & Nail SPa | LLC | _ |
| · · | Torrance Blvd Suite 4 | | |
| any Torra | | STATE California | _ |
| PROOF OF AGE: | BIRTH CERTIFICATE II BAPTISMAL CERTIFICATE II | DRIVERS LICENSE OF OTHER O | 1 |
| | DRIVERS LICE | ense no | H |

FOR OFFICIAL USE ONLY

| DATE | RECEIPT NO. | THUOMA | ED CAPED | LICENSE NO. | DATE ISSUED |
|---------------|--|--|----------|--|--|
| | | The state of the s | | | |
| | 404-14-14-14-14-14-14-14-14-14-14-14-14-14 | | | | 1 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Hartine and A Salda Salta Salt | | | |
| | - | | | | 1 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | 7.55 | | | | |
| | | | | | |
| | | | | | |
| | | | | 1 | |
| | | | | | |
| | | | | | 1 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| IV.PORM 100-E | | | | | |

| A SEAL IN SHOP | re Services Inc | | |
|--|----------------------------|---|---|
| dirinat Thai & Si | ushi Bar | | |
| | | | |
| | | WHO HAVE KNOWN APPLICANT FOR MORE THAN THREE Y | |
| Nancy B Reyes | , Mark Lester B | Miraflores, Dianne B. Miraflor | res |
| | | | |
| | | | |
| LIST ANY AND ALL MISDEMEA EXPUNGED, PER CALIFORNIA SPACE IS NEEDED PLEASE AT | PENAL CODE 1203,4 ET.SEQ. | DNS FOR VIOLATIONS OF ANY LAW, EVEN IF THE CONVIC Failure to list all convictions is grounds for DENIAL of the | CTION WAS DISMISSE! Noense. (IF ADDITION |
| None | | | |
| | | | |
| | | | |
| The second secon | | | |
| | | - 4 | |
| | | | |
| A LETTER AUTHORIZING APPLIC | CANT TO REPRESENT SAID PER | ISON, FIRM OR CORPORATION IS HEREWITH ATTACHED. | |
| A LETTER AUTHORIZING APPLIC | CANT TO REPRESENT SAID PER | ISON, FIRM OR CORPORATION IS HEREWITH ATTACHED. | |
| A LETTER AUTHORIZING APPLIC | CANT TO REPRESENT SAID PER | ISON, FIRM OR CORPORATION IS HEREWITH ATTACHED. | |
| A LETTER AUTHORIZING APPLIC | CANT TO REPRESENT SAID PER | ISON, FIRM OR CORPORATION IS HEREWITH ATTACHED. | |
| A LETTER AUTHORIZING APPLK | CANT TO REPRESENT SAID PER | ISON, FIRM OR CORPORATION IS HEREWITH ATTACHED. | |
| A LETTER AUTHORIZING APPLK | CANT TO REPRESENT SAID PER | ISON, FIRM OR CORPORATION IS HEREWITH ATTACHED. | |
| A LETTER AUTHORIZING APPLIC | CANT TO REPRESENT SAID PE | ISON, FIRM OR CORPORATION IS HEREWITH ATTACHED. | |
| A LETTER AUTHORIZING APPLIC | CANT TO REPRESENT SAID PE | ISON, FIRM OR CORPORATION IS HEREWITH ATTACHED. | |
| A LETTER AUTHORIZING APPLK | CANT TO REPRESENT SAID PE | ISON, FIRM OR CORPORATION IS HEREWITH ATTACHED. | |
| A LETTER AUTHORIZING APPLK | CANT TO REPRESENT SAID PER | ISON, FIRM OR CORPORATION IS HEREWITH ATTACHED. | |
| | | SON, FIRM OR CORPORATION IS HEREWITH ATTACHED. | |
| APPROVED BY: | | | |
| APPROVED BY: CHEF OF POLICE DISAPPROVED BY: | | OR OFFICIAL USE ONLY | |

CALIFORNIA MASSAGE THERAPY COUNCIL

By authority of the State of California Code BeLP Section 4600, the California Massage Therapy Council hereby awards to

Anchalee Harntaweethong

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, Anchales Harntoweethong 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, Wednesday, May 26, 2021.



California Massage Therapy Council
(MMIC, One Capital Walk State 800, Secrements, CA 95814

CERTIFICATE # 81332 EXPIRES: 8/29/2023

The validity and authenticity of this certificate may be valented to the name and certificate number at: www.camtc.org

Attachment C

Torrance Village LLC. 1621 West 25th Street # 55 San Pedro, Ca 90732 TEL: 310-897-0320

City of Torrance 3031 Torrance Blvd. Torrance, Ca 90503

Dear Sir and Madam,

I, Samaan Bakar, Managing Partner of Torrance Village LLC and Land-Lord of Miss. Nirawan Bupphakorn, I fully approve and acknowledge that Miss Bupphakorn is the owner of Organic Thai Massage & Nail Spa will be conducting Therapeutic massage and facial services at our property at:

3535 Torrance Blvd. suite #4 and #5, Torrance Ca 90503 We are excited to bring these services to our city and look forward to your continued help and service to our community.

Feel free to call me if you have any questions

Samaan Dakar

Managing Partner
Torrance Village LLC
310-897-0320

01/21/2022

ACKNOWLEDGMENT

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 01/21/2022 before me. Manica Ame Fordic Notang Public (insert name and title of the officer) personally appeared (insert name and title of the officer) personally appeared 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 | 10 |
| 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. | |
| WITNESS my hand and official seal. | |
| | |
| MONICA ANNE KORDIC Notary Public - California Los Angeles County Commission # 2242883 My Comm. Expires Jun 1, 2022 | |

Attachment D



Torrance Police Department Intelligence Detail

License Review Interview Summary Detective Lucas Ryono



Date: February 17, 2022

To: Suzanne Bittner License Supervisor

From: Detective

Detective Lucas Ryono Intelligence Section

Subject:

"Organic Thai Massage & Nail Spa" 3535 Torrance Blvd; #4, Torrance, CA 90503 (310) 819-5051

License Review Board Hearing - March 3, 2022

Licensees Interviewed:

Nirawan Bupphakorn (Owner)

On 17 FEB 22, I interviewed Ms. Bupphakorn regarding her application for a business license for "Organic Thai Massage & Nail Spa," located at 3535 Torrance Blvd, Unit 4, Torrance, CA.

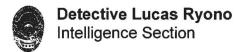
Ms. Bupphakorn recently purchased the business in question (formerly Sila Spa) and has changed the name to Organic Thai Massage & Nail Spa. Ms. Bupphakorn will be the sole owner. Ms. Bupphakorn has not previously worked in the massage industry. She stated her family owns a spa in Long Beach (Amity Wellness Spa, 5555 E. Stearns St; #105A) and she is a part owner, although she has not been involved in the actual operation of the business.

The current business will be providing body massage by appointment and "walk-in" type customers.

Ms. Bupphakorn is in the process of obtaining her massage therapist certification. Ms. Bupphakorn currently manages the location and employs several licensed massage therapists.

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. Bupphakorn 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. Bupphakorn 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.





Torrance Police Department Acupuncture/Massage Establishment Licensing Interview Questionnaire

| Interpreter Language |
|--|
| General Information |
| Business Name ORGANIC THAI MASSAGE & MAIL SEA Phone |
| Licensee(s) NIRAWAN BUPPHAKORN |
| Who are the sole owners? SEE ABOVE |
| Is the business incorporated? |
| Are there other officers/owners in the company? |
| ddress 3535 TORRANCE BLUD #4, TORRANCE CA 90503 How Long Has This Business Been Operating? Company History |
| ast Businesses |
| Have you been in the acupuncture/massage business before? |
| Location address? |
| How long? |
| Do you own any other businesses? Family owns Anity Wellness Spa |
| Location address? 5555 E. Steams St 7 105A Long Beach, CA 90 815 |

Record in Other Cities (If Applicable)

| In what other cities is the company licensed? | |
|--|-----------------------------|
| Has the company had problems/issues in any of these cities' were the problems/issues resolved? | ? What problems/issues? How |
| Have you ever had your business license revoked or suspending. | ded? For what reason(s)? |
| Have you responded to all open complaints (Better Business Consumer Affairs) in any other business you have owned? resolved? | |



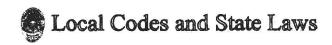
Business Inspection

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:

- 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.
- 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)).
- All exit doors will be kept unlocked during business hours.

- 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.
- 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.
- 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.
- 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.
- 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)).
- 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.
- NB 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.



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.

 (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.
- 7. (g) All instruments to be discarded shall be disposed of safely.
- 8. (h) Needles shall be disposed of by placing them in a sealed, unbreakable container marked "Hazardous Waste" and disposed of in accordance with state and local law.

1399.453. Record keeping.

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.

1399.454. Single Use Needles.

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.

1399.455. Advertising.

- (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? | | |
|---|----|------|
| Has Licensee(s) received a copy of the "Massage Therapy Regulations?" | NB | W.A. |
| Does the Licensee(s) know how to contact the police department? | NB | |



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.



LICENSE REVIEW BOARD MEETING MARCH 3, 2022

ITEM NO. 7. B. - YUMIKO MASSAGE SPA

BACKGROUND

Yujing Wang, owner of Yumiko Massage Spa has made an application for approval of a business license to allow the operation of a massage establishment. The business is located at 3134 Pacific Coast Highway 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

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

| 797700 103111 | | CANADA MANAGEMENT | is admitted with your applicat | |
|--|--|--|--|--|
| | nce, Revenue Division | - | SELECT APPLICABLE B | 98: |
| | ense Application a Bivd, Torrance, CA 90503 | | NEW APPLICATION | CHANGE OF OWNERSHIP |
| | 823 (F) 310-618-6852 | | CHANGE OF BUSINESS | (greater than 50%) |
| revenue@tor | | | LOCATION | CHANGE OF NAME (OHY) |
| | | THIS SECTION (print or type) | | |
| USINESS NAME OR DRA | SHEN ALL GUESTIONS IN | | SOUTH WALE A BOLL STOWN WILE I | P DIFFERENT FROM BUSINESS NAME OR OBA) |
| TILMIKO LBA | massage con | Lor | POPORE NAME ILEGAL EXTIT FRAME | P DEPERENT PROM DOSPIESS IN WILL UN DISC |
| BUSINESS LOCATION ("physical | Systemas andress - see note below) | Solind | City | SS64 ZP |
| 314 Pacific | east Highway | Torrance | | CA |
| MALING ADDRESS OR POPMS | BOX (required) | Suiteff | City | State, ZIP |
| 3134 Karirie | Case Highway | | lorrance | CA |
| IS THE BUSINESS LOCATED AT | A RESIDENTIAL ADDRESSA select | tone)? HOME OCCUPATION PE | | |
| YES () | w ′⊗ | | 3000000 | |
| TURE OF BUSINESS (description | ~ ~ | | - | |
| (market | | Vassage Therapir | 3 | (2) |
| A A BUSINESS LOCATED IN TO | RANCE PROVIDE THE PRIMARY | STANDARD INDUSTRY (SIC) CODES) | | IGER DENTIFICATION NUMBER (WOIDS) (""V applicable - see n |
| see note below): | | - 1) | below): | |
| CHNOLOGY BUSINESS (retect o | ne): | , | YES / | ₹ NO ○ |
| Bollion & bushasan and collection | dental and an experience | | | <u>a</u> . U |
| The second reservoir and the second s | The second secon | techniques, microelectronics, data processir | | |
| WIT DOOMESS - MITT AOO BE | SELLING CBD PRODUCTS? (select | one): | YES | റ ∾ ഒ |
| | | | | |
| finition, CBD is the cannabidiol con | repound derived from industrial hemo | p, pannabis or otherwise. | | J & |
| NTACT NAME: | repound derived from industrial hemp | | BUSINESS PHONEIR | ICEU Burintea |
| NTACT NAME: | ICONTACT TIT | | BUSINESS PHONEIF: | ICELI DIVANEA |
| | ICONTACT TIT | | OF PEOPLE WORKING | |
| HTACT HAME: YUJING V | ICONTACT TIT | | OF PEOPLE WORKING H TORRANCE: | by On Ord Co Esba subsign on supplies you |
| HTACT NAME: YWING V | Yang CONTACT TIT | | OF PEOPLE WORKING | a or ordina februarian personant sous sous |
| HTACT NAME: YUZING V | Yang CONTACT TIT | (E. LOGARY OF BURNEY | OF PEOPLE WORKING H TORRANCE: | by on ordina februarian personal sources services |
| NTACT NAME: YULING V DERAL TAX IDM (FEIN): | Yang CONTACT TIT | STATE TAX ION (SEIN): | OF PEOPLE WORKING + TORRUNGE: STATE CONTRACTORS (| a or ordina februarian personant sous sous |
| NTACT NAME: YUNG V PERAL TAX IDM (FEIN): REPORT OF ORGANITOR REPORT OF ORGANITOR | Vany CONTACT TIT | STATE TAX IO# (SEIN): | OF PEOPLE WORKING 1 TORIUNCE: STATE CONTRACTORS (| LICENSE #: STATE SELLERS PERMIT#: |
| PRACT NAME: ILV (IN 9 V ERAL TAX IDM (FEIN): ERAM TOMATION ERAM | Vany CONTACT TIT | STATE TAX IO# (SEIN): | OF PEOPLE WORKING + TORRUNGE: STATE CONTRACTORS (| LICENSE #: STATE SELLERS PERMIT#: |
| NTACT NAME: YUNG V PERAL TAX IDM (FEIN): REPORT OF ORGANITOR REPORT OF ORGANITOR | Yang CONTACT TIT | STATE TAX IO# (SEIN): | OF PEOPLE WORKING 1 TORIUNCE: STATE CONTRACTORS (| LICENSE #: STATE SELLERS PERMIT#: |
| SERVAL TAX IDM (FEIN): | Yang CONTACT TIT | STATE TAX IO# (SEIN): | OF PEOPLE WORKING 1 TORIUNCE: STATE CONTRACTORS (| LICENSE #: STATE SELLERS PERMIT#: |
| NTACT NAME: YUJING V DERAL TAX IDW (FEIN): READ-OF DEFORMATION TO COMMENT PARTICULAR OR PARTICULAR JULIN & WENG | CONTACT TIT | STATE TAX ID# (SEIN): LLC PARTICIPATION OF OWNER, 1 | OF PEOPLE WORKING 1 TORRANCE: STATE CONTRACTORS (ARTHRISHS OF PERCUIAL OFFICERS | LICENSE #: STATE SELLERS PERMIT#: |
| NETACT NAME: YUING V DERAL TAX IDM (FEIN): MEASURE OF COMMEN, PARTNERS, OR PASHOPA JULY 19 Van 9 Since that I am the owner, partner, | CONTACT TIT | STATE TAX ID# (SEIN): LLC PARTICIPATION OF OWNER, 1 | OF PEOPLE WORKING 1 TORRANCE: STATE CONTRACTORS (ARTHRISHS OF PERCUIAL OFFICERS | LICENSE #: STATE SELLERS PERMIT#: |
| NTACT NAME: YULING V DERAL TAX IDW (FEIN): BEARING BY OFFINATION A REPORT BY OFFINATION A REPORT BY OFFINATION AREA TO COMMENT, PARTNERS, OR PASSICIPAL JULIN D. VIOLE Some that I am the owner, partner, of the 13.9.10 of the Torrans Municipal duty authorized to make this appli | CONTACT TIT CONFORMS CONFORMS TYPLE Corporate officer or person with the pel Code. caston. All of the information provide | STATE TAX ION (SEIN): LLC Number of attorney, and I understand if any of | OF PEOPLE WORKING I TORRANCE: STATE CONTRACTORS (ARTHERISHE OF MISCORAL OF FICERS.) The information provided above is not true. | STATE SELLERS PERMITS: ITTLE: In business license being applied for may be revoked as outlined. |
| DERAL YAX IDM (FEIN): SEASON BY SITE OF THE CONTROL OF PRINCIPAL LIGHT STATE OF THE CONTROL OF | CONTACT TIT CONFORMS CONFORMS TYPLE Corporate officer or person with the pel Code. caston. All of the information provide | STATE TAX ION (SEIN): LLC Number of attorney, and I understand if any of | OF PEOPLE WORKING I TORIUNCE: STATE CONTRACTORS II ARTHERS ON PRACTICAL OFFICERS. The information provided above is not true to business will not provide any service, go | LICENSE #: STATE SELLERS PERMIT#: |
| DERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF | CONTACT TIT CONFORMS CONFORMS TYPLE Corporate officer or person with the pel Code. caston. All of the information provide | STATE TAX ION (SEIN): LLC Number of attorney, and I understand if any of | OF PEOPLE WORKING IT TORRANCE: STATE CONTRACTORS (ARTHERISHS ON MINICIPAL OFFICERS. The information provided above is not true a business will not provide any service, go [DATE: | STATE SELLERS PERMITS: WHERE IT IT IS TO THE SELLERS PERMITS: WHERE IT IS TO THE SE |
| DERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF SET OF PARTICULATION A OPERAL TAX IDM (FEIN): READ-OF SET OF | CONTACT TIT CONFORMS CONFORMS TYPLE Corporate officer or person with the pel Code. caston. All of the information provide | STATE TAX ION (SEIN): LLC Number of attorney, and I understand if any of | OF PEOPLE WORKING IT TORRANCE: STATE CONTRACTORS (ARTHERISHS ON MINICIPAL OFFICERS. The information provided above is not true a business will not provide any service, go [DATE: | STATE SELLERS PERMITS: WHERE IT IT IS TO SELLERS PERMITS: WHERE IT IT IS TO SELLERS PERMITS: WHERE IT IS TO SELLERS PERMITS: WHE |
| NTACT NAME: SUING V DERAL TAX IDM (FEIN): Extrary any countrion representation TAX IDM (FEIN): Extrary any countrion TAX IDM (FEIN): Extrary any countrion Since that I am the owner, partner, on 31.9 10 of the Torrance Municipal or make this applies and on penalty of parkury that the ATURE: | CONTACT TIT COPPORATION COPPO | STATE TAX ION (SEIN): LLC Number of attorney, and I understand if any of | OF PEOPLE WORKING I TORIUNCE: STATE CONTRACTORS II ARTHERS ON PRACTICAL OFFICERS. The information provided above is not true to business will not provide any service, go | STATE SELLERS PERMITS: WHERE IT IN THE SELLERS PERMITS: WHERE IT IN THE SELLERS PERMITS: WHERE IT IN THE SELLERS PERMITS: WHERE IT IS IN THE SELLERS PERMIT |
| NTACT NAME: [Win's V BRAIL YAX IDM (FEN): BRAIN OF ORNATION A REPORT OF ORNATION A REPORT OF ORNATION A REPORT OF ORNATION A REPORT OF ORNATION AND OF ORNATION AND OF ORNATION AND ORNATION BRAIL YAX IDM (FEN): BRAIL YAX IDM (FEN): | CONTACT TIT CONFORMS CONFORMS TYPLE Corporate officer or person with the pel Code. caston. All of the information provide | STATE TAX ION (SEIN): LC PURSUES OF OWNER, I | OF PEOPLE WORKING IT TORRANCE: STATE CONTRACTORS (ARTHERISHS ON MINICIPAL OFFICERS. The information provided above is not true a business will not provide any service, go [DATE: | STATE SELLERS PERMITS: WHERE IT IN THE SELLERS PERMITS: WHERE IT IN THE SELLERS PERMITS: WHERE IT IN THE SELLERS PERMITS: WHERE IT IS IN THE SELLERS PERMIT |
| NTACT NAME: (U) (N) V BERGAL YAX IDM (FEIN): BERG | CONTACT TIT COPPORATION COPPO | STATE TAX ION (SEIN): LLC PASSES OF OWNER. I power of attorney, and I understand if any of led in this application is true and correct. The | OF PEOPLE WORKING I TORRANCE: STATE CONTRACTORS (ARTHERIS OR MINICIPAL OFFICERS The Information provided above is not true a business will not provide any service, go DATE: // // // // | STATE SELLERS PERMITS: ITTLE: ITTLE: In the business license being applied for may be revoked as outlined od or product which is alegal under Federal, Stale, or Local Lews. |
| ERAL TAX IDM (FEIN): | CONTACT TIT CONFORMTON COFFICERS FIFLE Corporate officer or person with the pel Code. coston. All of the information provide a foregoing is true and correct. USE ONLY | STATE TAX IOR (SEIN): LLC PROMISES OF OWNER, 7 power of attorney, and I understand if any of led in this application is true and correct. The | OF PEOPLE WORKING I TORRANCE: STATE CONTRACTORS (ARTHERIS OR MINICIPAL OFFICERS The Information provided above is not true a business will not provide any service, go DATE: // // // // | STATE SELLERS PERMITS: ITTLE: In the business license being applied for may be revoked as outlined of or product which is blegal under Federal, State, or Local Laws. PER UPT FEE. |
| DERAL TAX ION (FEIN): REASON ON OF PARTICIPA REASON ON OF PARTICIPA JULY 19 VOIL 19 JOHN STREET JOHN STR | CONTACT TIT CONFORMTON COPPORATION COPPOR | STATE TAX IOB (SEIN): LLC INMARES OF OWNER IN | OF PEOPLE WORKING I TORRANCE: STATE CONTRACTORS (ARTHERISHE OF MISCORAL OF FICERS The information provided above is not true to business will not provide any service, go DATE: DATE: | STATE SELLERS PERMITY: ITTLE: ITTLE: In the business license being applied for may be revoked as outlined and or product which as slegal under Federal, State, or Local Lews. It |
| NTACT NAME: YULING V DERAL TAX IDM (FEIN): MEASON OF OFFICE OF PARIODRA WITH YOUR PARTNERS OF PARIODRA MATURE: RT II. FOR OFFICEAL FEE: THEES THE ST. OF A RESIDENTIAL BUSINESS TO THE ST. OFFICEAL THEES THEES | CONTACT TIT CONCRATION CORPORATION LOFRCERS TITLE CORPORATION LOFRCERS TITLE CORPORATION LOFRCERS TITLE CORPORATION CORPORA | STATE TAX ION (SEIN): LLC PROMISE OF OWNER, I power of attorney, and I understand if any of ed in this application is true and correct. The STATE FEE: TOTAL AMOLAIT. RED TO PROVIDE IT. IF YOU DO NOT WAN | OF PEOPLE WORKING 1 TORRANCE: STATE CONTRACTORS (STATE CONTRACTORS (DAILY CONTRACTORS (CONTRACTOR | STATE SELLERS PERMITS: WARRANGE TITLE: ITTLE: IS the business licenses being applied for may be revoked as outlined od or product which is blegal under Federal, State, or Local Laws. If PER UNIT FEE. |
| DERAL TAX IDM (FEIN): BERAL TAX IDM (FEIN): | CONTACT TIT COPPORATION COPPO | STATE TAX IOB (SEIN): LLC INMARES OF OWNER IN | OF PEOPLE WORKING I TORIUNCE: STATE CONTRACTORS II PARTMERS ON PRINCIPAL OFFICERS. STATE CONTRACTORS II ST | STATE SELLERS PERMITH: Well-Passe ITTLE I |

Application Revised on 12/11/2019 by City of Torrance Finance Denormal

REVISEO 10/84

| Telephone: 618-5828 CITY OF TORRANCE 3031 Torrance, CA 90603 REVENUE DIVISION 3031 Torrance, CA 90603 | |
|---|-----------------------|
| APPLICATION FOR MASSAGE BUSINES LICENSE | |
| Torrance Municipal Code Section: | |
| Nov 11 2021 | 75 |
| NUME OF APPLICANT HAIL & STORE MASSING CHINIC WIND WONG | OR OFF |
| ADDRESS 3134 Pacific Cocst High way PHONE | STATE NAME |
| CITY / OFFICE STATE | FOR OFFICIAL USE ONLY |
| TYPE OF BUSINESS MISSAGE BUSINESS | |
| FIRM NAME JULINY WANY | |
| ADDRESS, | |
| arv | |
| PROOF OF AGE: BURBLE COMPOSITE C PARTICIAN CERTIFICATE C DRIVERS LICENSE & OTHER C | |
| SOCIAL SECURITY NO. DRIVERS LICENSE NO. | - |

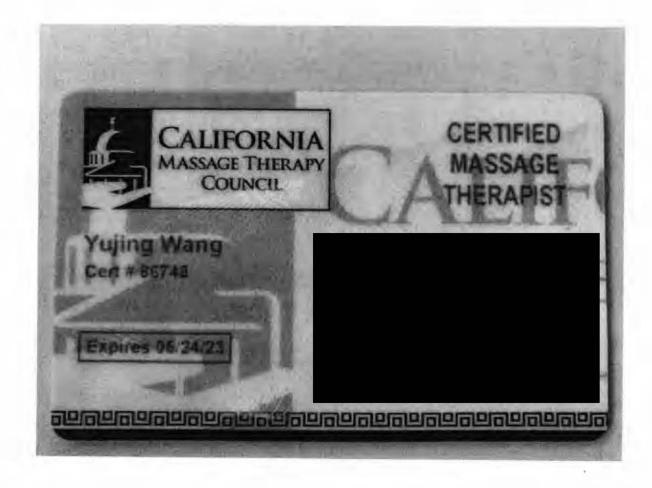
FOR OFFICIAL USE ONLY

| DATE | RECEIPT NO. | AMOUNT | 8D CARD | LICENSE NO. | DATE ISSUED |
|---------|-------------|--------|---------|-------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | Annual tree divines a graph of the latter pulling property of the |
| | | | | | |
| | | | | | |

REMARKS ON REVERSE SIDE

REV.DIV.FORM 100-E

| 512 S Indian Hill B1 | | THOUSE AFFECORS I FACE SEE | THE CAN GO FOR | 2015-2019 |
|--|--|---|------------------|---------------------------------------|
| CIZN Indian Hill B | · Vd | | | 2020 - 2020 |
| | | | | |
| | | | | |
| | | | | |
| NAMES AND ADDRESSES OF THREE RESPO | NSIBLE PERSONS WHO HA | WE KNOWN APPLICANT FOR | MORE THAN THRE | E YEARS: |
| | CPA | | | |
| Lixk 1 | | | | |
| Bueno Mauricia | | | | - |
| NONE | | | | |
| | | | * | |
| | A CHICAGO CONTRACTOR C | | | |
| | | | | |
| LETTER AUTHORIZING APPLICANT TO REP | RESENT SAID PERSON, FI | RM OR CORPORATION IS HE | REWITH ATTACHED. | |
| | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| | | | | |
| | | | | |
| DESCRIPTION OF APPLICANTE | | - in the second | | |
| The state of the s | | | | |
| | | | | |
| | | | | |
| | EOR OF | FICIAL USE ONLY | | |
| APPROVED BY: | | Toma Gas Ones | | |
| CHIEF OF POLICE | DATE | LICENSER | | |
| DISAPPROVED BY: | | | | |
| Andrew Control of the | | | | |





N and H Partners LLC & El Marino LLC

December 28, 2021

City of Torrance

Re: 3134 Pacific Coast Highway., Torrance, CA 90505

TO WHOM IT MAY CONCERN:

I am the owner of the property 3100-3160 Pacific Coast Highway, Torrance, CA 90505 wherein the abovementioned premises is located. N and H Partners LLC & El Marino LLC is the Landlord/Lessor under the lease agreement and our Tenant/Lessee, Yujing Wang, is applying for a massage business license with your office.

We will appreciate your assistance in processing Ms. Wang's application. Feel free to communicate any questions or information you need to Liz Mijares at (310) 229-9850 ext. 107 or email Liz@hrpropertygroup.com.

Thank you.

Sincerely,

Djavid Hakakian

Manager

cc: File

| A notary public or other officer completing this certificat document to which this certificate is attached, and not the | re verifies only the identity of the individual who signed the etruthfulness, accuracy, or validity of that document. |
|---|--|
| State of California County of Los Angeles On Dec. 29, 2021 before me, Dani | el Puno Candeloza, Notary Public, Here Insert Name and Title of the Officer Hakakian |
| personally appeared David "Djavid" | Here Insert Name and Title of the Officer |
| | Name(s) of Signer(s) |
| subscribed to the within instrument and acknowled | evidence to be the person(e) whose name(e) is/are edged to me that he/she/they executed the same in s/her/their signature(s) on the instrument the person(s), ed, executed the instrument. |
| is | certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. |
| DANIEL PUNO CANDELOZA Notary Public – California Los Angeres Country Commiss on # 2225598 My Comm. Expires Jan 13, 2022 | |
| iny comm. Expires sair 13, 2022 | Signature of Notary Public |
| Place Notary Seal Above | |
| Though this section is optional, completing this is | IONAL nformation can deter alteration of the document or form to an unintended document. |
| Description of Attached Document Title or Type of Document: | |
| Document Date:Signer(s) Other Than Named Above: | Number of Pages: |
| Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer — Title(s): | Signer's Name: □ Corporate Officer — Title(s): |
| ☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact | ☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact |
| ☐ Trustee ☐ Guardian or Conservator ☐ Other: | ☐ Trustee ☐ Guardian or Conservator ☐ Other: |
| Signer Is Representing: | Signer Is Representing: |

©2015 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5907



Torrance Police Department Intelligence Detail

License Review Interview Summary Detective Lucas Ryono



Date: February 9, 2022

To: Suzanne Bittner License Supervisor

From:

Detective Lucas Ryono Intelligence Section

Subject: "Yumiko Massage Spa" 3134 Pacific Coast Highway, Torrance, CA 90505 (310-928-7999

License Review Board Hearing - March 3, 2022

Licensees Interviewed: Yujing Wang (Owner)

On 09 FEB 22, I interviewed Ms. Wang regarding her application for a business license for "Yumiko Massage Spa," located at 3134 PCH, Torrance, CA.

It should be noted that the business is currently in the process of changing its name from Hand & Stone Massage Clinic to Yumiko Massage Spa. Ms. Wang had initially looked into opening the business as an affiliate of the Hand & Stone Massage Clinic franchise but has decided to operate it as her own stand-alone business instead.

Ms. Wang is opening a new business at the location and is the sole owner. Ms. Wang has worked in the massage industry for about 1 year. During that time Ms. Wang has worked for Hand and Stone Massage Clinic (13247 South St, Cerritos, CA) and continues to work there part-time. This will be Ms. Wang' first business in the United States although she has been a business owner previously in China. The business will be providing body massage by appointment and "walk-in" type customers.

Ms. Wang is a certified massage therapist (CAMTC #86748, Expiration Date 5-24-23). Ms. Wang will be the sole worker at the location and will be responsible for bookkeeping and reception for her clients.

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. Wang 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. Wang 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.





Torrance Police Department Acupuncture/Massage Establishment Licensing Interview Questionnaire

| Company I Information | |
|--|------|
| General Information | |
| Siness Name HAND & STONE MASSAGE STA | |
| | |
| ensee(s) WANG, YUJING | _ |
| Who are the sole owners? SAME | |
| Is the business incorporated? | No |
| Are there other officers/owners in the company? | |
| iness | |
| siness dress 3134 PCH, TORRANCE, CA | 0/2/ |
| iness | NEW |
| siness dress 3134 PCH, TORRANCE, CA | NEW |
| siness dress 3134 PCH , TORRANCE, CA w Long Has This Business Been Operating? | |
| siness dress 3134 PCH , TORRANCE, CA w Long Has This Business Been Operating? Company History | NEW |
| Siness dress 3134 PCH , TORRANCE, CA W Long Has This Business Been Operating? Company History t Businesses Have you been in the acupuncture/massage business before? | |
| Siness dress 3134 PCH , TORRANCE, CA W Long Has This Business Been Operating? Company History t Businesses Have you been in the acupuncture/massage business before? | YES |

Record in Other Cities (If Applicable)

| In what other cities is the company licensed? |
|--|
| Has the company had problems/issues in any of these cities? What problems/issues? How were the problems/issues resolved? |
| Have you ever had your business license revoked or suspended? For what reason(s)? |
| 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? |

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:

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.

"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)).

All exit doors will be kept unlocked during business hours.

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.

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.

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.

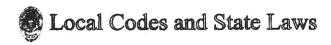
The patron's genitals, pubic area, anus, and female patron's breasts below a point immediately above the top of the areola must be fully draped at all times while any employee of the business or establishment is in the massage therapy room with the patron. No massage therapy will be provided to a patron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

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)).

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.

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.



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.

 (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.
- 7. (g) All instruments to be discarded shall be disposed of safely.
- 8. (h) Needles shall be disposed of by placing them in a sealed, unbreakable container marked "Hazardous Waste" and disposed of in accordance with state and local law.

1399.453. Record keeping.

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.

1399.454. Single Use Needles.

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.

1399.455. Advertising.

- 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?

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

The relice department?



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.

