

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, June 2, 2022
REGULAR MEETING**

10:00 A.M. VIA TELECONFERENCE OR OTHER ELECTRONIC MEANS

1. CALL TO ORDER

2. ROLL CALL

License 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 May 27, 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 ANNOUNCEMENT OF WITHDRAWN, DEFERRED, AND/OR SUPPLEMENTAL ITEMS.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 May 5, 2022

7. ADMINISTRATIVE MATTERS

7A. Mendocino Farms, LLC, DBA Mendocino Farms, application for a business license to allow the operation of a restaurant serving alcohol.

7B. Shrimp By You Inc., DBA Shrimp By You, application for a business license to allow the operation of a restaurant serving alcohol.

7C. Wholistic Space, application for a business license to allow the operation of a massage establishment.

7D. J Healing 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 June 16, 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 10:03 a.m. on Thursday, May 5, 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 Jin Chun, 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

MOTION: Member Botiller, seconded by Member Chun 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. ANNOUNCEMENT OF WITHDRAWN, DEFERRED, AND/OR SUPPLEMENTAL ITEMS

– None

5. ORAL COMMUNICATIONS

– None

6. CONSENT CALENDAR

6A. APPROVAL OF MINUTES: Thursday, April 7, 2022

MOTION: Member Botiller moved to approve the minutes for the meeting held on April 7, 2022, as submitted. The motion was seconded by Member Chun and a roll call vote reflected unanimous approval.

7. ADMINISTRATIVE MATTERS

7A. Beyond Limits Strategies Inc., DBA Mimi's Cafe

Application for approval of a business license to allow the operation of a restaurant serving alcohol.

Mr. Tomas Valdez confirmed his application for a business license to allow the operation of a restaurant serving alcohol at 25343 Crenshaw Boulevard, Torrance, and verified that he had met with the Torrance Police Department and understood the rules and regulations pertaining to this type of business.

MOTION: Member Botiller moved to approve the application for a business license to allow the operation of a restaurant serving alcohol, located at 25343 Crenshaw Boulevard, in Torrance. The motion was seconded by Member Chun and a roll call vote reflected unanimous approval.

License Supervisor Bittner stated that she would mail and email the business license to Mr. Valdez.

7B. V&J Investments, Inc., DBA Madre!

Application for approval of a business license to allow the operation of a liquor store selling alcohol.

Mr. Ivan Vasquez confirmed his application for a business license to allow the operation of a liquor store selling alcohol at 1231 Cabrillo Avenue. Suite #103, Torrance, and verified that he had met with the Torrance Police Department and understood the rules and regulations pertaining to this type of business.

Member Botiller requested clarification regarding whether this was approval of a business license to allow the operation of a restaurant serving alcohol or a liquor store selling alcohol.

License Supervisor Bittner noted there was an error in the staff report and clarified this item was for approval of a business license to allow the operation of a liquor store selling alcohol. She stated this business would be adjacent to the restaurant and would sell tequila products.

In response to a question from Member Botiller, Mr. Vasquez confirmed there would be no seating at the location since alcohol would not be served for consumption and noted it would be a retail business in a separate building from the restaurant.

License Supervisor Bitter confirmed for Member Botiller this would be classified as a liquor store.

In response to Chairman Smith, Deputy City Attorney Gonzaque stated the agenda cover contains the correct information.

Recording Secretary Cerda confirmed the agenda cover was posted outside of City Hall and the full agenda with staff reports was posted to the City website.

Deputy City Attorney confirmed it is okay to proceed and invited public comment on the item. No one came forward to speak.

MOTION: Member Botiller moved to approve application for a business license to allow the operation of a liquor store selling alcohol at 1231 Cabrillo Avenue. Suite #103, in Torrance. The motion was seconded by Member Chun and a roll call vote reflected unanimous approval.

Deputy City Attorney II Gonzaque noted for the record Mr. Vasquez's business license application states it is for a business license to allow the operation of a liquor store selling alcohol.

License Supervisor Bittner stated that she would mail and email the business license to Mr. Valdez.

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

– None

9. **BOARD ORAL COMMUNICATIONS**

– None

10. **ADJOURNMENT**

10A. **MOTION:** At 10:15 a.m., Chairman Smith moved to adjourn the meeting to Thursday, May 19, 2021 at 10:00 a.m. via teleconference or other electronic means. The motion was seconded by Member Chun and a roll call vote reflected unanimous approval.

###

Subject to Approval

LICENSE REVIEW BOARD MEETING
JUNE 2, 2022

ITEM NO 7A – MENDOCINO FARMS, LLC,
DBA MENDOCINO FARMS

BACKGROUND

Elizabeth Garriott a manager of Mendocino Farms, LLC, DBA Mendocino Farms has made an application for approval of a business license to allow the the operation of a restaurant serving alcohol. The business is located at 25420 Crenshaw Boulevard 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.

- Attachment A: Business License Application
- Attachment B: LA County Health Department's Approval
- Attachment C: California Department of ABC License Query
- Attachment D: Torrance Police Department Reports

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>	<p>SELECT APPLICABLE BOX:</p> <p>NEW APPLICATION <input checked="" type="checkbox"/> CHANGE OF OWNERSHIP (greater than 50%) <input type="checkbox"/></p> <p>CHANGE OF BUSINESS LOCATION <input type="checkbox"/> CHANGE OF NAME (Only) <input type="checkbox"/></p>
<p>PART I. APPLICANT TO ANSWER ALL QUESTIONS IN THIS SECTION (print or type)</p>	
<p>BUSINESS NAME OR DBA Mendocino Farms</p>	
<p>CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA) Mendocino Farms, LLC</p>	
<p>1. BUSINESS LOCATION (*physical business address - see note below) Suite# City State ZIP 25420 Crenshaw Boulevard, Torrance, CA 90505</p>	
<p>2. MAILING ADDRESS OR PO/PMB BOX (required) Suite# City State ZIP 25420 Crenshaw Boulevard, Torrance, CA 90505</p>	
<p>3. IS THE BUSINESS LOCATED AT A RESIDENTIAL ADDRESS (*select one)? YES <input type="radio"/> NO <input checked="" type="radio"/></p> <p>HOME OCCUPATION PERMIT#: _____ EMAIL ADDRESS: _____</p>	
<p>NATURE OF BUSINESS (description of business activity in detail): Fast Casual Restaurant</p>	
<p>FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S) (**see note below): 722513</p>	
<p>STATE WASTE DISCHARGER IDENTIFICATION NUMBER (WDID#) (**if applicable - see note below): _____</p>	
<p>TECHNOLOGY BUSINESS (select one): YES <input type="radio"/> NO <input checked="" type="radio"/> Definition: A business entity utilizing scientific equipment and engineering techniques, microelectronics, data processing, genetic engineering, or telecommunications.</p>	
<p>RETAIL BUSINESS - WILL YOU BE SELLING CBD PRODUCTS? (select one): YES <input type="radio"/> NO <input checked="" type="radio"/> Definition: CBD is the cannabidiol compound derived from industrial hemp, cannabis or otherwise.</p>	
<p>CONTACT NAME: Laurie Lawhorne CONTACT TITLE: CFO CONTACT PHONE #: (818) 933-7300 CELL PHONE#: _____</p>	
<p>DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED ID#: _____ SOCIAL SECURITY# (optional): _____ COMMERCIAL OFFICE SQFT: N/A # OF PEOPLE WORKING IN TORRANCE: _____ # OF UNITS (apartments/hotels/mobile homes/vehicles): _____</p>	
<p>FEDERAL TAX ID# (EIN): _____ STATE TAX ID# (SEIN): _____ STATE CONTRACTORS LICENSE#: _____ STATE SELLERS PERMIT#: _____</p>	
<p>OWNERSHIP INFORMATION (check applicable box) CORPORATION <input type="radio"/> LLC <input checked="" type="radio"/> PARTNERSHIP <input type="radio"/> SOLE OWNERSHIP <input type="radio"/></p>	
<p>NAMES OF OWNER, PARTNERS, OR PRINCIPAL OFFICERS: Laurie Lawhorne TITLE: CFO</p>	
<p>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.</p>	
<p>SIGNATURE: _____ DATE: 3/23/2022</p>	
<p>PART II. FOR OFFICIAL USE ONLY</p>	
<p>BASIC FEE: _____ PROCESSING FEE: _____ STATE FEE: _____ PER PERSON FEE: _____ PER UNIT FEE: _____</p>	
<p>OTHER FEES: _____ PENALTY FEE: _____ TOTAL AMOUNT: _____ Business License Application # BL-APP- _____ Business License # BL-LIC- _____</p>	
<p>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.osha.gov/pls/ims/slc_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</p>	



COUNTY OF LOS ANGELES • DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH
SPECIALIZED SURVEILLANCE AND ENFORCEMENT BRANCH
PLAN CHECK PROGRAM - SOUTH BAY
 20221 HAMILTON AVE, TORRANCE, CA 90502
 PHONE: (310) 965-8929
WWW.PUBLICHEALTH.LACOUNTY.GOV/EH

Attachment B



PLAN CHECK OFFICIAL INSPECTION REPORT

DATE	05/24/2022	EHS	STEPHANIE GOTO
PLAN CHECK NUMBER	SR0276101		
PROGRAM ELEMENT	1703 - RESTAURANT (2,000-3,999 SF)		
OWNER / REQUESTER	NINA RAEY, AGENT		
DBA	MENDOCINO FARMS SANDWICH		
ADDRESS	25420 CRENSHAW BLVD, TORRANCE, CA 90505		

FINAL REINSPECTION STATUS: APPROVED

CORRECTIONS COMPLETED		
CORRECTION CATEGORY	DATE IDENTIFIED	DATE CORRECTED
FLOOR BASE COVING	05/18/2022	05/24/2022
FLOOR DRAINS/FLOOR SINKS	05/18/2022	05/24/2022
CEILINGS	05/18/2022	05/24/2022
EQUIPMENT/STORAGE	05/18/2022	05/24/2022
FOOD PROTECTION/FOOD STORAGE	05/18/2022	05/24/2022
VERMIN EXCLUSION/ENCLOSURE	05/18/2022	05/24/2022
PLAN SUBMITTAL/REMODEL	04/20/2022	05/18/2022

ADDITIONAL REQUIREMENTS
NEW RESTAURANT IS APPROVED TO OPEN AND OPERATE.

COMMENTS
NONE

CA

Attachment C



CALIFORNIA DEPARTMENT OF

Alcoholic Beverage Control

Report Date: Tuesday, May 24, 2022

LICENSE INFORMATION

License Number: 633446 **Primary Owner:** MENDOCINO FARMS LLC

Office of Application: 03 - LB/LAKEWOOD

BUSINESS NAME

MENDOCINO FARMS SANDWICH MARKET

BUSINESS ADDRESS

25420-25424 CRENSHAW BLVD , TORRANCE, CA, 90505

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

LICENSEE INFORMATION

Licensee: MENDOCINO FARMS LLC

Company Information

OFFICER: LAWHORNE, LAURIE STALTER (CHIEF FINANCIAL OFFICER)

OFFICER: DELPERO, MARIO (PRESIDENT)

OFFICER: CHEN, ELLEN (SECRETARY TREASURER)

MEMBER: MENDOCINO FARMS INTERMEDIATE HOLDINGS, LLC

LICENSE TYPES

Allow up to six weeks for expiration date updates after fee waiver or renewal fee submittal.

41 - ON-SALE BEER AND WINE - EATING PLACE

License Type Status: ACTIVE **Status Date:** 19-MAY-2022 **Term:** 12 Month(s)

Original Issue Date: 18-MAY-2022 **Expiration Date:** 30-APR-2023 **Master:** Y **Duplicate:** 0

Fee Code: P40 **Transfers:**

OPERATING RESTRICTIONS:

No alcoholic beverages shall be consumed on any property adjacent to the licensed premises under the control of the licensee(s) as depicted on the most recently certified ABC-257 and ABC-253.

The petitioner(s) shall be responsible for maintaining free of litter the area adjacent to the premises over which they have control as depicted on the most recently certified ABC-257 and ABC-253.

Petitioner(s) shall actively monitor the area under their control in an effort to prevent the loitering of persons on any property adjacent to the licensed premises as depicted on the most recently certified ABC-253.

The use of any amplifying system or device is prohibited on patio area, and the use of any such system or device inside the premises shall not be audible outside the premises.

A sign shall be posted in a conspicuous space at the entrance/exit point of said patio/terrace/other area, which shall state, "NO ALCOHOLIC BEVERAGES BEYOND THIS POINT". Said sign shall measure no less than seven inches by eleven inches (7" x 11"), and contain lettering no less than one (1) inch height.

DISCIPLINARY ACTION:

No Active Disciplinary Action found

DISCIPLINARY HISTORY:

No Disciplinary History found.

HOLDS:

No Active Holds found

ESCROWS:

No Escrow found

Attachment 10



Torrance Police Department Intelligence Section Interview Summary License Review

Detective Lucas Ryono [REDACTED]

To:

Suzanne Bittner
License Supervisor

Date: 5-24-22

From:

Detective Lucas Ryono
Intelligence Section

Licensees:

"Mendocino Farms" / Mendocino Farms LLC
25420 Crenshaw Blvd.
Torrance, CA. 90505
[REDACTED]

License Review Board Hearing – 02 JUN 22

Subject:

Elizabeth Garriott (Manager)
[REDACTED]

On 24 MAY 22, I interviewed Ms. Elizabeth Garriott regarding the business license for "Mendocino Farms" located at 25420 Crenshaw Blvd, Torrance, CA.

Garriott is the manager for the Mendocino Farms restaurant opening at 25420 Crenshaw. Mendocino Farms is a chain of fast casual dining restaurants with pre-existing locations in El Segundo, Marina Del Rey, Santa Monica, and Culver City.

Mendocino Farms was established in 2005 and has offered beer and wine at its other locations as well. Garriott has worked in alcohol sales as a restaurant employee and manager for over 20 years.

Mendocino Farms' Torrance location will be a food establishment with alcohol. They are applying for 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 Garriott 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.

Garriott signed and initialed the form, indicating that she understood the issues at hand. Based on the interview, Garriott was given a license review board date of 02 JUN 22.



Detective Lucas Ryono
Intelligence Section



Torrance Police Department
Alcohol Beverage Licensee
Indoctrination and Training

Interpreter _____ Language _____

General Information

Business Name Mendocino Farms Phone [REDACTED]

Licenses MENDOCINO FARMS LLC / ELIZABETH GARRIOTT [REDACTED]
MANAGER

Who are the sole owners? CORPORATE OWNED

Is the business incorporated? YES

Is this reflected in the ABC License? YES

Are there other officers in the company? CFO: LAURIE LAWHOME

Address 25420 CRENSHAW BLVD, TORRANCE, CA

Do you have prior experience working in alcohol sales? Mendocino sells beer/wine at all locations

Where? EL SEGUNDO, MANA DEL REY, SANTA MONICA, CULVER CITY LOCATIONS (since 2005)

How Many Years? OVER 20 YEARS OF RESTAURANT EXPERIENCE

Type of License 41 - ON SALE BEER & WINE

Do you own any other businesses? MULTIPLE OTHER LOCATIONS

Important Training Areas

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

LR EA

- 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.

LR

EAT

Criminal citations or arrest, fines

ABC administrative hearings and fines

Civil suits

Loss of business license

Moral issues

3. LEAD Seminar Training

LR

EAT

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).

LR

EAT

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.

LR

EAT

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

LR

EAT

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

Employee problems

City ordinances

7. Explanation of EASY, DECOY and STAKE programs.

LR

EAT

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.

LN EAJ

"Eyes and ears in the community"

9. Escort ordinances and hostess bars.

LN EAJ

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.

LN EAJ

11. Age of employees and rules of service.

LN EAJ

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

LN EAJ

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

LN EAJ

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

LR EDY

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?" u EDY



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]

5/24/2022
Date

Licensee or Designated Representative

Date

[Redacted Signature]

LICENSE REVIEW BOARD MEETING
JUNE 2, 2022

ITEM NO 7B – SHRIMP BY YOU INC.,
DBA SHRIMP BY YOU

BACKGROUND

Juan Gonzalez, an owner of Shrimp by You Inc., DBA Shrimp by You has made an application for approval of a business license to allow the operation of a restaurant serving alcohol. The business is located at 2755 Pacific Coast Highway, Suite A 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, upon the condition the applicant provides a copy of their active California Department of Alcohol Beverage Control license with the conditions set forth by that agency.

- Attachment A: Business License Application
- Attachment B: LA County Health Department's Approval
- Attachment C: California Department of ABC License Query
- Attachment D: Torrance Police Department Reports

... amounts. Payment must be submitted with your application.

City of Torrance, Revenue Division Business License Application 3031 Torrance Blvd, Torrance, CA 90503 (P) 310-818-5923 (F) 310-818-5852 revenue@torrance.gov		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"/>	
PART I, APPLICANT TO ANSWER ALL QUESTIONS IN THIS SECTION (print or type)			
BUSINESS NAME OR DBA: <u>Shrimp by You</u>		CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA): <u>Shrimp by You Inc</u>	
1. BUSINESS LOCATION (physical business address - see note below): <u>Shrimp by you - 2755 Pacific Coast Hwy Ste A Torrance CA 90505</u>			
2. MAILING ADDRESS OR PO/PMB BOX (required): <u>2755 Pacific Coast Hwy Torrance CA 90505</u>			
3. IS THE BUSINESS LOCATED AT A RESIDENTIAL ADDRESS (*select one)? YES <input type="radio"/> NO <input checked="" type="radio"/>		HOME OCCUPATION PERMIT#: [REDACTED]	
NATURE OF BUSINESS (description of business activity in detail): <u>Restaurant w/ alcohol</u>			
FOR A B 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): 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"/>
CONTACT NAME:	CONTACT TITLE:	CONTACT PHONE #:	BUSINESS PHONE#:
<u>Juan Gonzalez</u>	<u>owner</u>	[REDACTED]	[REDACTED]
CELL PHONE#:	DRIVERS LICENSE OR OTHER GOVERNMENT IDENTIFICATION:	SOCIAL SECURITY# (optional):	COMMERCIAL OFFICE SQFT:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
STATE CONTRACTORS LICENSE #:	STATE SELLERS PERMIT#:	STATE TAX ID# (SIN#):	STATE CONTRACTORS LICENSE #:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
OWNERSHIP INFORMATION (check applicable box) CORPORATION <input checked="" type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNERSHIP <input type="checkbox"/>			
NAMES OF OWNER, PARTNERS, OR PRINCIPAL OFFICERS:		TITLE:	
<u>Juan Gonzalez</u>		<u>owner</u>	
<u>Mariana Gonzalez</u>		<u>owner</u>	
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 certify that 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 understand that this information is subject to audit.			
DATE: <u>3-16-22</u>			BUSINESS LICENSE #: BL-LIC- [REDACTED]
BASIC FEE:	PROCESSING FEE:	STATE FEE:	PER PERSON FEE:
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
THE FEES:	PENALTY FEE:	TOTAL AMOUNT:	BUSINESS LICENSE # BL-LIC- [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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.ceris.gov/pls/fims/sic_manual.htm ACCESS INFORMATION FOR AN INDUSTRIAL BUSINESS REQUIRING A WDID# FROM THE CALIFORNIA STATE WATER RESOURCES CONTROL BOARD WEBSITE: https://www.waterboards.ca.gov/wqar/rules/programs/stormwater/industrial.html			



COUNTY OF LOS ANGELES • DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH
SPECIALIZED SURVEILLANCE AND ENFORCEMENT BRANCH
PLAN CHECK PROGRAM - SOUTH BAY
 20221 HAMILTON AVE, TORRANCE, CA 90502
 PHONE: (310) 965-8929
WWW.PUBLICHEALTH.LACOUNTY.GOV/EH



PLAN CHECK OFFICIAL INSPECTION REPORT

DATE	05/04/2022	EHS	STEPHANIE GOTO
PLAN CHECK NUMBER	SR0290799		
PROGRAM ELEMENT	1767 - SITE EVALUATION (CLOSED > 90 DAYS)		
OWNER / REQUESTER	MARIANA GONZALEZ, OWNER		
DBA	SHRIMP BY YOU		
ADDRESS	2755 PACIFIC COAST HWY, TORRANCE, CA 90505		

SITE EVALUATION CHARGEABLE REINSPECTION STATUS: APPROVED

CORRECTIONS COMPLETED		
CORRECTION CATEGORY	DATE IDENTIFIED	DATE CORRECTED
WALLS	04/08/2022	04/29/2022
FOOD PREPARATION SINKS	04/08/2022	04/29/2022
HANDWASHING FACILITIES	04/08/2022	04/29/2022
BACKFLOW/BACK-SIPHONAGE	04/08/2022	04/29/2022
WASTE WATER/PLUMBING	04/08/2022	04/29/2022
EQUIPMENT/STORAGE	04/29/2022	05/04/2022
EQUIPMENT/STORAGE	04/08/2022	04/29/2022
VENTILATION	04/08/2022	04/29/2022
EMPLOYEE FACILITIES	04/08/2022	04/29/2022

ADDITIONAL REQUIREMENTS
<p>NEW RESTAURANT IS APPROVED FOR OPERATION.</p> <p>**FRONT HOOD WAS CLOSED OFF. ANY CHANGES TO THE OPERATION OR ADDITION OF EQUIPMENT WILL REQUIRE PLAN CHECK APPROVAL.</p>

COMMENTS
NONE

CA



CALIFORNIA DEPARTMENT OF

Alcoholic Beverage Control

Report Date: Wednesday, May 25, 2022

LICENSE INFORMATION

License Number: 637748 **Primary Owner:** SHRIMP BY YOU, INC **Office of Application:**
03 - LB/LAKEWOOD

BUSINESS NAME

SHRIMP BY YOU INC

BUSINESS ADDRESS

2755 PACIFIC COAST HWY STE A, TORRANCE, CA, 90505

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

LICENSEE INFORMATION

Licensee: SHRIMP BY YOU, INC

Company Information

OFFICER: GONZALEZ, JUAN (PRESIDENT)

OFFICER: GONZALEZ, MARIANA (VICE PRESIDENT/SECRETARY)

STOCKHOLDER: GONZALEZ, JUAN

LICENSE TYPES

Allow up to six weeks for expiration date updates after fee waiver or renewal fee submittal.

41 - ON-SALE BEER AND WINE - EATING PLACE

License Type Status: PENDING **Status Date:** 13-MAY-2022 **Term:** 12 Month(s)

Original Issue Date: **Expiration Date:** **Master:** Y **Duplicate:** **Fee Code:** P40 **Transfers:**

From License Number: 41-561123

OPERATING RESTRICTIONS:

No Operating Restrictions found

DISCIPLINARY ACTION:

No Active Disciplinary Action found

DISCIPLINARY HISTORY:

No Disciplinary History found.

HOLDS:

Hold Type: FORM 220 **Hold Date:** 13-MAY-2022

ESCROWS:

SECURITY LAND ESCROW COMPANY, 10805 PARAMOUNT BLVD STE A
DOWNEY,CALIFORNIA 90241





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

To:
Suzanne Bittner
License Supervisor

Date: 12 APR 22

From:
Detective Lucas Ryono
Intelligence Section

Subject:
Shrimp By You (Shrimp By You Inc)
2755 Pacific Coast Hwy; #A, Torrance, CA 90505

License Review Board Hearing – TBD

Licensee:
Juan Gonzalez [REDACTED] – Co-Owner
Mariana Gonzalez [REDACTED] – Co-Owner

On 12 APR 22, I interviewed Mr. Juan Gonzalez and his wife, Mariana Gonzalez, regarding their application for a business license for Shrimp By You, located at 2755 PCH; #A, in the city of Torrance. The business is a dine-in restaurant and the license he is applying for is a type 41, "On-sale, Beer & Wine" license.

Juan and Mariana are the co-owners of Shrimp By You. Shrimp By You is a pre-existing business that closed several months ago. Juan and Mariana previously worked at the restaurant and decided to buy the business from the previous owners and re-open the business.

Mariana has worked in alcohol sales for 3 years as a server at TGIF's. Juan has worked in alcohol sales for approximately 10 years through his work in the restaurant industry including working at Spire's.

I discussed the local codes and laws that pertain to his business, as well as the conditions that exist on the license. I furnished Mr. and Mrs. Gonzalez 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. Juan and Mariana signed the form in my presence, indicating that they understood the issues at hand.



Detective Lucas Ryono
Intelligence Section



Torrance Police Department
Alcohol Beverage Licensee
 Indoctrination and Training

Interpreter _____ Language _____

General Information

Business Name SHRIMP BY YOU Phone [REDACTED]

Licensees SHRIMP BY YOU INC. (OWNERS: JUAN GONZALEZ, MARIANA GONZALEZ)

Who are the sole owners? JUAN AND MARIANA GONZALEZ
 Is the business incorporated? YES
 Is this reflected in the ABC License? YES
 Are there other officers in the company? NO

Address 2755 PCH #A, TORRANCE, CA 90505

Do you have prior experience working in alcohol sales? MARIANA (3 YRS), JUAN (10)
 Where? MARIANA (SHRIMP BY YOU, TGIF'S), JUAN (SPIRES)
 How Many Years? ↑

Type of License 41 - ON-SALE - GENERAL (BEER AND WINE)

Do you own any other businesses? NO

Important Training Areas

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

CR BJ JM

- 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.

LR MB JG

Criminal citations or arrest, fines

ABC administrative hearings and fines

Civil suits

Loss of business license

Moral issues

3. LEAD Seminar Training

LR MB JG

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).

LR MB JG

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.

LR MB JG

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

LR MB JG

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

Employee problems

City ordinances

7. Explanation of EASY, DECOY and STAKE programs.

LR MB JG

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.

CR MG JG

"Eyes and ears in the community"

9. Escort ordinances and hostess bars.

CR MG JG

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.

CR MG JG

11. Age of employees and rules of service.

CR MG JG

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

CR MG JG

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

CR MG JG

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

LR 1959

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?"

LR 1959

 **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]

Licensee

4-12-22
Date

[Redacted]

Licensee or Designated Representative

4/12/22
Date

[Redacted]

4-12-22

LICENSE REVIEW BOARD MEETING
JUNE 2, 2022

ITEM NO. 7C – WHOLISTIC SPACE

BACKGROUND

Cindy Kim Oanh Tran owner of Wholistic Space has made an application for approval of a business license to allow the operation of a massage establishment. The business is located at 23912 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

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

Wholistic Space

CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA)

1. BUSINESS LOCATION (*physical business address - see note below)

23912 Crenshaw Blvd.

Suite#

City
TorranceState
CAZIP
90505

2. MAILING ADDRESS OR PO/PMB BOX (required)

Same as above

Suite#

City

State

ZIP

3. IS THE BUSINESS LOCATED AT A RESIDENTIAL ADDRESS (*select one)?

YES NO

HOME OCCUPATION PERMIT#:

EMAIL ADDRESS:

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

massage and holistic services

FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S)

(**see note below): 190

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:

Cindy Kim Oanh Tran

CONTACT TITLE:

Owner

CONTACT PHONE #:

BUSINESS PHONE#:

CELL PHONE#:

DRIVERS LICENSE OR OTHER GOVERNMENT

ISSUED ID#:

SOCIAL SECURITY# (optional):

[REDACTED]

COMMERCIAL OFFICE SQFT:

[REDACTED]

OF PEOPLE WORKING

IN TORRANCE:

[REDACTED]

OF UNITS (apartments/hotels/mobile homes/vehicles):

[REDACTED]

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, PARTNERS, OR PRINCIPAL OFFICERS:

Cindy Kim Oanh T. Tran

TITLE:

Owner

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 declare that 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

SIGNATURE:

DATE:

4/25/22

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 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.osha.gov/pls/imis/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/industrial.html

Telephone:
618-5828

CITY OF TORRANCE

REVENUE DIVISION

3031 Torrance Boulevard
Torrance, CA 90503

APPLICATION FOR _____

Torrance Municipal Code Section: _____

5/16/22 19 _____

NAME OF APPLICANT CINDY KIM OANH T. TRAN

ADDRESS [REDACTED] STATE CA

CITY [REDACTED] STATE CA

TYPE OF BUSINESS massage and holistic wellness

FIRM NAME Wholistic Spaces

ADDRESS 23912 Crenshaw Blvd PHONE 310-739-6549

CITY Torrance STATE CA

PROOF OF AGE: BIRTH CERTIFICATE BAPTISMAL CERTIFICATE DRIVERS LICENSE OTHER

SOCIAL SECURITY NO. [REDACTED] DRIVERS LICENSE NO. [REDACTED]

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:

JEFF UNIFORMS INC 557 VAN NESS AVE, TORRANCE
JUST MASSAGE 22926 HAWTHORNE BLVD TORRANCE
Treat Better 22219 Palos Verdes Blvd, Torrance
The Now 2407 MAIN ST, SANTA MONICA

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

Steven Rivera [REDACTED]
Juanita Leon [REDACTED]
Nam Tran [REDACTED]

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)

N/A

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

[REDACTED]

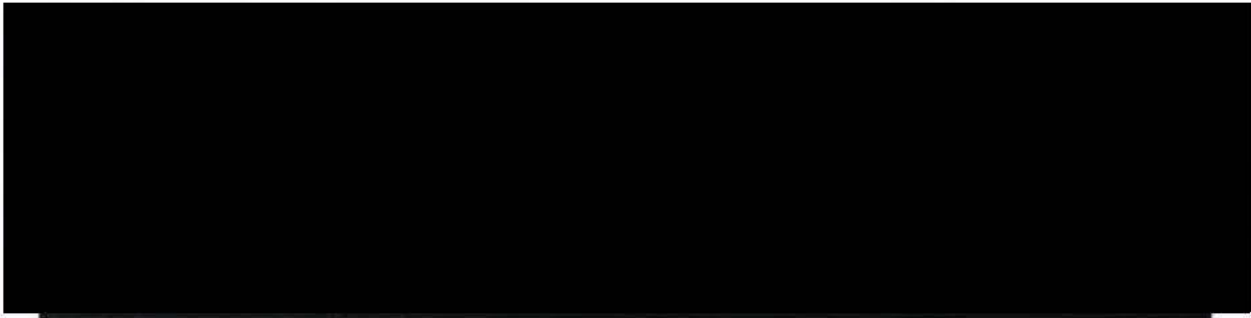
DESCRIPTION OF APPLICANT

HAIR: [REDACTED]
EYES: [REDACTED]
AGE: [REDACTED]
HEIGHT: [REDACTED]
WEIGHT: [REDACTED]

[REDACTED]

FOR OFFICIAL USE ONLY

APPROVED BY: _____
CHIEF OF POLICE DATE LICENSE REVIEW BOARD DATE
DISAPPROVED BY: _____
CHIEF OF POLICE DATE LICENSE REVIEW BOARD DATE



CALIFORNIA
MASSAGE THERAPY
COUNCIL

**CERTIFIED
MASSAGE
THERAPIST**

Cindy Kim Oanh Thi Tran
Cert # 34842

Expires 06/18/24



Masuda Investments LLC
916 Silver Spur Road, #100
Rolling Hills Estates, Ca 90274

To Whom it May Concern:

I am the owner of the retail space located at 23912 Crenshaw Blvd., Torrance Ca. I am aware that Wholistic Spaces will be leasing that unit and it will be used to provide wellness services including massage services. The tenant shall be responsible for any required permits.

Date: _____

5/3/22


Mónica Masuda
Managing Member
Masuda Investments LLC

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

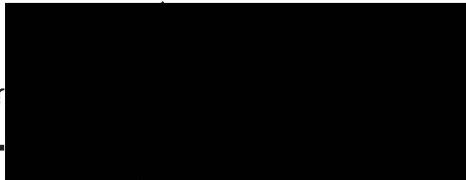
On May 3, 2022 before me, Virginia Knebel, Notary Public
(insert name and title of the officer)

personally appeared Monica Masuda
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.

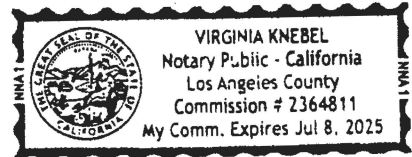
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



Clear Form

Print Form



Torrance Police Department Intelligence Detail

License Review Interview Summary

Detective Lucas Ryono [REDACTED]

To:
Suzanne Bittner
License Supervisor

Date: May 24, 2022

From:
Detective Lucas Ryono
Intelligence Section

Subject:
"Wholistic Space"
23912 Crenshaw Blvd, Torrance, CA 90505
[REDACTED]

License Review Board Hearing – June 2, 2022

Licensees Interviewed:
Cindy Kim Oanh Tran (Owner)
[REDACTED]

On 24 MAY 22, I interviewed Ms. Cindy Tran regarding her application for a business license for "Wholistic Space," located at 23912 Crenshaw Blvd, Torrance, CA.

Ms. Tran will be opening a new business at the location. Ms. Tran will be the sole owner. Ms. Tran has worked in the massage industry for approximately 14 years. She is a certified massage therapist (Cert #34842 / Exp. 6-18-24). She currently conducts massages by appointment, renting space at Treat Better (22219 Palos Verdes Blvd, Torrance, CA). This will be her first time owning a massage business.

The current business will initially be massage by appointment and Ms. Tran will be the sole employee. As business grows, Ms. Tran may add additional masseuses and begin servicing "walk-in" type customers.

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. Tran 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. Tran 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 Wholistic Space Phone [REDACTED]

Licensee(s) Cindy Kim Oanh Tran

Who are the sole owners? SEE ABOVE

Is the business incorporated? NO

Are there other officers/owners in the company? _____

Business Address 23912 CRENSHAW BLVD, TORRANCE, CA

How Long Has This Business Been Operating? NEW



Company History

Past Businesses

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

Location address? TREAT BETTER 22219 P.V. BLVD TORRANCE, CA (6 YRS)

How long? 14-15 YEARS

Do you own any other businesses? NO

Location address? _____

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?

N/A

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?

N/A



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:

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

np CF 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.

LR CF 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.

LR CF 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.

LR CF 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.

LR CF 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)).

LR CF 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.

LR CF **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.



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.
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? ✓ CT

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

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



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.

[Redacted Signature]

5/24/2022
Date

[Redacted Signature]

Date

LICENSE REVIEW BOARD MEETING
JUNE 2, 2022

ITEM NO. 7D – J HEALING THERAPY

BACKGROUND

Richard Alan Clenvenger the 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

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%) [X]
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: 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)
25690 Crenshaw Blvd. Suite# 101 City Torrance State Ca. ZIP 90505

2. MAILING ADDRESS OR PO/PMB BOX (required)
P.O. Box 641042 Suite# City Los Angeles State CA., ZIP 90064

3. IS THE BUSINESS LOCATED AT A RESIDENTIAL ADDRESS (*select one)?
YES [] NO [X] HOME OCCUPATION PERMIT#: [] EMAIL ADDRESS: [REDACTED]

NATURE OF BUSINESS (description of business activity in detail):
Swedish, Prenatal, Myofacial, Decompressing tight muscles, Reflexology, Deep Tissue, Aromatherapy Massages.

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

TECHNOLOGY BUSINESS (select one):
YES [] NO [X]
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 [X]
Definition: CBD is the cannabidiol compound derived from industrial hemp, cannabis or otherwise.

CONTACT NAME: Richard Alan Clevenger
CONTACT TITLE: Owner
CONTACT PHONE #: [REDACTED]
BUSINESS PHONE#: [REDACTED]
CELL PHONE#: [REDACTED]

DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED ID#: [REDACTED]
SOCIAL SECURITY# (optional): --
COMMERCIAL OFFICE SQFT:
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 [X]

NAMES OF OWNER, PARTNERS, OR PRINCIPAL OFFICERS:
TITLE:
Richard Alan Clevenger 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.

DATE: 3-7-22

PER PERSON FEE:
PER UNIT FEE:

OTHER FEES:
PENALTY FEE:
TOTAL AMOUNT:
Business License #
BL-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.osha.gov/pls/irmis/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/industrial.html

Attachment B

Telephone: 618-5826

CITY OF TORRANCE
REVENUE DIVISION

3031 Torrance Boulevard
Torrance, CA 90503

APPLICATION FOR BUSINESS LICENSE

Torrance Municipal Code Section: ~~32.1.10~~ 32.1.24

NAME OF APPLICANT: RICHARD ALAN CLEVENGER 2022

ADD: [REDACTED]

CITY: [REDACTED] STATE: CA

TYPE OF BUSINESS: MASSAGE THERAPY

FIRM NAME: J HEALING THERAPY

ADDRESS: 25690 SUITE #101 PHONE: (310) 971-0770

CITY: TORRANCE CRENSHAW BLVD, STATE: CA

PROOF OF AGE: BIRTH CERTIFICATE BAPTISMAL CERTIFICATE DRIVERS LICENSE OTHER

SOCIAL SECURITY NO: [REDACTED] DRIVERS LICENSE NO: [REDACTED]

FOR OFFICIAL USE ONLY NAME

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:

SELF EMPLOYED SINCE 1990

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

HELENE CENTER

RUTHE HIRSCH

HAYDEN BURKE

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)

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

SIGNATURE OF APPLICANT

DESCRIPTION OF APPLICANT

HAIR:

EYES:

AGE:

HEIGHT:

WEIGHT:

FOR OFFICIAL USE ONLY

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*

Eun Sook Min

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, **Eun Sook Min** 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, Monday, October 11, 2021.



A handwritten signature in black ink, reading "Jeffrey Foman".

*Jeffrey Foman, Chairman of the Board
California Massage Therapy Council
CAMTC, One Capitol Mall, Suite 800, Sacramento, CA 95814*

**CERTIFICATE # 50834
EXPIRES: 10/22/2023**

The validity and authenticity of this certificate may be verified online
by entering the name and certificate number at: www.camtc.org



Attachment C

March 15, 2022

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 perspective tenant, Richard Clevenger, has purchased the business (J Healing Therapy) from Jaime Machuca and Guadalupe Vega Nolasco as of March 7, 2022. He 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 KLW Management, Inc.:

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

We have attached a copy the lease agreement between Rancho Plaza Offices, LLC and Richard Clevenger dated March 7, 2022. 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


Kim Wooden

Owner, Rancho Plaza Offices, LLC

D:\KLW-WORK\LEASING\CityofTorrance-ClevengerRichard-JHealingTherapy-MassageSalonServices-Application.docx

11835 W. Olympic Boulevard, Suite 1201E, Los Angeles, CA 90064
(310) 576-6906 Main * (310) 395-0142 Fax

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 3-15-2022 before me, Katrina Rosenloecher, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Kim L. Warden
Name(s) of Signer(s)

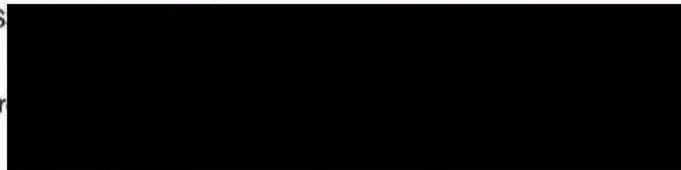
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),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

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



WITNES

Signature



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: City of Torrance Document Date: 3-15-2022
Number of Pages: 1 + lease 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): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____



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

To:
Suzanne Bittner
License Supervisor

Date: May 26, 2022

From:
Detective Lucas Ryono
Intelligence Section

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

License Review Board Hearing – TBD

Licensees Interviewed:
Richard Clevenger (Owner)
[REDACTED]

On 26 MAY 22, I interviewed Mr. Richard Clevenger regarding his application for a business license for "J Healing Therapy," located at 25690 Crenshaw Blvd, Unit #101, Torrance, CA.

Mr. Clevenger will be taking over ownership of a pre-existing business at the location. Clevenger will be the sole owner. Clevenger stated he recently learned that the prior owner of the business was changing careers and wanted to sell the business so he purchased it as an investment. Clevenger has a certified masseuse, Eun Sook Min (License 50834 / Exp. 10-22-23) who will be providing massage at the location and managing the office. Clevenger has not previously worked in the massage industry.

The business will initially be massage by appointment and "walk-in" type customers.

Mr. Clevenger's Livescan results indicated he had a prior conviction for transporting/selling a controlled substance in 1993, which he had previously disclosed in his application. He also received a ticket for marijuana in 2007. No other crimes meeting dissemination criteria were received.

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. Clenvenger 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. Clenvenger 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 [REDACTED]

Licensee(s) Richard Clenvenger [REDACTED]

Who are the sole owners? Clenvenger

Is the business incorporated? No

Are there other officers/owners in the company? N/A

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

How Long Has This Business Been Operating? ~ 1 Yr



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?

N/A

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

N/A

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



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:

La Re

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.

La Re

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)).**

La Re

All exit doors will be kept unlocked during business hours.

CR

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.

CR

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.

CR

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.

CR

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.

CR

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)).

CR

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.

CR

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.



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.
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.



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.

[Redacted]

Licensee(s)

5-26-22

Date

[Redacted]

Date