

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

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

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

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

**TORRANCE LICENSE REVIEW BOARD AGENDA  
THURSDAY, SEPTEMBER 15, 2022  
REGULAR MEETING**

**10:00 AM IN WEST ANNEX COMMISSION ROOM AT 3031 TORRANCE BOULEVARD**

**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 Thursday September 8, 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 ANNOUNCEMENT OF WITHDRAWN, DEFERRED, AND/OR SUPPLEMENTAL ITEMS.**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 step up to the podium and speak clearly into the microphone.*

**6. Consent Calendar**

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

**6A. APPROVAL OF MINUTES**

**7. ADMINISTRATIVE MATTERS**

**7A. IRIX FOOT MASSAGE SPA**, application for a business license to allow the operation of a massage establishment.

**7B. RELAX MASSAGE,** 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 October 6, 2022, at 10:00 a.m in the West Annex Commission Room at 3031 Torrance Boulevard.

LICENSE REVIEW BOARD MEETING  
SEPTEMBER 15, 2022

ITEM NO. 7A – IRIX FOOT MASSAGE SPA

BACKGROUND

Xue Bai owner of Irix Foot 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 2202 Artesia Boulevard, Suite D 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 Certificates(s)

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	<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 <b>Irix Foot Massage Spa</b>	CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA)
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1. BUSINESS LOCATION (*physical business address - see note below) <b>2002 Artesia BLVD #D,</b>	Suite#	City <b>Torrance</b>	State <b>CA</b>	ZIP <b>90504</b>
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2. MAILING ADDRESS OR PO/PMB BOX (required) <b>SAME AS ABOVE</b>	Suite#	City	State	ZIP
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3. IS THE BUSINESS LOCATED AT A RESIDENTIAL ADDRESS (*select one)? YES <input type="radio"/> NO <input checked="" type="radio"/>	HOME OCCUPATION PERMIT#:	EMAIL ADDRESS: [REDACTED]
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NATURE OF BUSINESS (description of business activity in detail):  
**Massage**

FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S) (*see note below): <b>N/A</b>	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: <b>Xue Bai</b>	CONTACT TITLE: <b>owner</b>	CONTACT PHONE #: [REDACTED]	BUSINESS PHONE#: <b>423-329-3090</b>	CELL PHONE#: [REDACTED]
DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED ID#: [REDACTED]	SOCIAL SECURITY# (optional): [REDACTED]	1000 SQFT	# OF PEOPLE WORKING IN TORRANCE: <b>3+1</b>	# OF UNITS (apartments/hotels/mobile homes/vehicles):
FEDERAL TAX ID# (FEIN): [REDACTED]	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: <b>Xue Bai</b>	TITLE: <b>owner</b>	NAMES OF OWNER, PARTNERS OR PRINCIPAL OFFICERS:	TITLE:
--	------------------------	---	--------

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

SIGNATURE: [REDACTED]	DATE: <b>8/1/2022</b>
--------------------------	--------------------------

**PART II. FOR OFFICIAL USE ONLY**

BASIC FEE:	PROCESSING FEE:	STATE FEE:	PER PERSON FEE:	PER UNIT FEE:
OTHER FEES:	PENALTY FEE:	TOTAL AMOUNT:	Business License # BL-A [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](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](https://www.waterboards.ca.gov/water_issues/programs/stormwater/industrial.html)



Telephone:  
616-5828

# CITY OF TORRANCE

REVENUE DIVISION

3031 Torrance Boulevard  
Torrance, CA 90503

APPLICATION FOR Irix Foot Massage Spa

Torrance Municipal Code Section: N/A

NAME OF APPLICANT Xue Bai

ADDRESS 2202 Artesia BLVD #D PHONE 423-329-3090

CITY Torrance STATE CA

TYPE OF BUSINESS Massage

FIRM NAME Irix Foot Massage Spa

ADDRESS 2202 Artesia BLVD #D PHONE 423-329-3090

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Hua Ming Xie  
Alice  
Terry



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

NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



SIGNATURE OF APPLICANT



FOR OFFICIAL USE ONLY

APPROVED BY:

CHIEF OF POLICE

DATE

LICENSE

DISAPPROVED BY:

CHIEF OF POLICE

DATE

LICENSE



# CALIFORNIA MASSAGE THERAPY COUNCIL

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

**Xue Bai**

*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, **Xue Bai** 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, Friday, November 06, 2020.*



A handwritten signature in black ink, appearing to read "Jeffrey Forman".

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

*CAMTC, One Capitol Mall, Suite 800, Sacramento, CA 95814*

**CERTIFICATE # 85023  
EXPIRES: 9/17/2022**

The validity and authenticity of this certificate may be verified online  
by entering the name and certificate number at: [www.camtc.org](http://www.camtc.org)



Search Again

Scroll down as needed.

Search



Please note: If an individual's status is showing as "suspended" or "revoked," then the date listed under the "expires" column is actually the date of suspension or revocation.

Name	Cert #	Certificate Type	Expires	City	Status
Xinshui Tao	38907	Certified Massage Therapist	10/16/2024	TORRANCE	Active

### Disclaimer

Please note that California Massage Therapy Council ("CAMTC") certificate holders may have the same or similar names and may also reside in the same city, so please be sure to use a full CAMTC certificate number when conducting a search to ensure that the information you are viewing is for the same person you are looking for.

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**California Massage Therapy Council's mission is to protect the public by certifying massage professionals in California that meet the requirements in the law and approving massage programs that meet the minimum standards for training and curriculum.**

[Terms of Use \(/media/1447/website-terms-of-use-for-camtc-may-2018.pdf\)](/media/1447/website-terms-of-use-for-camtc-may-2018.pdf) |  
[Privacy Policy \(/media/1448/website-privacy-policy-for-camtc-may-2018.pdf\)](/media/1448/website-privacy-policy-for-camtc-may-2018.pdf) |  
[Sitemap \(/sitemap/\)](/sitemap/)

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# CALIFORNIA MASSAGE THERAPY COUNCIL

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

## Xinshui Tao

*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, Xinshui Tao is recognized as a CMT in good standing, including all the rights and privileges pertaining thereto, as witnessed by the signature below.*

*Given at Sacramento, California, Thursday, September 13, 2018.*



A handwritten signature in black ink that reads "Mark W. Dixon". The signature is written in a cursive style and is positioned above a horizontal line.

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

**CERTIFICATE # 38907  
EXPIRES: 10/16/2020**

The validity and authenticity of this certificate may be verified online  
by entering the name and certificate number at: [www.camtc.org](http://www.camtc.org)

# CALIFORNIA MASSAGE THERAPY COUNCIL

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

**Li Wang**

*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, **Li Wang** 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, Friday, November 06, 2020.*



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

**CERTIFICATE # 85060  
EXPIRES: 9/24/2022**

The validity and authenticity of this certificate may be verified online  
by entering the name and certificate number at: [www.camtc.org](http://www.camtc.org)



# CALIFORNIA MASSAGE THERAPY COUNCIL

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

## Qingchang Hao

*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, Qingchang Hao 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, Friday, December 04, 2020.*



A handwritten signature in black ink that reads "Jeffrey Fournier".

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

**CERTIFICATE # 62925  
EXPIRES: 12/19/2022**

The validity and authenticity of this certificate may be verified online  
by entering the name and certificate number at: [www.camtc.org](http://www.camtc.org)



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July 29, 2022

City of Torrance, Revenue division

Business License Application

3021 Torrance Blvd, Torrance CA 90503

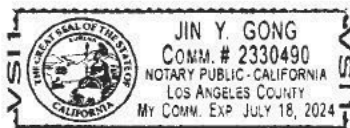
Dear Sir or Madam,

I, MASA AKI OYAMA, an employee of Marumatsu Inc., authorized by the landlord, acknowledge that IRIX foot massage spa will operate a massage business at the property 2202 Artesia Blvd. Suite D, Torrance CA 90504, business owner name is Xue Bai.

Signature



7/29/2022





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 7/29/22

before me,

Jim Y. Gong, Notary Public

Date

Here Insert Name and Title of the Officer

personally appeared

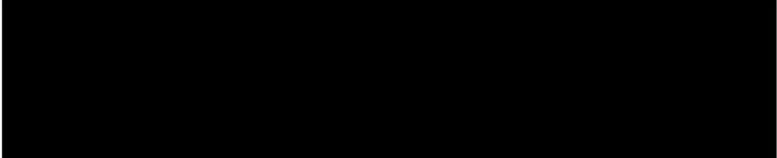
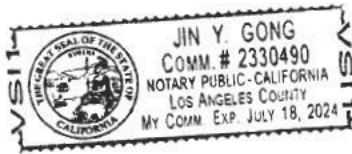
Masaaki Oyama

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.

WITNESS my hand and official seal.



Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

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: September 6, 2022

From:

**Detective Lucas Ryono**  
Intelligence Section

Subject:

**"Irix Foot Massage Spa"**  
2202 Artesia Blvd. #D, Torrance, CA 90504  
[REDACTED]

License Review Board Hearing – September 15, 2022

Licensees Interviewed:

**Xue Bai (Owner)**  
[REDACTED]

**Translator:** Hsiao-Tze Ting (Mandarin) [REDACTED]

On 06 SEP 22, I interviewed Ms. Xue Bai regarding her application for a business license for "Irix Foot Massage Spa," located at 2202 Artesia Blvd, #D, Torrance, CA. Ms. Bai was assisted by her Mandarin translator, Hsiao-Tze Ting.

Ms. Bai is the owner of the business. Iris Foot Massage Spa is a pre-existing business that has been operating for approximately 10 years. Ms. Bai recently purchased the business from the previous owner.

Ms. Bai is a licensed masseuse (#85023 / Exp. 9-17-22). Ms. Bai plans to have four employees working at the location. She will primarily manage the business but will fill in as needed as a masseuse.

Ms. Bai has worked in the massage industry for approximately 3 years, previously working as a masseuse at Happy Feet (2230 Pickwick Dr., Camarillo, CA).

The business offers massage by appointment and "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. Bai 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. Bai 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 Hsiao-Tep Ting Language Mandarin's



**General Information**

Business Name Irix Foot Massage Spa Phone [Redacted]

Licensee(s) XUE BAI [Redacted]

Who are the sole owners? XUE BAI

Is the business incorporated? No

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

4 employees

Business Address 2202 Artesia Blvd #D, Torrance, CA

How Long Has This Business Been Operating? 10 yrs



**Company History**

**Past Businesses**

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

Location address? Happy Feet, 2338 Pickwick Dr. Granada Hills, CA

How long? ~ 3 years

Do you own any other businesses? No

Location address? N/A



**Record in Other Cities (If Applicable)**

In what other cities is the company licensed?

N/A

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

NO

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

NO

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

N/A



**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 XB 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 XB 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 XB All exit doors will be kept unlocked during business hours.

LR XB 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 XB 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 XB 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 XB 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 XB **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 XB **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 XB **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?**

LN XB

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

LN XB

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

LN XB





## 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.

Licensee(s)

9-6-2022

Date

License(s) or Designated Representative

9-6-22

Date

LICENSE REVIEW BOARD MEETING  
SEPTEMBER 15, 2022

ITEM NO. 7B – RELAX MASSAGE

BACKGROUND

Lin Tian, owner of Relax Massage 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 204 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 Certificate
Attachment C:	Lease Agreement
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	<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 Relax Massage	CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA)
---------------------------------------	---

1. BUSINESS LOCATION (*physical business address - see note below) 25690 Crenshaw Blvd.	Suite# 204	City Torrance	State CA	ZIP 90505
--	---------------	------------------	-------------	--------------

2. MAILING ADDRESS OR PO/PMB BOX (required) 25690 Crenshaw Blvd, Ste 204, Torrance, CA 90505	Suite#	City	State	ZIP
---	--------	------	-------	-----

3. IS THE BUSINESS LOCATED AT A RESIDENTIAL ADDRESS (*select one)? YES <input type="radio"/> NO <input checked="" type="radio"/>	HOME OCCUPATION PERMIT#:	EMAIL ADDRESS: [REDACTED]
---	--------------------------	------------------------------

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

FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S) (**see note below): 7299	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 checked="" 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 checked="" type="radio"/>
---	---

CONTACT NAME: Lin Tian	CONTACT TITLE: Owner	CONTACT PHONE #: [REDACTED]	BUSINESS PHONE#:	CELL PHONE#:
---------------------------	-------------------------	--------------------------------	------------------	--------------

DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED ID# [REDACTED]	SOCIAL SECURITY# (optional):	COMMERCIAL OFFICE SQFT:	# OF PEOPLE WORKING IN TORRANCE:	# 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 <input type="radio"/>	LLC <input type="radio"/>	PARTNERSHIP <input type="radio"/>	SOLE OWNERSHIP <input checked="" type="radio"/>
---	-----------------------------------	---------------------------	-----------------------------------	---

NAMES OF OWNER, PARTNERS, OR PRINCIPAL OFFICERS: Lin Tian	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 am duly authorized to make this application. All of the information provided in this application is true and correct. The business will not provide any service, good or product which is illegal under Federal, State, or Local Laws. I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE: [REDACTED]	DATE: 8/30/22
--------------------------	------------------

PART II. FOR OFFICIAL USE ONLY

BASIC FEE:	PROCESSING FEE:	STATE FEE:	PER PERSON FEE:	PER UNIT FEE:
OTHER FEES:	PENALTY FEE:	TOTAL AMOUNT:	Business License Application # BL-APP:	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: [http://www.osha.gov/pls/mis/sic\\_manual.html](http://www.osha.gov/pls/mis/sic_manual.html)  
\*\*\* ACCESS INFORMATION FOR AN INDUSTRIAL BUSINESS REQUIRING A WDID# FROM THE CALIFORNIA STATE WATER RESOURCES CONTROL BOARD WEBSITE: [http://www.waterboards.ca.gov/water\\_issues/programs/stormwater/industrial.html](http://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 BUSINESS LICENSE

Torrance Municipal Code Section: \_\_\_\_\_

NAME OF APPLICANT LIM TIAN Aug-30 2022

ADDRESS 25690 CRENSHAW #204 PLEASE PRINT PHONE [REDACTED]

CITY TORRANCE STATE CA

TYPE OF BUSINESS MASSAGE THERAPY

FORM NAME RELAX MASSAGE

ADDRESS 25690 CRENSHAW #204 PHONE [REDACTED]

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Meng King Chen, [REDACTED]  
Fung Young [REDACTED]  
Armando Mendoza [REDACTED]

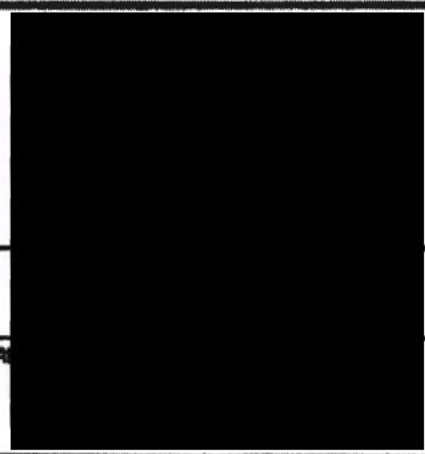
LIST ANY AND ALL MISDEMEANOR AND FELONY CONVICTIONS FOR VIOLATIONS OF ANY LAW, EVEN IF THE CONVICTION WAS DISMISSED OR EXPUNGED, PER CALIFORNIA PENAL CODE 1203.4 ET. SEQ. Failure to list all convictions is grounds for DENIAL of the license. (IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH ADDITIONAL SHEETS)

N/A

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[REDACTED]  
SIGNATURE OF APPLICANT



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*

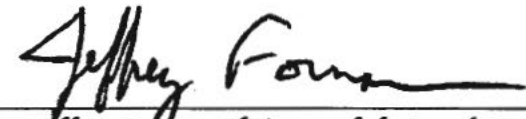
**Lin Tian**

*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, **Lin Tian** 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, February 02, 2022.*



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

**CERTIFICATE # 89333  
EXPIRES: 2/1/2024**

The validity and authenticity of this certificate may be verified online  
by entering the name and certificate number at: [www.camtc.org](http://www.camtc.org)

Attachment C



CALIFORNIA ASSOCIATION OF REALTORS®

COMMERCIAL LEASE AGREEMENT (C.A.R. Form CL, Revised 12/15)

Date (For reference only): June 1, 2022

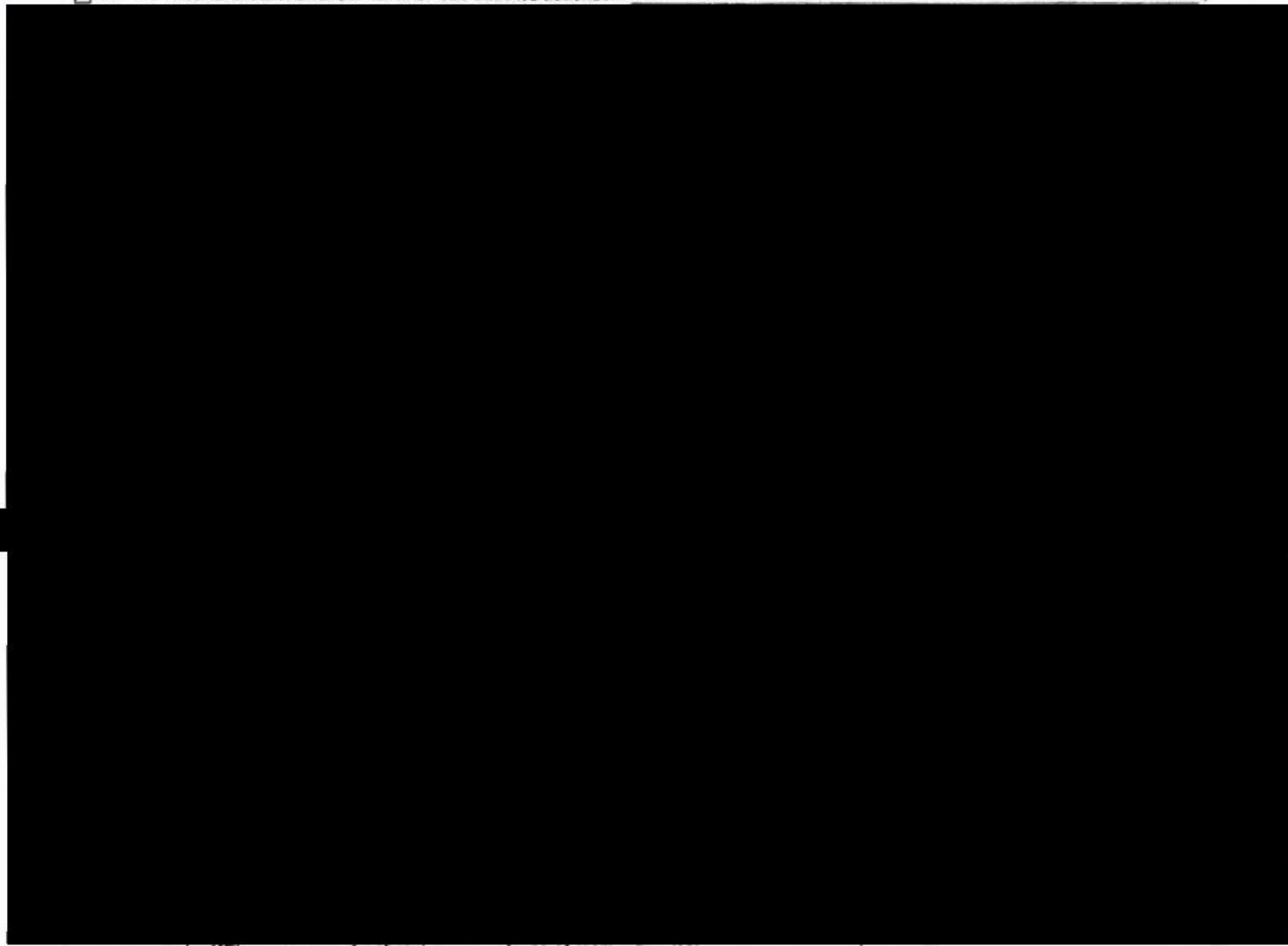
KLW Management, Inc. as agent for Rancho Plaza Offices, LLC Lin Tian - Relax Massage

("Landlord") and ("Tenant") agree as follows:

1. PROPERTY: Landlord rents to Tenant and Tenant rents from Landlord, the real property and improvements described as: 25690 Crenshaw Blvd Unit 204 Torrance, Ca 90505 ("Premises"), which comprise approximately % of the total square footage of rentable space in the entire property. See exhibit for a further description of the Premises.

2. TERM: The term begins on (date) June 1, 2022 ("Commencement Date"), (Check A or B):

- A. Lease: and shall terminate on (date) May 31, 2025 at AM PM. Any holding over after the term of this agreement expires, with Landlord's consent, shall create a month-to-month tenancy that either party may terminate as specified in paragraph 2B. Rent shall be at a rate equal to the rent for the immediately preceding month, payable in advance. All other terms and conditions of this agreement shall remain in full force and effect.
B. Month-to-month: and continues as a month-to-month tenancy. Either party may terminate the tenancy by giving written notice to the other at least 30 days prior to the intended termination date, subject to any applicable laws. Such notice may be given on any date.
C. RENEWAL OR EXTENSION TERMS: See attached addendum



Landlord's Initials ( KR ) ( )

Tenant's Initials ( LT ) ( )





Premises: 25690 Crenshaw Blvd Unit #204 Torrance, Ca 90505

Date June 1, 2022

Landlord and Tenant acknowledge and agree that Brokers: (i) do not guarantee the condition of the Premises; (ii) cannot verify representations made by others; (iii) will not verify zoning and land use restrictions; (iv) cannot provide legal or tax advice; (v) will not provide other advice or information that exceeds the knowledge, education or experience required to obtain a real estate license. Furthermore, if Brokers are not also acting as Landlord in this agreement, Brokers: (vi) do not decide what rental rate a Tenant should pay or Landlord should accept; and (vii) do not decide upon the length or other terms of tenancy. Landlord and Tenant agree that they will seek legal, tax, insurance, and other desired assistance from appropriate professionals.

DocuSigned by:

[Redacted Signature]

Date 5/31/2022

(Print name)

Address 25690 Crenshaw Blvd Unit #204 City Torrance State CA Zip 90505

Tenant

Date

(Print name)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**GUARANTEE:** In consideration of the execution of this Agreement by and between Landlord and Tenant and for valuable consideration, receipt of which is hereby acknowledged, the undersigned ("Guarantor") does hereby: (i) guarantee unconditionally to Landlord and Landlord's agents, successors and assigns, the prompt payment of Rent or other sums that become due pursuant to this Agreement, including any and all court costs and attorney fees included in enforcing the Agreement; (ii) consent to any changes, modifications or alterations of any term in this Agreement agreed to by Landlord and Tenant; and (iii) waive any right to require Landlord and/or Landlord's agents to proceed against Tenant for any default occurring under this Agreement before seeking to enforce this Guarantee.

Guarantor (Print Name) N/A

Guarantor \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Landlord agrees to rent the Premises on the above

Landlord RANCHO PLAZA OFFICES, LLC [Redacted] Date 5/30/2022  
(owner or agent with authority to enter in [Redacted])

Address 11835 W. Olympic Boulevard, Suite 12010E City Los Angeles State CA Zip 90064

Landlord \_\_\_\_\_ Date \_\_\_\_\_  
(owner or agent with authority to enter into this agreement)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Agency relationships are confirmed as above. Real estate brokers who are not also Landlord in this agreement are not a party to the agreement between Landlord and Tenant.

Real Estate Broker (Leasing Firm) \_\_\_\_\_ CalBRE Lic. # \_\_\_\_\_

By (Agent) \_\_\_\_\_ CalBRE Lic. # \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Real Estate Broker (Listing Firm) \_\_\_\_\_ CalBRE Lic. # \_\_\_\_\_

By (Agent) \_\_\_\_\_ CalBRE Lic. # \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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525 South Virgil Avenue, Los Angeles, California 90020

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_





Torrance Police Department Intelligence Detail

License Review Interview Summary

Detective Lucas Ryono [REDACTED]

To:

Suzanne Bittner  
License Supervisor

Date: July 14, 2022

From:

Detective Lucas Ryono  
Intelligence Section

Subject:

"Relax Massage"

25690 Crenshaw Blvd, Unit 204, Torrance, CA 90505  
[REDACTED]

License Review Board Hearing – TBD

Licensees Interviewed:

Lin Tian (Owner)  
[REDACTED]

Translator: Yaqi Huang / [REDACTED]

On 14 JUL 22, I interviewed Ms. Lin Tian regarding her application for a business license for "Relax Massage," located at 25690 Crenshaw Blvd, Unit #204, Torrance, CA.

Ms. Tian is primarily a Mandarin speaker and was assisted by her translator, Yaqi Huang, during our interview.

Ms. Tian will be taking over ownership of a pre-existing business at the location which has been in operation for approximately 5 years.

Ms. Tian will be the sole owner and worker at the location. Ms. Tian is a certified masseuse (License #89333 / Expires 2-1-24). Ms. Tian has worked in the massage industry for approximately one year, having previously worked at Healthy Massage (20851 Sherman Way, Winnetka, CA). Ms. Tian will be responsible for massage and managing the office at the location.

The business will initially be massage by appointment and "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. Tian 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. Tian 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 Yaqi Huang Language Mandarin



**General Information**

Business Name Relax Massage Phone

Licensee(s) LIN TIAN

Who are the sole owners? LIN TIAN  
 Is the business incorporated? YES HE TAN LLC  
 Are there other officers/owners in the company? NO

Business Address 25690 CRENSHAW BLVD #204, TORRANCE, CA 90505

How Long Has This Business Been Operating? 5 YEARS  
 (LIN TAKING OVER BUSINESS)



**Company History**

**Past Businesses**

Have you been in the acupuncture/massage business before? YES  
 Location address? HEALTHY MASSAGE  
 How long? 1 YEAR  
 Do you own any other businesses? NO  
 Location address? 20851 SHERRILL WAY WINNETKA, CA

**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:**

*CR*  
*LT*

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.

*CR* *LT*

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)).**

*CR* *LT*

All exit doors will be kept unlocked during business hours.

CR LT 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 LT 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 LT 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 LT 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 LT **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 LT **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 LT **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.

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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?**

X Lin Tian  
LT

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

X Lin Tian

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

X Lin Tian



## 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)

< 7/14/2022

Date

[Redacted]

7-14-22

Date