

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, JANUARY 5, 2023  
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 Wednesday December 28, 2022.

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 ANNOUNCEMENT OF WITHDRAWN, DEFERRED, AND/OR SUPPLEMENTAL ITEMS.**

**5. ORAL COMMUNICATIONS (Limited to a 15 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 1 minute 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 – Thursday November 17, 2022**

**7. ADMINISTRATIVE MATTERS**

**7A. TENDER GREENS OPCO. LLC, DBA TENDER GREENS**, application for a business license to allow the operation of a restaurant selling alcohol.

**7B. PORTSIDE ARMORY LLC**, application for a business license to allow the operation of a retail store selling firearms.

**7C. FUHUA SERVICE INC, DBA BLUE CRADLE SPA**, application for a business license to allow the operation of a massage establishment.

**PUBLIC HEARINGS (IF APPLICABLE MUST BE PUBLISHED IN NEWSPAPER)**

**8. BOARD ORAL COMMUNICATIONS**

**9. ADJOURNMENT**

**10A.** Adjournment of License Review Board Meeting to Thursday January 19, 2023, at 10:00 a.m in the West Annex Commission Room at 3031 Torrance Boulevard.

**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 10:00 a.m. on Thursday, November 17, 2022 in the West Annex meeting room at 3031 Torrance Boulevard.

**2. ROLL CALL**

Present: Chairman Michael Smith, City Manager's Office  
Board Member Jasun 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: October 6, 2022**

**MOTION:** Member Botiller moved to approve item 6A, the minutes for the meeting held on October 6, 2022, as submitted. The motion was seconded by Member Chun and the motion passed.

**7. ADMINISTRATIVE MATTERS**

**7A. HATHA MASSAGE**

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

Ms. Chiraporn Chinsongkram, owner of Hatha Massage confirmed her application for a business license to allow the operation of a massage establishment, located at 3617 Pacific Coast Highway, Suite B, in Torrance, and verified that she had met with the Police Department and understood the rules and regulations pertaining to this type of business.

In response to questions from Member Chun, Ms. Chinsongkram confirmed that she had made no changes to the facility, that she knew that the front door needed to remain unlocked during business hours and noted that she was planning on having two to three employees, who were registered with the City.

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

There were no comments from the public.

**MOTION:** Member Botiller moved to approve the application for a business license to allow the operation of a massage establishment to Hatha Massage, located at 3617 Pacific Coast Highway, Suite B, in Torrance. The motion was seconded by Member Chun and a roll call vote reflected unanimous approval.

**7B. BLUE CRADLE MASSAGE**

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

Ms. Irene Kuo, translated into Mandarin for Ms. Hui Feng Lui, owner of Blue Cradle Massage. Ms. Lui confirmed her application for a business license to allow the operation of a massage establishment, located at 2372 Torrance Boulevard, in Torrance, and verified that she had met with the Police Department and understood the rules and regulations pertaining to this type of business.

In response to a question from Chairman Smith, License Supervisor Suzanne Bittner confirmed that the address was in Torrance and a commercially zoned building, as confirmed in Attachment C.

In response to questions from Member Chun, Ms. Lui confirmed that she had made no changes to the facility, that she would be alone in the business, that she knew that the front door needed to remain open and unlocked during business hours and noted that she would register any employees that she hired with the Finance Department.

Responding to questions from Deputy City Attorney Gonzaque. Ms. Lui confirmed that: she was responsible for all activities that occurred at the business, whether she was present on site or not, including the activities of the employees, that she or any employees providing massages would need to be licensed by the California Massage Therapy Council, that she needed to maintain an up-to-date list of her employees with the Finance Department and inform the Finance Department if she hired any employees or let any employees go and that if she or any of her employees performed any illegal or illicit acts, in violation of California Penal Code,



California Health and Safety Code or the Torrance Municipal Code or any other laws, she could be held responsible, she could have her business license suspended or revoked and if she or an employee violated the California Penal Code, the California Health and Safety Codes or the Torrance Municipal Code or any other laws, she could also be prosecuted in a criminal court of law.

There were no comments from the public.

**MOTION:** Member Botiller moved to approve the application for a business license to allow the operation of a massage establishment to Blue Cradle Massage, located at 2372 Torrance Boulevard, in Torrance. The motion was seconded by Member Chun and a roll call vote reflected unanimous approval.

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

None.

9. **BOARD ORAL COMMUNICATIONS**

None.

10. **ADJOURNMENT**

**10A. MOTION:** At 10:18 a.m., Member Botiller moved to adjourn the meeting to Thursday, December 1, 2022 at 10:00 a.m. in the West Annex meeting room at 3031 Torrance Boulevard. The motion was seconded by Member Chun and a roll call vote reflected unanimous approval.

###

LICENSE REVIEW BOARD MEETING  
JANUARY 5, 2023

ITEM NO 7A – TENDER GREENS OPCO. LLC, DBA TENDER  
GREENS

BACKGROUND

Jocelyn Reyes a manager of Tender Greens OpCo. LLC, dba Tender Greens has made an application for approval of a business license to allow the operation of a restaurant serving alcohol. The business is located at 21247 Hawthorne 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, upon the condition the applicant provides a copy of their final California Department of Alcohol Beverage Control with the conditions set forth by that agency.

- Attachment A: Business License Application
- Attachment B: LA County Health Department Permit Query
- 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><b>SELECT APPLICABLE BOX:</b></p> <table style="width:100%;"> <tr> <td>NEW APPLICATION <input type="checkbox"/></td> <td>CHANGE OF OWNERSHIP (greater than 50%) <input checked="" type="checkbox"/></td> </tr> <tr> <td>CHANGE OF BUSINESS LOCATION <input type="checkbox"/></td> <td>CHANGE OF NAME (Only) <input type="checkbox"/></td> </tr> </table>	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"/>
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 Tender Greens	CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA) Tender Greens OpCo., LLC
---------------------------------------	---

1. BUSINESS LOCATION (*physical business address - see note below) 21247 Hawthorne Boulevard	Suite#	City Torrance	State CA	ZIP 90503
---	--------	------------------	-------------	--------------

2. MAILING ADDRESS OR PO/PMB BOX (required) 1201 W. 5th Street	Suite# Ste., T-400	City Los Angeles	State CA	ZIP 90017
---	-----------------------	---------------------	-------------	--------------

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

NATURE OF BUSINESS (description of business activity in detail):  
 Restaurant, indoor seating, with type 47 alcohol sales.

FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S) (**see note below): SIC Code 581 - Eating and Drinking Places	STATE WASTE DISCHARGER IDENTIFICATION NUMBER (WDID#) (**if applicable - see note below): N/A
---	---

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.

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.

CONTACT NAME: Michael Valencia	CONTACT TITLE: Project Manager	CONTACT PHONE #: [REDACTED]	BUSINESS PHONE#:	CELL PHONE#:
DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED ID#:	SOCIAL SECURITY# (optional):	COMMERCIAL OFFICE SUFF#:	# OF PEOPLE WORKING IN TORRANCE: [REDACTED]	# OF UNITS (apartments/hotels/mobile homes/vehicles):
FEDERAL TAX ID# (FEIN): [REDACTED]	STATE TAX ID# (SEIN): [REDACTED]	STATE CONTRACTORS LICENSE #:	STATE SELLERS PERMIT#: [REDACTED]	

OWNERSHIP INFORMATION (check applicable box)	CORPORATION <input type="radio"/>	LLC <input checked="" type="radio"/>	PARTNERSHIP <input type="radio"/>	SOLE OWNERSHIP <input type="radio"/>
--	-----------------------------------	--------------------------------------	-----------------------------------	--------------------------------------

NAMES OF OWNER, PARTNERS, OR PRINCIPAL OFFICERS: Lina O'Connor	TITLE: President & CEO
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.

DATE: 8/13/21
------------------

**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-AP- [REDACTED]	Business License # BL-LIC- [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.osha.gov/pls/fims/sic\\_manual.html](https://www.osha.gov/pls/fims/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)



# RETAIL FOOD OFFICIAL INSPECTION REPORT

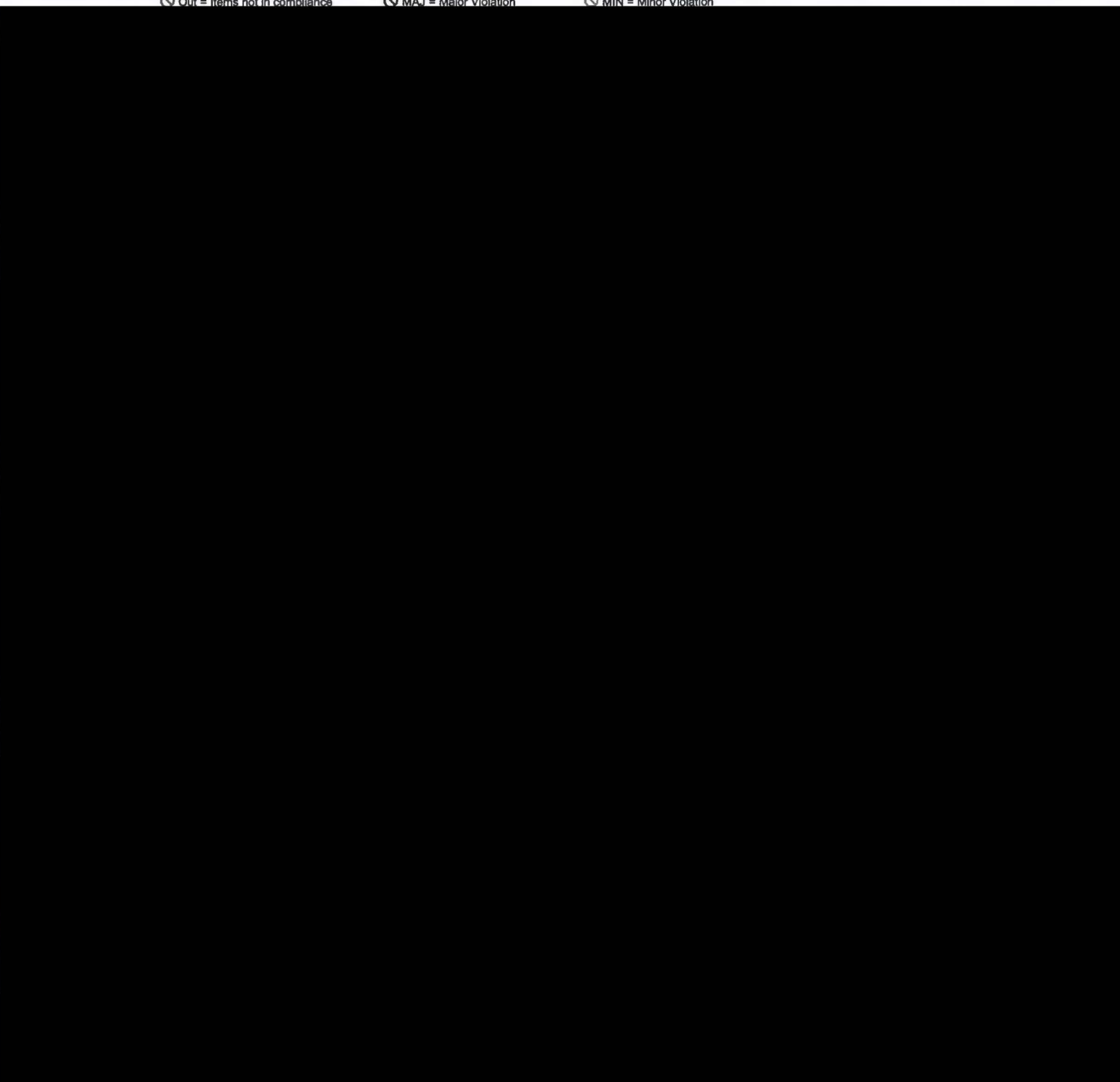
COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH  
OFFICE: HARBOR ♦ CHIEF: CARMELITA ARENAS  
20221 HAMILTON AVE, 1st FL, TORRANCE, CA 90502 - Phone: (310) 965-8900  
WWW.PUBLICHEALTH.LACOUNTY.GOV/EH



Facility Name: TENDER GREENS			Inspection Date: 7/26/2022	
Owner/Permittee: TENDER GREENS OPCO, LLC.			Re-inspection Date: 8/9/2022	
Program Identifier: TENDER GREENS		Time In: 02:05 PM	Time Out: 03:25 PM	
Facility Address: 21247 HAWTHORNE BLVD		Service: ROUTINE INSPECTION		
City/State/Zip: TORRANCE, CA 90503		Result: CORRECTIVE ACTION / FOLLOW UP REQUIRED		
FA: FA0301011	PR: PR0258350	PE: 1638	Action: REINSPECTION REQUIRED	

<b>Facility Status</b>	
Score	
Grade:	<b>A</b>

IN = In compliance     
  N/A = Not applicable     
  N/O = Not observed     
  COS = Corrected on-site  
 Out = Items not in compliance     
  MAJ = Major Violation     
  MIN = Minor Violation



CA

Attachment C



CALIFORNIA DEPARTMENT OF

# Alcoholic Beverage Control

---

**Report Date:** Tuesday, December 27, 2022

---

## LICENSE INFORMATION

**License Number:** 643421 **Primary Owner:** TENDER GREENS OPCO, LLC

**Office of Application:** 03 - LB/LAKEWOOD

## BUSINESS NAME

TENDER GREENS

## BUSINESS ADDRESS

21247 HAWTHORNE BLVD , TORRANCE, CA, 90503

**County:** LOS ANGELES **Census Tract:** 6507.01

---

## LICENSEE INFORMATION

**Licensee:** TENDER GREENS OPCO, LLC

## Company Information

MEMBER: ONE TABLE RESTAURANT OPERATIONS, 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:** PENDING **Status Date:** 18-OCT-2022 **Term:** 12 Month(s)

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

From License Number: 41-565299

## **TEMPORARY PERMIT -**

**License Type Status:** ISSUED **Status Date:** 21-OCT-2022 **Term:** 4 Month(s)

**Original Issue Date:** 21-OCT-2022 **Expiration Date:** 17-FEB-2023 **Master:** **Duplicate:**

**Fee Code:** **Transfers:** From License Number: 41-565299

## **OPERATING RESTRICTIONS:**

No Operating Restrictions found

## **DISCIPLINARY ACTION:**

No Active Disciplinary Action found

## **DISCIPLINARY HISTORY:**

No Disciplinary History found.

## **HOLDS:**

**Hold Type:** SPECIAL HOLD **Hold Date:** 05-MAY-2016 **Hold Type:** FORM 220 **Hold Date:**

18-OCT-2022

## **ESCROWS:**

No Escrow found





**Torrance Police Department Intelligence Detail**

**License Review Interview Summary**

**Detective Lucas Ryono** [REDACTED]

---

**To:**

**Suzanne Bittner**  
License Supervisor

**Date: 22 DEC 22**

**From:**

**Detective Lucas Ryono**  
Intelligence Section

**Subject:**

**Tender Greens / Tender Greens OpCo. LLC**  
21247 Hawthorne Blvd, Torrance, CA [REDACTED]

**License Review Board Hearing – January 5, 2023**

**Licensee:**

**Jocelyn Reyes (Area Director) /** [REDACTED]

On 22 DEC 22, I interviewed Ms. Jocelyn Reyes regarding the application for a business license for Tender Greens, located at 21247 Hawthorne Blvd, in the city of Torrance.

This application is regarding a change of ownership for a pre-existing business at the location. Tender Greens recently merged with a different company, forming a new corporate entity with ownership over their restaurants. Tender Greens currently has 28 locations throughout CA. They are applying for a Type 41, "On-Sale Beer and Wine-Eating Place" license.

Ms. Reyes has worked in the alcohol sales industry for approximately 12 years. She began working for Tender Greens 11 years ago as a server and has since moved into a management role.

I discussed the local codes and laws that pertain to this business, as well as the conditions that exist on the license. I furnished Ms. Reyes 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. Ms. Reyes signed the form in my presence, indicating that she 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 TENDER GREENS Phone [REDACTED]

Licensees REYES, JOCELYN [REDACTED] (ARRA DIRECTOR)

Who are the sole owners? TENDER GREENS OPCC LLC  
 Is the business incorporated? YES  
 Is this reflected in the ABC License? YES  
 Are there other officers in the company? N/A

Address 21247 HANTHORVE BLVD, TORRANCE, CA 90503

Do you have prior experience working in alcohol sales? 11 years w/TG / 12 yrs overall  
 Where? PAIGA WALK CRUSTACEAN RESTAURANT BEVERLY HILLS  
 How Many Years? 1 YEAR

Type of License 41 ON-SALE BEER & WINE

Do you own any other businesses? 28 Locations throughout CA since 2006



**Important Training Areas**

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

CR [Signature]

- 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 JR

Criminal citations or arrest, fines

ABC administrative hearings and fines

Civil suits

Loss of business license

Moral issues

**3. LEAD Seminar Training**

LR JR

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 JR

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 JR

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 JR

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

Employee problems

City ordinances

**7. Explanation of EASY, DECOY and STAKE programs.**

LR JR

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.**

LR JR

"Eyes and ears in the community"

**9. Escort ordinances and hostess bars.**

LR JR

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.**

LR JR

**11. Age of employees and rules of service.**

LR JR

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**

LR JR

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**

LR JR

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**

CR JR

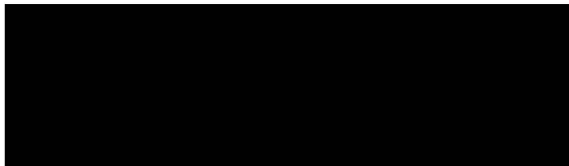
You must post your ABC alcohol license with business license.  
Conditions must be posted alongside this license.  
Review your conditions.

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

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

 **Training Confirmation**

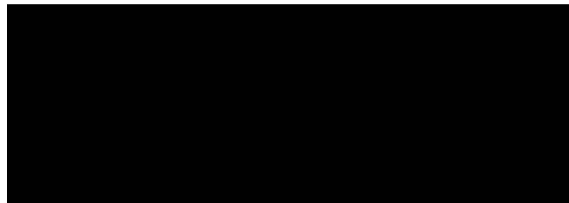
I, as a licensee, fully understand all of the above information as related to me and will abide by all the rules and regulations. I also confirm that the above information is accurate.

 \_\_\_\_\_

12/22/22  
Date

\_\_\_\_\_  
Licensee or Designated Representative

\_\_\_\_\_  
Date

 \_\_\_\_\_

12-22-22

LICENSE REVIEW BOARD MEETING  
JANUARY 5, 2023

ITEM NO 7B – PORTSIDE ARMORY LLC

BACKGROUND

Ivan Villalpando, owner of Portside Armory LLC, has made an application for approval of a business license to allow the operation of a retail store selling firearms. The business is located at 3971 Pacific Coast Highway in Torrance.

ANALYSIS

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

RECOMMENDATION

The License Division recommends approval of this business license, all of the necessary documents have been received.

- Attachment A: Business License Application
- Attachment B: Federal Firearms License
- Attachment C: Certificate of Eligibility
- Attachment D: Seller's Permit
- Attachment E: 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 checked="" type="checkbox"/>	CHANGE OF OWNERSHIP (greater than 50%)	<input type="checkbox"/>
CHANGE OF BUSINESS LOCATION	<input type="checkbox"/>	CHANGE OF NAME (Only)	<input type="checkbox"/>

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

BUSINESS NAME OR DBA <b>Portside Army LLC</b>	CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA)
--	---

1. BUSINESS LOCATION (*physical business address - see note below)	Suite#	City	State	ZIP
<b>3971 Pacific coast HWY</b>		<b>Torrance</b>	<b>CA</b>	<b>90505</b>

2. MAILING ADDRESS OR PO/PMB BOX (required)	Suite#	City	State	ZIP
<b>3971 Pacific coast Hwy</b>		<b>Torrance</b>	<b>CA</b>	<b>90505</b>

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

**SALES OF NEW FIREARMS** (description of business activity in detail):

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

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.

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.

CONTACT NAME: <b>Ivan Villalpando</b>	CONTACT TITLE: <b>Owner</b>	CONTACT PHONE #:	BUSINESS PHONE#:	CELL PHONE#:
--	--------------------------------	------------------	------------------	--------------

DRIVERS LICENSE OR OTHER GOVERNMENT	SOCIAL SECURITY# (optional):	COMMERCIAL OFFICE SQFT:	# OF PEOPLE WORKING IN TORRANCE: <b>1</b>	# OF UNITS (apartments/hotels/mobile homes/vehicles):
-------------------------------------	------------------------------	-------------------------	--	---

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

OWNERSHIP INFORMATION (check applicable box)

CORPORATION  LLC  PARTNERSHIP  SOLE OWNERSHIP

NAMES OF OWNER, PARTNERS, OR PRINCIPAL OFFICERS: <b>Ivan Villalpando</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 and correct.

DATE: <b>9-8-22</b>
------------------------

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: [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)



In accordance with the provisions of Title I, Gun Control Act of 1968, and the regulations issued thereunder (27 CFR Part 478), you are licensed to engage in the business specified in this license, within the limitations of Chapter 44, Title 18, United States Code, and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 478.51.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF Correspondence To	ATF - Chief, FFLC FFLC@atf.gov 1-866-662-2750	License Number	<b>9-95-037-01-5H-03176</b>
Chief, Federal Firearms Licensing Center (FFLC)	<i>Tracy Robertson</i>	Expiration Date	<b>August 1, 2025</b>
Name	PORTSIDE ARMORY LLC		

Premises Address (Changes? Notify the FFLC at least 30 days before the move.)  
**3971 PACIFIC COAST HWY  
TORRANCE, CA 90505-**

Type of License  
**01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES**

Purchasing Certification Statement	Mailing Address (Changes? Notify the FFLC of any changes.)
The licensee named above shall use a copy of this license to assist a transferor of firearms to verify the identity and the licensed status of the licensee as provided by 27 CFR Part 478. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Firearms Licensee (FFL) or a responsible person of the FFL. I certify that this is a true copy of a license issued to the licensee named above to engage in the business specified.	PORTSIDE ARMORY LLC 3971 PACIFIC COAST HWY TORRANCE, CA 90505-



*Owner*  
Position/Title  
*12.12.22*  
Date

*Ivan Villalpando*  
Printed Name

Federal Firearms License (FFL) Customer Service Information

Federal Firearms Licensing Center (FFLC) 244 Needy Road Martinsburg, WV 25405-9431	Toll-free Telephone Number: (866) 662-2750 Toll-free Fax Number: (866) 257-2749 E-mail: FFLC@atf.gov	ATF Homepage: <a href="http://www.atf.gov">www.atf.gov</a> FFL eZ Check: <a href="http://www.atfonline.gov/fflezcheck">www.atfonline.gov/fflezcheck</a>
--	--	--

**Change of Address (27 CFR 478.52).** Licensees may during the term of their current license remove their business or activity to a new location at which they intend regularly to carry on such business or activity by filing an Application for an Amended Federal Firearms License, ATF Form 5300.38, in duplicate, not less than 30 days prior to such removal with the Chief, Federal Firearms Licensing Center. The application must be executed under the penalties of perjury and penalties imposed by 18 U.S.C. 924. The application shall be accompanied by the licensee's original license. The license will be valid for the remainder of the term of the original license. (The Chief, FFLC, shall, if the applicant is not qualified, refer the application for amended license to the Director of Industry Operations for denial in accordance with § 478.71.)

**Right of Succession (27 CFR 478.56).** (a) Certain persons other than the licensee may secure the right to carry on the same firearms or ammunition business at the same address shown on, and for the remainder of the term of, a current license. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business shall furnish the license for that business for endorsement of such succession to the Chief, FFLC, within 30 days from the date on which the successor begins to carry on the business.

(Continued on reverse side)

Cut Here ✂

**Federal Firearms License (FFL) Information Card**

License Name: **PORTSIDE ARMORY LLC**

Business Name:

License Number: **9-95-037-01-5H-03176**

License Type: **01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES**

Expiration: **August 1, 2025**

Please Note: Not Valid for the Sale or Other Disposition of Firearms.

FFL Newsletter - Electronic Version Available

Sign-Up Today!

FFLs interested in receiving the electronic version of the FFL Newsletter, along with occasional additional information, should submit name, FFL number, and e-mail address to: [FIPB@atf.gov](mailto:FIPB@atf.gov).

The electronic FFL Newsletter will enable ATF to communicate information to licensees on a periodic basis.

State of California  
Department of Justice  
Bureau of Firearms

# CERTIFICATE OF ELIGIBILITY

Number: 54930

Issued To:

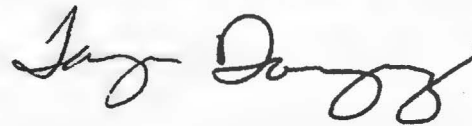
Ivan Villalpando

This is to certify that the Department of Justice, Bureau of Firearms has completed a firearms eligibility check on the above named individual. As of the date of issue, there is nothing that would prohibit the individual from acquiring or possessing a firearm.

Date of Issue: April 17, 2022

Expiration Date: April 16, 2023

Signature of Issuing Officer \_\_\_\_\_





DISPLAY THIS PERMIT CONSPICUOUSLY AT THE PLACE OF BUSINESS FOR WHICH IT IS ISSUED

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION  
SELLER'S PERMIT



PERMIT NUMBER

252789184 - 00001

PORTSIDE ARMORY LLC  
PORTSIDE ARMORY LLC  
3971 PACIFIC COAST HWY  
TORRANCE CA 90505-5709

START DATE:  
September 15, 2022

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX  
LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE  
PERSONAL PROPERTY AT THE ABOVE LOCATION.

YOU ARE REQUIRED TO OBEY ALL FEDERAL AND  
STATE LAWS THAT REGULATE OR CONTROL  
YOUR BUSINESS. THIS PERMIT DOES NOT ALLOW  
YOU TO DO OTHERWISE.

THIS PERMIT IS NOT VALID AT ANY OTHER ADDRESS.

PLEASE RETAIN THIS DOCUMENT FOR YOUR  
RECORDS.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE.  
FOR GENERAL TAX QUESTIONS, PLEASE CALL OUR CUSTOMER SERVICE CENTER AT 1-800-400-7115 (CRS:711).  
FOR INFORMATION ON YOUR RIGHTS, CONTACT THE TAXPAYERS' RIGHTS ADVOCATE OFFICE AT 1-888-324-2798.

CDTFA-442-R REV. 20 (2-22)

A MESSAGE TO OUR PERMIT HOLDER

As a permittee, you have certain rights and responsibilities under the Sales and Use Tax Law. For assistance, we offer the following resources:

- Our website at [www.cdtfa.ca.gov](http://www.cdtfa.ca.gov).
- Our toll-free Customer Service Center at 1-800-400-7115 (CRS:711). Customer service representatives are available Monday through Friday from 7:30 a.m. to 5:00 p.m. (Pacific time), except state holidays.

As a permittee, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a California Department of Tax and Fee Administration (CDTFA) representative when requested. You are also required to know and charge the correct sales or use tax rate, including any local and district taxes.

You must notify us if you are buying, selling, adding a location, or discontinuing your business; adding or dropping a partner, officer, or member; or when you are moving any or all of your business locations. This permit is valid only for the owner specified on the permit. A person who obtains a permit and ceases to do business, or never commenced business, shall surrender their permit by immediately notifying CDTFA in writing at this address: California Department of Tax and Fee Administration, Field Operations Division, P.O. Box 942879, Sacramento, CA 94279-0047. You may also surrender the permit to a CDTFA representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with CDTFA, please contact the Taxpayers' Rights Advocate Office for help by calling 1-888-324-2798 or by faxing 1-916-323-3319.

As authorized by law, information provided by an applicant for a permit may be disclosed to other government agencies.





**Torrance Police Department Intelligence Detail**  
**License Review Interview Summary**

**Lucas Ryono** [REDACTED]

---

**To:** **Suzanne Bittner** **Date: 22 DEC 22**  
License Supervisor

**From:** **Detective Lucas Ryono**  
Intelligence Section

**Licensee:** **Portside Armory LLC**  
3971 Pacific Coast Hwy  
Torrance, CA 90505  
(310) 818-1444

**Subject:** **Villalpando, Ivan CDL** [REDACTED]  
[REDACTED]

**License Review Board Hearing: 05 JAN 23**

On 22 DEC 22, I interviewed Mr. Ivan Villalpando, owner of Portside Armory LLC, located at 3971 Pacific Coast Highway, in the City of Torrance. Mr. Villalpando is seeking a business license for new retail firearms store at the location

Mr. Villalpando stated he is the sole owner of the business. The business began approximately 2 years ago, initially seeking to operate out of the home in San Pedro as an FFL. They then attempted to open a store front in La Mirada, however, due to stringent city requirements on firearms dealers they decided not to open the store at that time.

The new location in Torrance will initially operate as an appointment-only firearms dealer. They will offer new firearms, ammunition, and firearms-related accessories including gun vaults and gun safety equipment. Mr. Villalpando stated they will not be selling used firearms nor selling firearms on consignment initially but will likely move towards second hand sales as their business grows. He was advised to obtain a second hand sales license from the city at that time.

Portside Armory is a Federal Firearms License holder (#9-95-037-01-5H-03176), Type 01: Dealer in Firearms Other Than Destructive Devices (exp. 8-1-2025). Portside Armory also has a state Seller's Permit (#252789184-00001). Ivan Villalpando provided a copy of his CA DOJ Certificate of Eligibility to possess firearms (#54930 / exp. 4-16-2023).

Mr. Villalpando obtains his merchandise through industry wholesalers. The firearms and ammunition will be stored at the location.

It should be noted that Mr. Villalpando advised me that the business location has not yet been renovated and he is awaiting approval of his licenses before completing construction on the location.

Once completed, the business will feature metal sliding security gates on the exterior doors/windows of the location during closed hours. During business hours, the front door will have a remote lock requiring customers to be “buzzed” in and out of the business. Inside the business, the firearms will be stored in a storage room featuring an additional locked metal gate. Within the room, the firearms will be stored in locked gun vaults. Ammunition will be kept behind the counter and in the storage room and will not be accessible to the customers.

The location will feature 24-hour video security monitoring, covering the showroom and firearms storage areas, with remote monitoring by store employees.

I furnished Mr. Villalpando with a copy of the Applicable Code Highlights for Second Hand Sales Establishments and relevant state codes related to firearms sales locations. Mr. Villalpando told me that the company is fully aware of all the rules and codes, as well as Federal and State laws regarding the operation of a business of this type.

I reviewed the Applicable Code Summary with Mr. Villalpando and completed the Second Hand Sales Licensee Questionnaire with him as well. We reviewed important issues related to the business, including the receiving of stolen property laws in this state, and the need to verify that the items sold through this business were not, in fact, stolen. Mr. Villalpando signed the questionnaire in my presence, confirming his understanding of these issues.




**Detective Lucas Ryono**  
**Intelligence Section**

Torrance Police Department  
**Hand Sales Licensee**  
Questionnaire

Interpreter \_\_\_\_\_ Language \_\_\_\_\_

 **General Information**

Business Name PORTSIDE ARMORY LLC Phone 

Licensees IVAN VILLALPANDO 

Who are the sole owners? SEE ABOVE

Is the business incorporated? YES

Are there other officers in the company? SEE ABOVE

Address 3971 PCH, TORRANCE, CA 90505

How Long Has This Business Been Operating? 2 YEARS

(PRIOR ONLINE SALES  
FIRST STORE FRONT)

 **Company History**

**Past Businesses**

Do you have prior experience with the sales of second hand goods? N/A

Where? \_\_\_\_\_

How long? \_\_\_\_\_

Do you own any other businesses? NO

Where? \_\_\_\_\_

**Financial Track Record**

Has the franchise or license ever been revoked? N/A

Has the franchise or license ever been suspended? N/A

Has the company responded to all open complaints (BBB or DCA)? N/A

Does the company have judgments or liens at this time? N/A

Does the company have any UCC filings placed against it? N/A

On the average, how many lawsuits are generated against the company each year?     

How many of these lawsuits are still outstanding? N/A

**(For Used Item Sales)**

What are you selling? N/A - Initially - appointment based fittings, accessories, ammunition sales / no used firearms. rates, quotes, eyes/ears

Are you selling jewelry, serialized property or copyrighted music? no

How are you acquiring your merchandise? - wholesale purchased -

Do you use consignment sales agreements? N/A

What is your consignment agreement?  
      
    

What kind of information do you collect from the seller/consignee?  
Name, address, telephone number N/A  
California driver's license       
Do you fill out the forms?

**(For Used Auto Sales)**

How are cars acquired for sale?

\_\_\_\_\_

Does the business have a DMV new and used auto license?

\_\_\_\_\_

License number \_\_\_\_\_

Is the company insured with an insurance bond?

\_\_\_\_\_

**Record in Other Cities**

In what other cities is the company licensed?

PALM SAN PEDRO / LA MIAMIDA FFL issued  
out of home. ~~storefront~~ City regulations  
got cancelled

Has the company had problems in any of these cities?

fee bond

Security: storage - safe - <sup>gun vault</sup> <sup>metal safe</sup> <sup>lockdown</sup> <sup>vault for handgun</sup> <sup>vault for rifles</sup>  
- displays <sup>hand out firearms in morning</sup> / <sup>store at night</sup>  
- firearms <sup>secure to customers</sup> - <sup>ammunition</sup> <sup>not accessible to customer</sup>  
- <sup>front door</sup> <sup>neglect</sup> <sup>controlled entry</sup> / <sup>exit</sup> - <sup>off-home</sup> <sup>metal</sup> <sup>gates</sup>

**Local Codes and State Laws**

Video - <sup>entry/exit</sup> <sup>showing fire coverage</sup> / <sup>lockdown/vault coverage</sup> <sup>remote entry</sup>

Is the company aware of applicable local codes and state laws?

LR IV

Have they received a copy of "Code Highlights"?

LR IV

Does the company know how to reach the police department?

LR IV



# Information 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 confirm that all of the above listed information is correct.

[Redacted]

\_\_\_\_\_  
Licensee

12-22-22

\_\_\_\_\_  
Date

[Redacted]

\_\_\_\_\_  
e

12-22-22

\_\_\_\_\_  
Date

LICENSE REVIEW BOARD MEETING  
JANUARY 5, 2023

ITEM NO 7C – FUHUA SERVICE INC, DBA BLUE CRADLE SPA

BACKGROUND

Hong Juan Wang owner of Fuhua Service Inc, dba Blue Cradle Spa has made an application for approval of a business license to allow the operation of a massage establishment. The business is located at 2372 Torrance 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 Certificate
- Attachment C: Landlord Acknowledgement Letter
- 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 checked="" type="checkbox"/>	CHANGE OF OWNERSHIP (greater than 50%)	<input type="checkbox"/>
CHANGE OF BUSINESS LOCATION	<input type="checkbox"/>	CHANGE OF NAME (Only)	<input type="checkbox"/>

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

BUSINESS NAME OR DBA <i>Blue Cradle Spa</i>	CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA) <i>Fuhua Service Inc.</i>
--	--

1. BUSINESS LOCATION (*physical business address - see note below) <i>2372 Torrance Blvd, Torrance, CA 90501</i>	Suite#	City	State	ZIP
---	--------	------	-------	-----

2. MAILING ADDRESS OR PO/PMB BOX (required) <i>Same as above</i>	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#: [REDACTED]
---	--

NATURE OF BUSINESS (description of business activity in detail):  
*Deep tissue shiatse A cupressure Swedish massage Hot stone Thai therapy Foot reflexology*

FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S) (*see note below): <i>TMC 32.1.24</i>	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 other	YES <input type="radio"/>	NO <input checked="" type="radio"/>
--	---------------------------	-------------------------------------

CONTACT NAME: <i>Hong Juan Wang</i>	CONTACT TITLE: <i>Owner</i>	BUSINESS PHONE#: <i>310-896-5832</i>
--	--------------------------------	---

DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED ID: [REDACTED]	SOCIAL SECURITY# (optional): [REDACTED]	COMMERCIAL OFFICE SQF I:	# OF PEOPLE WORKING IN TORRANCE: <i>2</i>	# OF UNITS (apartments/hotels/mobile homes/vehicles):
---	---	--------------------------	---	---

[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: <i>Hong Juan Wang</i>	TITLE: <i>President</i>	NAMES OF OWNER, PARTNERS OR PRINCIPAL OFFICERS:	TITLE:
---	----------------------------	---	--------

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

SIGNATURE: [REDACTED]	DATE: <i>12/7/2022</i>
--------------------------	---------------------------

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](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:  
618-6828

# CITY OF TORRANCE

REVENUE DIVISION

3031 Torrance Boulevard  
Torrance, CA 90503

APPLICATION FOR \_\_\_\_\_

Torrance Municipal Code Section: TMC 32.1.24

November 30, 2022

NAME OF APPLICANT Hong Juan Wang



CITY Rowland Heights STATE CA 91748

TYPE OF BUSINESS massage therapist

FIRM NAME BLUE cradle spa

ADDRESS 2372 Torrance Blvd PHONE 310 896 5832

CITY Torrance CA 90501 STATE \_\_\_\_\_

PROOF OF AGE: BIRTH CERTIFICATE  BAPTISMAL CERTIFICATE  DRIVERS LICENSE  OTHER



FOR OFFICIAL USE ONLY  
NAME \_\_\_\_\_

FOR OFFICIAL USE ONLY

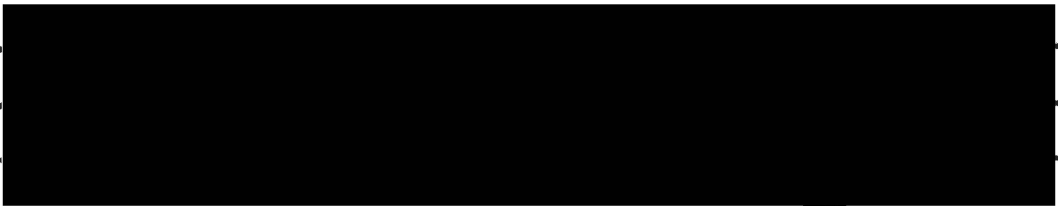
DATE	RECEIPT NO.	AMOUNT	ID CARD	LICENSE NO.	DATE ISSUED

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

- 1. 5 Star Massage 15400 Hawthorne Blvd Lawndale CA 90260  
4/1/2019 - now
- 2. Sunshine Spa 115 E Bonita Ave San Dimas CA 91773  
7/1/2017 - 4/1/2019

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

Steven Sims  
Fudong Wang  
Santiago Gil

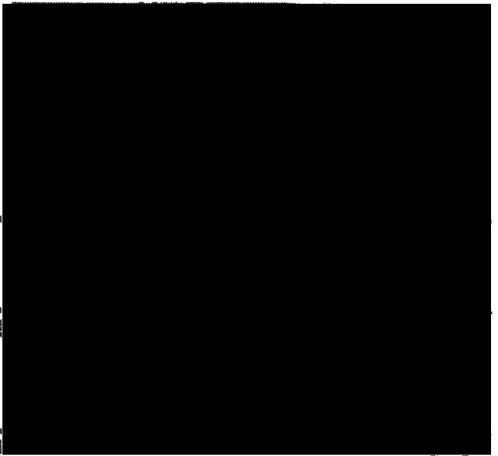
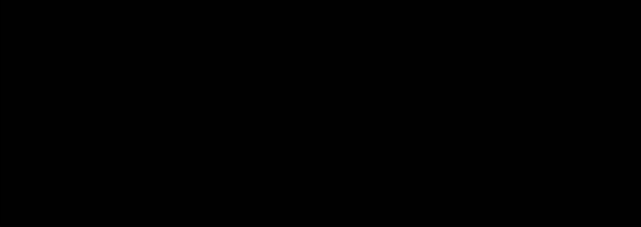


LIST ANY AND ALL MISDEMEANOR AND FELONY CONVICTIONS FOR VIOLATIONS OF ANY LAW, EVEN IF THE CONVICTION WAS DISMISSED OR EXPUNGED, PER CALIFORNIA PENAL CODE 1203.4 ET. SEQ. Failure to list all convictions is grounds for DENIAL of the license. (IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH ADDITIONAL SHEETS)

NA

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

/



FOR OFFICIAL USE ONLY

APPROVED BY:

CHIEF OF POLICE

DATE

LICENSE RE

DISAPPROVED BY:

CHIEF OF POLICE

DATE

LICENSE RE

# CALIFORNIA MASSAGE THERAPY COUNCIL

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

## Hong Juan 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, **Hong Juan 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, Wednesday, May 26, 2021.*



A handwritten signature in black ink, appearing to read "Jeffrey Fournier", written over a horizontal line.

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

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

**CERTIFICATE # 46102  
EXPIRES: 6/6/2023**

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*

**Hui Li**

*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, **Hui Li** 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 30, 2021.*



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

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

**CERTIFICATE # 87998**

**EXPIRES: 9/27/2023**

Eric & Doris Fisher  
2021 W. 177<sup>th</sup> St  
Torrance, CA 90504  
Home Phone : 310 324-2759  
Cell Phone: 310 625-8425

TO WHOM IT MAY CONCERN:

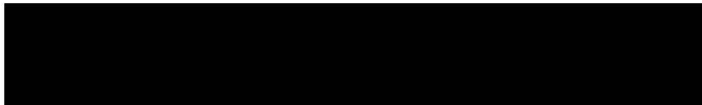
We own the commercially zoned building located at 2372 Torrance Blvd., Torrance, 90501.

We have leased our property to Qing Geng & Hongjuan (Amy) Wang with an effective date of September 15, 2022. (Hongjuan Wang replaced Hui Feng Liu on the lease as of Dec. 2, 2022.)

They have represented to us that their business consists of skin care and massage services and therapies. They have both provided copies of their licensing by the "California Massage Therapy Council".

A copy of the lease is enclosed.

Attested to on December 7, 2022



Eric S Fisher



Doris E Fisher

Notarized:







**Torrance Police Department Intelligence Detail**

**License Review Interview Summary**

**Detective Lucas Ryono** [REDACTED]

To:  
**Suzanne Bittner**  
License Supervisor

Date: December 20, 2022

From:  
**Detective Lucas Ryono**  
Intelligence Section

Subject:  
**"Blue Cradle Spa"**  
2372 Torrance Blvd, Torrance, CA 90501  
[REDACTED]

License Review Board Hearing –January 5, 2023

Licensees Interviewed:  
**Wang, Hong Juan (Owner) / Fuhua Service Inc.**  
[REDACTED]

On 20 DEC 22, I interviewed Ms. Hong Juan Wang regarding her application for a business license for "Blue Cradle Spa," located at 2372 Torrance Blvd, Torrance, CA.

Ms. Wang will be purchasing and taking over a pre-existing massage business at the location. The prior owner, Hui Feng Liu, opened the business in November 2022. Per Ms. Wang, the prior owner had a health emergency in her family that required her to sell the business and return to China.

The Blue Cradle Spa will offer massage by appointment and "walk-in" type customers.

Ms. Wang will be managing the business as well as providing massage. She will have one additional masseuse to assist. Ms. Wang is a licensed masseuse (#46102 / exp. 06/06/23). Ms. Wang has worked in the massage industry as a masseuse and as a manager for over 10 years. Most recently she worked at 5-Star Massage (15400 Hawthorne Blvd, Hawthorne, CA).

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

Ms. Wang was advised of the laws regulating her occupation, and she was provided with a "Torrance Municipal Section Highlights" form, which detailed these laws and regulations. I completed a Massage Establishment Licensing Interview Questionnaire with her which she signed indicating that she understood the laws regulating this occupation. Ms. Wang was advised to strictly adhere to record keeping, hours of operation, and proper storage of clean and used linens, 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 Blue Cradle Spa Phone [REDACTED]

Licensee(s) Wang, Hong Juan [REDACTED]

Who are the sole owners? see above

Is the business incorporated? YES

Are there other officers/owners in the company? Fuhua Service Inc

N/A  
Li Hui <sup>former owner</sup> (December 5, 2022)

Business Address 2372 Torrance Blvd, Torrance, CA 90501

How Long Has This Business Been Operating? few months



### Company History

#### Past Businesses

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

Location address? S-star, 15400 Hawthorne Blvd, Lawndale, CA

How long? 10+ years

Do you own any other businesses? No

Location address? No

**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:**

LR H.W.J 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 H.W.J 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 H.W.J All exit doors will be kept unlocked during business hours.

20x  
H.W.J 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.

20x H.W.J 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 H.W.J 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 H.W.J 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 H.W.J 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 H.W.J 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 H.W.J 35.14.050 T.M.C. Hours of Operation. 10:00 am 9:00 pm

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?

*ck* H.W.J

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

*ck* H.W.J

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

*ck* H.W.J





## 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]

12/20/2022  
Date

\_\_\_\_\_  
License(s) or Designated Representative

\_\_\_\_\_  
Date

[Redacted Signature]

12-20-22