

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

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

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

**TORRANCE LICENSE REVIEW BOARD AGENDA
THURSDAY, SEPTEMBER 5, 2024
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 – Chun ____, Chair Rumery ____, Wade ____
Alternate License Review Board Members – Botiller ____, Cleveland ____

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 August 29, 2024.

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 ANNOUNCEMENT OF WITHDRAWN, DEFERRED, AND/OR SUPPLEMENTAL ITEMS.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 July 18, 2024

7. ADMINISTRATIVE MATTERS

7A. Barley Boys LLC, dba Project Barley Square, application for a business license to allow the operation of a small beer manufacture with a tasting room and food service.

7B. Cozy Massage Spa, application for a business license to allow the operation of a massage establishment.

7C. PJL Service Inc, dba Blue Cradle Spa, application for a business license to allow the operation of a massage establishment.

8. PUBLIC HEARINGS - None

9. BOARD ORAL COMMUNICATIONS

10. ADJOURNMENT

10A. Adjournment of License Review Board Meeting to Thursday September 19, 2024, at 10:00 am in the West Annex Commission Room at 3031 Torrance Boulevard.

July 18, 2024

**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, July 18, 2024 in the West Annex meeting room at 3031 Torrance Boulevard.

2. ROLL CALL

Present: Chair Jordan Rumery, General Services
Board Member Jin Chun, City Manager's Office
Board Member Jillian Wade, Administrative Analyst

Also Present: Deputy City Attorney Brandon Gonzaque
License Supervisor Suzanne Bittner

3. REPORT OF STAFF ON THE POSTING OF THE AGENDA

Chair Rumery reported that the agenda was posted on the Public Notice Board at 3031 Torrance Boulevard and on the City's website on Wednesday, July 10, 2024.

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

None.

5. ORAL COMMUNICATIONS – None.

6. CONSENT CALENDAR

6A. APPROVAL OF MINUTES – Thursday, April 18, 2024

MOTION: Member Chun moved to approve the minutes for the meeting held on April 18, 2024, as submitted. The motion was seconded by Member Wade and the motion passed.

7. ADMINISTRATIVE MATTERS

7D. PORTSIDE ARMORY LLC, DBA PORTSIDE ARMORY (Considered out of order)

Application for approval of a Business License to allow the operation of a secondhand dealer selling firearms.

Mr. Ivan Villalpando, owner of Portside Armory, LLC, confirmed his application for a business license to allow the operation of a secondhand dealer selling firearms, located at 3971 Pacific Coast Highway in Torrance, and verified that he had met with the Police Department and understood the rules and regulations pertaining to this type of business.

MOTION: Member Chun moved to approve the application for a business license to Portside Armory LLC, dba Portside Armory, located at 3971 Pacific Coast Highway in Torrance to allow the operation of a secondhand dealer selling firearms. The motion was seconded by Member Wade and a roll call vote reflected unanimous approval.

There was no public comment.

7A. BAB & BANCHAN INC.

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

Mr. Daniel Sung Joo Lim translated into Korean for Mr. Sang Kon Shin, owner of Bab & Banchan, Inc. Mr. Shin confirmed his application for a business license to allow the operation of a restaurant serving alcohol, located at 2748 Sepulveda Boulevard, Torrance, and verified that he had met with the Police Department, the Los Angeles County Health Department and the California Department of Alcohol Beverage Control and understood the rules and regulations pertaining to this type of business.

There was no public comment.

MOTION: Member Chun moved to approve the application for a business license to allow the operation of a restaurant serving alcohol to Bab & Banchan, located at 2748 Sepulveda Boulevard, Torrance. The motion was seconded by Member Wade and a roll call vote reflected unanimous approval.

7B. GABURI CHICKEN USA, INC.

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

Ms. Tsukasa "Sasha" Takahashi translated into Japanese for Mr. Hiroyasu Kato, owner of Gaburi Chicken. Mr. Kato confirmed his application for a business license to allow the operation of a massage establishment, located at 1437 Marcelina Avenue in Torrance and confirmed that he had met with the Police Department and understood the rules and regulations pertaining to this type of business. Mr. Kato explained that he had an appointment to meet with the Los Angeles County Health Department next week and had not yet met with the California Department of Alcohol Beverage Control.

Chair Rumery confirmed that the License Review Board could only provide a conditional approval, until the City received a copy of the Los Angeles County Health Department health permit or the approval to open and operate by the Los Angeles Health's Plan Check Division.

There was no public comment.

MOTION: Member Chun moved to conditionally approve, until receipt of a copy of the Los Angeles County Health Department health permit, the application for a business license to allow the operation of a restaurant serving alcohol to Gaburi Chicken, located at 1437 Marcelina Avenue, Torrance. The motion was seconded by Member Wade and a roll call vote reflected unanimous approval.

7C. RIVIERA ROCK REVIVAL LLC, DBA ROCK AND BREWS

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

Mr. James Stewart, Operations Manager confirmed his application for a business license to allow the operation of a restaurant serving alcohol, located at 6300 South Pacific Coast

Highway, Redondo Beach (Redondo mailing address), and verified that he had met with the Police Department, the Los Angeles County Health Department and the California Department of Alcohol Beverage Control and understood the rules and regulations pertaining to this type of business.

There was no public comment.

MOTION: Member Chun moved to approve the application for a business license to allow the operation of a restaurant serving alcohol to Riviera Rock Revival, LLC DBA Rock and Brews, located at 6300 South Pacific Coast Highway, Torrance. The motion was seconded by Member Wade and a roll call vote reflected unanimous approval.

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

None.

9. **BOARD ORAL COMMUNICATIONS**

License Supervisor Suzanne Bittner introduced Rhonda Cleveland, Transit Supervisor who would be an alternate Board member.

10. **ADJOURNMENT**

MOTION: At 10:15 a.m., Member Wade moved to adjourn the meeting to Thursday, August 1, 2024 at 10:00 a.m. in the West Annex meeting room at 3031 Torrance Boulevard. The motion was seconded by Member Wade and a roll call vote reflected unanimous approval.

###

LICENSE REVIEW BOARD MEETING
SEPTEMBER 5, 2024

ITEM NO 7A – BARLEY BOYS LLC, DBA PROJECT BARLEY
SQUARE

BACKGROUND

Michael Copley an owner of Barley Boys LLC, dba Project Barley Square has made an application for approval of a business license to allow the operation of a small beer manufacture with a tasting room and food service. The business is located at 1109 Van Ness Avenue 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.



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 Project Barkley Square	CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA) Barkley Boys LLC
---	--

1. BUSINESS LOCATION (*physical business address- see note below) 1109 Van Ness Ave	Suite#	City Torrance	State CA	ZIP 90501
---	--------	-------------------------	--------------------	---------------------

2. MAILING ADDRESS OR PO/PMB BOX (required) 1109 Van Ness Ave	Suite#	City Torrance	State CA	ZIP 90501
---	--------	-------------------------	--------------------	---------------------

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:
---	--------------------------	----------------

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

FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S) (**see note below): 2082	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: Michael Copley	CONTACT TITLE: Owner	CONTACT PHONE #:	BUSINESS PHONE#: 424 376 5115	CELL PHONE#:
--	--------------------------------	------------------	---	--------------

DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED ID#:	SOCIAL SECURITY# (optional):	COMMERCIAL OFFICE SQFT:	# OF PEOPLE WORKING IN TORRANCE:	# OF VEHICLES (departmental, state, local, home, or vehicles):
---	------------------------------	-------------------------	----------------------------------	--

FEDERAL TAX ID# (EIN#):	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: Michael Copley	TITLE: owner	NAMES OF OWNER, PARTNERS OR PRINCIPAL OFFICERS:	TITLE:
Brent Regat	owner		

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

SIGNATURE: [Redacted]	DATE: 8/1/2024
-----------------------	--------------------------

PART II. FEES

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
- *** 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



RETAIL FOOD OFFICIAL INSPECTION REPORT

COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH
OFFICE: COASTAL CITIES ♦ CHIEF: CARMEN MORALES
20221 HAMILTON AVE, 1st FL, TORRANCE, CA 90502 - Phone: (310) 965-8910
WWW.PUBLICHEALTH.LACOUNTY.GOV/EH

Attachment B



Facility Name: PROJECT BARLEY SQUARE			Inspection Date: 8/13/2024		Facility Status	
Owner/Permittee: BARLEY BOY INVESTMENTS LLC			Re-inspection Date: 8/20/2024			Score:
Program Identifier: PROJECT BARLEY SQUARE		Time In: 01:02 PM		Time Out: 02:14 PM		
Facility Address: 1109 VAN NESS AVE		Service: ROUTINE INSPECTION				Grade: A
City/State/Zip: TORRANCE, CA 90501		Result:				
FA: FA0326890	PR: PR0286827	PE: 1638		Action:		

Email

PIC/Owner Signature

JORDAN C'DEALVA-LENIK

EHS Signature

Help us serve you better by completing a short survey. Visit our website at <http://publichealth.lacounty.gov/eh/about/customer-service.htm>.

CA

Attachment



CALIFORNIA DEPARTMENT OF

Alcoholic Beverage Control

Report Date: Thursday, August 29, 2024

LICENSE INFORMATION

License Number: 654026 **Primary Owner:** BARLEY BOYS INVESTMENTS, LLC

Office of Application: 03 - LB/LAKEWOOD

BUSINESS NAME

PROJECT BARLEY SQUARE

BUSINESS ADDRESS

1109 VAN NESS AVE , TORRANCE, CA, 90501

County: LOS ANGELES **Census Tract:** 6509.01

LICENSEE INFORMATION

Licensee: BARLEY BOYS INVESTMENTS, LLC

Company Information

OFFICER: COPLEY, MICHAEL THORNTON (MANAGER)

OFFICER: COPLEY, MICHAEL THORNTON (MEMBER)

OFFICER: REGER, BRENTON RANDALL (MEMBER)

OFFICER: REGER, BRENTON RANDALL (MANAGER)

MEMBER: COPLEY, MICHAEL THORNTON

MEMBER: REGER, BRENTON RANDALL

LICENSE TYPES

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

23 - SMALL BEER MANUFACTURER

License Type Status: PENDING **Status Date:** 26-OCT-2023 **Term:** 12 Month(s)

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

From License Number: 23-567223

77 - EVENT PERMIT

License Type Status: PENDING **Status Date:** 26-OCT-2023 **Term:** 12 Month(s)

Original Issue Date: **Expiration Date*:** **Master:** N **Duplicate:** 1 **Fee Code:** P40

Transfers: From License Number: 23-567223

OPERATING RESTRICTIONS:

No Operating Restrictions found

DISCIPLINARY ACTION:

No Active Disciplinary Action found

DISCIPLINARY HISTORY:

No Disciplinary History found.

HOLDS:

Hold Type: FORM 220 **Hold Date:** 26-OCT-2023



Torrance Police Department Intelligence Detail
License Review Interview Summary

Detective Lucas Ryono [REDACTED]

To:
Suzanne Bittner
License Supervisor

Date: 08/08/2024

From:
Detective Lucas Ryono
Intelligence Section

Subject:
Project Barley Square – “Barley Boys LLC”
1109 Van Ness Ave, Torrance, CA 90501 / [REDACTED]

License Review Board Hearing – TBD

Licensee:
Copley, Michael (owner) / [REDACTED]

On 07 JUL 24, I interviewed Michael Copley regarding the application for a business license for Project Barley Square, a restaurant/brewery located at 1109 Van Ness Ave., in the City of Torrance.

Project Barley Square previously operated at this location under the name Yorkshire Square Brewing. Mr. Copley and his business partner, Brent Reger, have purchased the business and renamed it. The location will feature casual dining with beer and wine options. They also operate as a brewery. Mr. Copley previously worked as a server and bartender for approximately 10 years. Most recently he became the brewer for Yorkshire Square in 2020 and has been assisting with the operation of the business ever since. Mr. Copley is applying for a Type 23, “Small Beer Manufacturer” license which allows for on-site service of wine and beer with food service.

I discussed the local codes and laws that pertain to this business, as well as the conditions that exist on the license. I furnished Mr. Copley with a copy of the Applicable Code Highlights for ABC “On-Sale” Licensed Businesses. In addition, we completed the Torrance Police Department Alcohol Beverage License Indoctrination Form together. Mr. Copley signed the form in my presence, indicating that he 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 Project Barley Square Phone [REDACTED]

Licensees COBLEY, MICHAEL [REDACTED]

Who are the sole owners? Brent Regen / Michael Copley
 Is the business incorporated? YES
 Is this reflected in the ABC License? YES
 Are there other officers in the company? N/A

Address 1109 Van Ness Ave

Do you have prior experience working in alcohol sales? YES
 Where? _____
 How Many Years? 10 YEARS BARTENDING / SINCE 2020
Spoken Brewing

Type of License 23 - Small Beer Manufacturer

Do you own any other businesses? NO



Important Training Areas

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

CA

- 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.

W LR

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

Criminal citations or arrest, fines

ABC administrative hearings and fines

Civil suits

Loss of business license

Moral issues

W LR

3. LEAD Seminar Training

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

These are hosted by ABC - Call the Lakewood office.

8 Hour course

You should attend with your key employees.

W LR

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

45.4.9 TMC - Requires posting sign

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

45.4.8 TMC - No drinking in parking lot

You get a copy of this city ordinance today.

W LR

5. Emergency and routine response by Patrol units.

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

The 911 line is used for emergencies.

W LR

6. Crime prevention and protection

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

Employee problems

City ordinances

W LR

7. Explanation of EASY, DECOY and STAKE programs.

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

8. Explanation of Intelligence function.

 @ LR

“Eyes and ears in the community”

9. Escort ordinances and hostess bars.

 CW LR

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.

 CW LR

11. Age of employees and rules of service.

 CW LR

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

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

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

 CA

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?"

 CA



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.

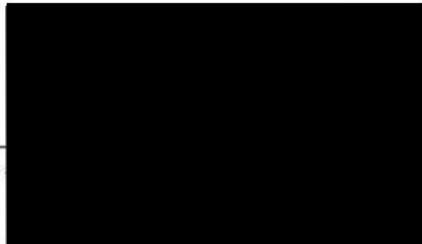


8/7/2024

Date

Licensee or Designated Representative

Date



8-7-24

LICENSE REVIEW BOARD MEETING
SEPTEMBER 5, 2024

ITEM NO 7B – COZY MASSAGE

BACKGROUND

Paul Hammerton owner of Cozy 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 3025 Artesia Boulevard, in Torrance.

ANALYSIS

Per Section 31.7.3 subsection 18) 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: Assignment of Lease
- Attachment D: Police Dept 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

BL-APP-24-001825

9/4/24

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 Cozy Massage Spa	CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA)
--	---

1. BUSINESS LOCATION (*physical business address - see note below) 3025 W Artesia Blvd,	Suite# Suite 105	City Torrance	State CA	ZIP 90504
--	---------------------	------------------	-------------	--------------

2. MAILING ADDRESS OR PO/FMB BOX (required)	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:
---	--------------------------	----------------

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): 4850	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: Paul Hammerton	CONTACT TITLE: Sole Proprietor	CONTACT PHONE #: [REDACTED]	BUSINESS PHONE#: (310) 756-6612	CELL PHONE#: [REDACTED]
---------------------------------	-----------------------------------	--------------------------------	------------------------------------	----------------------------

DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED ID#	SOCIAL SECURITY# (optional)	COMMERCIAL OFFICE SOFT:	# OF PEOPLE WORKING IN TORRANCE:	# OF UNITS (apartments/hotels/mobile homes/vehicles):
--	-----------------------------	-------------------------	----------------------------------	---

FEDERAL TAX ID#	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: Paul Hammerton	TITLE: Sole Proprietor	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: 8/19/24
--------------------------	------------------

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: https://www.osha.gov/pls/ims/sic_manual.html
*** ACCESS INFORMATION FOR AN INDUSTRIAL BUSINESS REQUIRING A WDID# FROM THE CALIFORNIA STATE WATER RESOURCES CONTROL BOARD WEBSITE: https://www.waterboards.ca.gov/water_issues/programs/stormwater/industrial.html

Attachment B

Telephone: 618-5828

CITY OF TORRANCE REVENUE DIVISION

3031 Torrance Boulevard Torrance, CA 90503

APPLICATION FOR BUSINESS LICENSE

Torrance Municipal Code Section:

NAME OF APPLICANT PAUL HAMMERTON

ADDRESS [REDACTED] PHONE

CITY SHERMAN OAKS STATE CA 91403

TYPE OF BUSINESS MASSAGE THERAPY

FIRM NAME COZY MASSAGE SPA

ADDRESS 3025 W ARTESIA BLVD STE 105 PHONE [REDACTED]

CITY TORRANCE STATE CA 90504

PROOF OF AGE: BIRTH CERTIFICATE [] BAPTISMAL CERTIFICATE [] DRIVERS LICENSE [x] OTHER []

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

FOR OFFICIAL USE ONLY NAME

FOR OFFICIAL USE ONLY

Table with 6 columns: DATE, RECEIPT NO., AMOUNT, ID CARD, LICENSE NO., DATE ISSUED. The table is currently empty.

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

RETIRED

PRINCESS CRUISES 24200 MAGIC MOUNTAIN Pkwy
SANTA CLARITA CA 91355

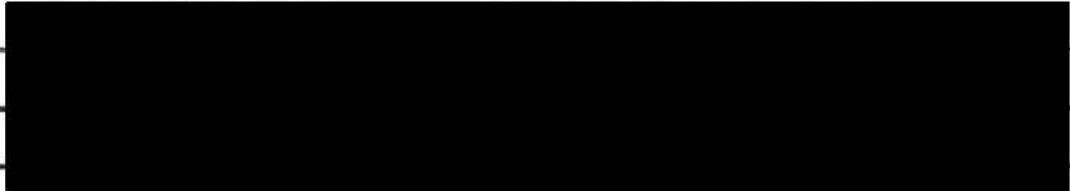
ELEGANT MASSAGE (SOLE PROPRIETOR) 2881 PLH TORRANCE BL-LIC-048865 LIC #

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

PHIL HOWARD

PAOLA HOWARD

HONGXIA ZHANG



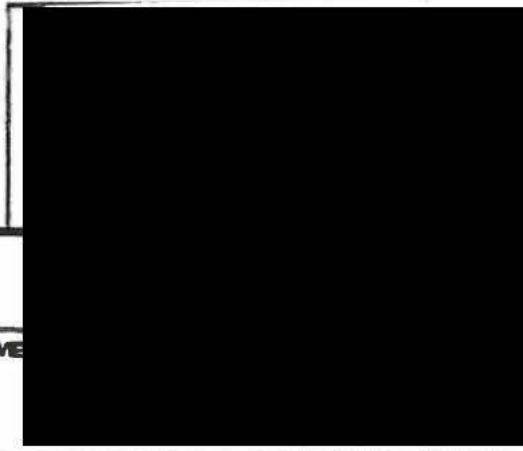
LIST ANY AND ALL MISDEMEANOR AND FELONY CONVICTIONS FOR VIOLATIONS OF ANY LAW, EVEN IF THE CONVICTION WAS DISMISSED OR EXPUNGED, PER CALIFORNIA PENAL CODE 1203.4 ET. SEQ. Failure to list all convictions is grounds for DENIAL of the license. (IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH ADDITIONAL SHEETS)

NONE

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



SIGNATURE OF APPLICANT



FOR OFFICIAL USE ONLY

APPROVED BY:

CHIEF OF POLICE

DATE

LICENSE REVIEW BOARD

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*

Lina Guan

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

Given at Sacramento, California, Monday, July 03, 2023.



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 # 70025
EXPIRES: 6/30/2025**

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

CALIFORNIA MASSAGE THERAPY COUNCIL

By authority of the State of California Code of Regulations Section 4800,
the California Massage Therapy Council hereby awards to

Qi Pan

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, Qi Pan 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, October 14, 2022.



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

CERTIFICATE # 53414
EXPIRES: 11/10/2024

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

Cozy Massage Spa

3025 W Artesia Blvd Suite 105

Torrance CA 90504

Owner: KGRE LLC

2444 Wilshire Blvd Suite 516

Santa Monica CA 90403

ASSIGNMENT OF LEASE

For value received, the undersigned, Liyan Cui, an individual, as Lessee (hereinafter "Lessee or Tenant"), in that certain lease dated September 12th, 2023, which was executed by and between Tenant and KGRE, LLC as Lessor, and covering the premises located at 3025 W. Artesia Blvd, Suite 105, Torrance, CA does hereby assign, effective as of the date of consent by Lessor below, all of their rights, title and interest in and to said Lease together with any Lease security [REDACTED], to Paul Hammerton, an individual, (hereinafter referred to as Assignee).

[REDACTED]
Lessee/Assignor: LIYAN CUI

08/16/2024
Date:

ASSUMPTION OF LEASE

For value received, and in consideration of the above assignment by the Lessees/Assignors, and in consideration of the written consent of the Lessor thereto, the undersigned Assignee hereby assumes and agrees to make all the payments and to perform all of the terms, covenants and conditions of the foregoing Lease, and which the said Lessees/Assignors therein had agreed to make and perform. Assignee hereby acknowledges receipt of said Lease, all amendments and all related documents.

[REDACTED]
Assignee: Paul Hammerton

8/16/24
Date:

CONSENT TO ASSIGNMENT

For Value received, and in consideration of the assumption of the Lease referred to herein by the above prior named Assignee of said Lease, the undersigned Lessor hereby consents to the above assignment, but does not thereby waive any of its rights under said Lease or any extension, thereof, as to any Assignee. This consent is subject to landlord's receipt of the first two months' (September 2024 and October 2024) rent [REDACTED]

[REDACTED]

[REDACTED]
Lessor: KGRE, LLC
By: G. KASSABIAN

8/15/24
Date:

LEASE

THIS LEASE is made and entered into and effective as of this **12th** day of **September 2023**, between **KGRE, LLC**, hereinafter called "LANDLORD," and **Liyan Cui, an individual, Doing Business As "Cozy Massage Spa"** hereinafter collectively called "TENANT."

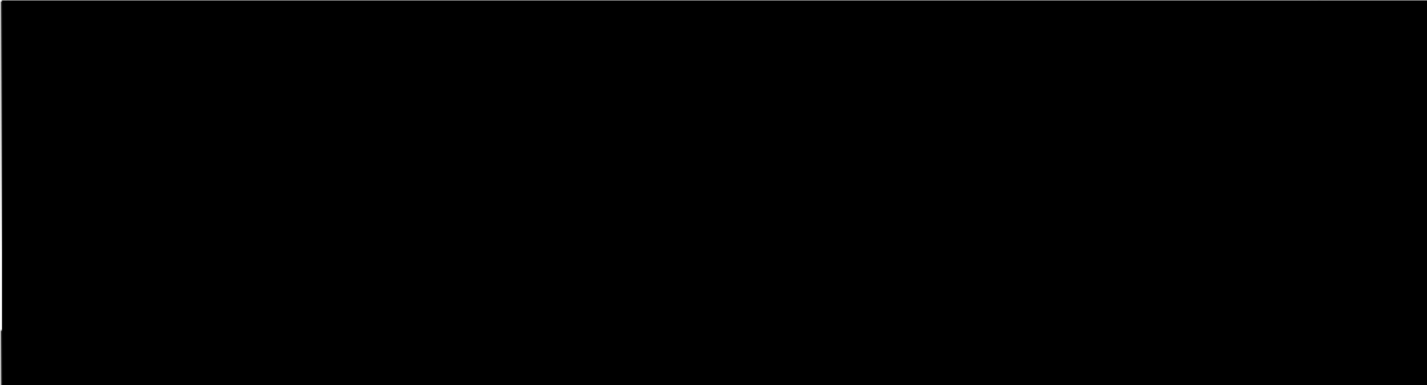
WITNESSETH

1. PREMISES.

LANDLORD leases to TENANT, and TENANT leases from LANDLORD, upon the terms and on the conditions hereinafter set forth, the real property and the building thereon, (or that certain portion of said building as described herein), located in the City of **Torrance**, County of **Los Angeles**, State of California, commonly known as **3025 W. Artesia Blvd., Suite 105, Torrance, CA 90504** and described on a site plan attached hereto as Exhibit "A" and made a part hereof, hereinafter referred to as the "PREMISES." The PREMISES are located in a multi-store shopping center, hereinafter referred to as the "SHOPPING CENTER" or the "CENTER."

2. TERM.

The term of this Lease will commence on **September 12th, 2023** ("Lease Commencement") and will expire on **September 30, 2026**.



the period from the Rent Commencement Date to the first (1st) day of the next month.



TENANT, except as otherwise provided for herein, shall perform all of its other obligations under this Lease commencing as of the date that possession of the PREMISES is tendered to TENANT.

3.2. PERCENTAGE RENT

Landlord

Tenant

Tenant

Tenant

27.29 Irrevocable Offer to Lease: For and in consideration of LANDLORD'S final determination of TENANT'S desirability as a tenant in the CENTER, which determination shall include, without limitation, an investigation and evaluation of TENANT'S creditworthiness and financial strength, TENANT agrees that by executing this Lease and delivering the same to LANDLORD, TENANT is extending to LANDLORD an offer to enter into this Lease, which for the first fourteen (14) days following execution and delivery of this Lease by TENANT to LANDLORD said offer shall be irrevocable and thereafter, said offer shall become revocable, upon written notice from TENANT to LANDLORD. In the event TENANT so revokes said offer, or should LANDLORD notify TENANT of its rejection of the same, LANDLORD shall thereafter promptly refund and return all deposits and other monies tendered to LANDLORD by TENANT. Said refund shall be without any obligation on the part of LANDLORD to pay TENANT interest on said deposit monies hold by LANDLORD, such interest, if any, being deemed additional consideration to LANDLORD for such investigation and evaluation of TENANT'S creditworthiness and financial strength.

28. CONFIDENTIALITY: In consideration of LANDLORD'S allowance of the foregoing rent structure for the term of this lease, TENANT acknowledges that LANDLORD'S willingness and ability to grant such rent structure and otherwise lease its space within the CENTER and operate said CENTER on a day to day basis in an efficient and expedient manner requires that the terms of such rent and term provisions remain confidential. TENANT therefore unconditionally agrees that, during the Term or any extension, TENANT will not, except as required by law or with the prior written consent of the LANDLORD, voluntarily disclose to any third party the terms and conditions of this Lease including rent, rent concessions and the length of the Lease Term. This confidentiality agreement shall not preclude TENANT from disclosing its terms to TENANT'S agents and employees, but such agents and employees shall be subject to the same limitations on confidentiality and TENANT shall remain responsible for any unauthorized disclosures by its agents and employees. The failure of TENANT to observe or maintain confidentiality as described in this paragraph shall be construed as a breach, determined in the sole discretion of LANDLORD, and subject to the remedies available under this lease. In addition, regardless of whether LANDLORD determines to treat said disclosure as a breach, LANDLORD and TENANT acknowledge the difficulty in determining a value of such breach of confidentiality but both parties do hereby agree that a fair remedy, in addition to others available at law and under this lease, obligates TENANT to pay a sum equal to its then total monthly rent within 10 days of receipt of notice from LANDLORD.

29. OPTION TO RENEW: Provided that this Lease is in effect and TENANT is not at the time of exercise of the herein option(s), and has not been at any time prior to any such exercise, in default under this Lease, TENANT shall have the right and option to renew the term of this Lease from the date upon which it would otherwise expire for ONE (1) additional THREE (3) year period(s). Said renewal shall be upon the same terms and conditions as set forth herein, with the exception of minimum rent payable hereunder which shall be adjusted on the first day of said renewal term ("term" herein being the initial term hereof and any renewal term(s) actually exercised, collectively), and thereafter on each succeeding anniversary or at such other times and in such manner as more particularly set forth in Paragraph 3.1 hereof, and/or as particularly specified in the other rental provisions contained herein, if any. If TENANT desires to exercise the option(s) to renew granted hereunder, TENANT shall do so by giving written notice of TENANT'S irrevocable election to so exercise said option(s) no earlier than 240 days and no later than 180 days prior to the date upon which the initial or the then current term of this Lease would otherwise expire. Such written notice shall be delivered from TENANT to LANDLORD by personal delivery, or if mailed, then by certified or registered mail, return receipt requested, to ensure LANDLORD'S actual receipt of such notice. The option(s) to renew as provided for herein are personal to TENANT, and TENANT shall not assign or otherwise transfer said option rights except upon LANDLORD'S express prior written consent, regardless of LANDLORD'S approval of an assignment or transfer of TENANT'S other rights and obligations under this Lease. In the event that more than one (1) option to renew is granted hereunder, any such second or subsequent option shall not be validly exercised unless all prior options have been properly exercised.



31. Free Rent: Tenant shall have the balance of the month of September 2023 and the months of December 2023 and January 2024 as free rent.

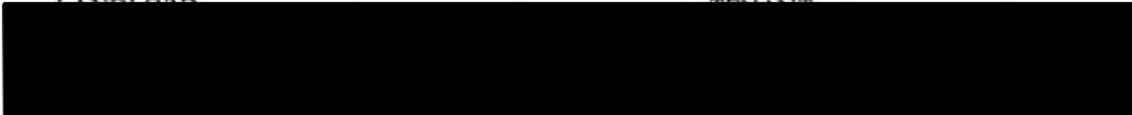
32. ADA Disclosure: The PREMISES and the CENTER have not undergone any inspection(s) by a Certified Access Specialist. LANDLORD shall be responsible for ADA violations in the common areas. Any ADA violations inside the PREMISES associated with TENANT'S improvements will be TENANT'S responsibility.

AGREED:

AGREED:

LANDLORD

TENANT



LC
Landlord

LC
Tenant

Tenant

Tenant



Torrance Police Department Intelligence Detail

License Review Interview Summary

Detective Lucas Ryono # [REDACTED]

To:

Suzanne Bittner
License Supervisor

Date: August 28, 2024

From:

Detective Lucas Ryono
Intelligence Section

Subject:

"Cozy Massage Spa"
3025 W. Artesia Blvd, #105, Torrance, CA 90504
[REDACTED]

License Review Board Hearing – September 5, 2024

Licensees Interviewed:

Hammerton, Paul (Owner) / [REDACTED]
[REDACTED]

On 28 AUG 24, I interviewed Mr. Hammerton regarding his application for a business license for "Cozy Massage Spa," located at 3025 W. Artesia Blvd; #105, Torrance, CA 90504.

Mr. Hammerton will be taking over a pre-existing massage business at the location. The Cozy Massage Spa originally opened in 2023 under different ownership. The spa will offer massage for walk-in clients and by appointment.

Mr. Hammerton will be managing the business and he will initially have two licensed massage therapists working for him. Mr. Hammerton has worked in the massage industry for approximately 4 years. Mr. Hammerton and his wife have operated several massage businesses including the following current locations:

- U & I Healing Touch, 3902 PCH
- Elegant massage, 3881 PCH
- Tarzana Massage, 6801 Reseda Blvd, Tarzana, 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.

Mr. Hammerton was advised of the laws regulating his occupation, and he was provided with a "Torrance Municipal Section Highlights" form, which detailed these laws and regulations. I completed a Massage Establishment Licensing Interview Questionnaire with him which he signed indicating that he understood the laws regulating this occupation. Mr. Hammerton 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 Cozy Massage Spa **Phone** [REDACTED]

Licensee(s) Paul Hammeron COL [REDACTED]

Who are the sole owners? Licensee

Is the business incorporated? N/A

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

Business Address 3025 Artesia Blvd

How Long Has This Business Been Operating? 12 years
now ownership



Company History

Past Businesses

Have you been in the acupuncture/massage business before? 4 years

Location address? 3907 PCH - You & I Healing (wife 10 years)

How long? 3881 PCH - Elegant Massage
6801 Reseda Blvd, Torrance (Tanzan Massage) 4 years

Do you own any other businesses? see above

Location address? see above

Record in Other Cities (If Applicable)

In what other cities is the company licensed?

 No

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)?

 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

 2 messages

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

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

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

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

12 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.

13 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.

14 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.

15 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.

16 **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)).**

17 **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.**

18 **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?

CR _____

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

CR _____

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

CR _____



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)

8/28/24

Date

License(s) or Designated Representative

[Redacted]

8/28/24

Date

LICENSE REVIEW BOARD MEETING
SEPTEMBER 5, 2024

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

BACKGROUND

Ping Jin owner of P JL 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 18) 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: Notarized Statement from Landlord
- Attachment D: Police Dept Reports

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



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

SELECT APPLICABLE BOX:

NEW APPLICATION CHANGE OF OWNERSHIP (greater than 50%)
 CHANGE OF BUSINESS LOCATION CHANGE OF NAME (Only)

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

BUSINESS NAME OR DBA: Blue cradle Spa CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA): PJL service INC

1. BUSINESS LOCATION (*physical business address - see note below) Suite#: _____ City: Torrance State: CA ZIP: 90501

2. MAILING ADDRESS OR PO/PMB BOX (required) Suite#: _____ City: Torrance State: CA ZIP: 90501

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

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

FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S) (**see note below): 7292299 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: Ping Jin CONTACT TITLE: owne CONTACT PHONE #: _____ BUSINESS PHONE#: 310-755-4219 CELL PHONE#: _____

DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED ID#: _____ SOCIAL SECURITY# (optional): _____ COMMERCIAL OFFICE SQUAT: _____ # 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 LLC PARTNERSHIP SOLE OWNERSHIP

NAMES OF OWNER, PARTNERS, OR PRINCIPAL OFFICERS: Ping Jin TITLE: president

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

SIGNATURE: _____ DATE: 8/20/2024

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: <https://www.bls.gov/pls/bms/sic1.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/industrialwatercontrol.html

Attachment B

Telephone:
618-5828

CITY OF TORRANCE
REVENUE DIVISION

3031 Torrance Boulevard
Torrance, CA 90503

APPLICATION FOR Massage Business License

Torrance Municipal Code Section: 32.1.24

August 15 / 2024

NAME OF APPLICANT Ping Jin

ADDRESS [REDACTED] PLEASE PRINT [REDACTED] PHONE [REDACTED]

CITY [REDACTED] STATE CA 90803

TYPE OF BUSINESS massage Establishment

FIRM NAME Blue Cradle Spa

ADDRESS 2372 Torrance Blvd PHONE [REDACTED]

CITY Torrance STATE CA 90501

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:

4/2024 to Now Fine Crable SPA 2372 Torrance Blvd Torrance CA 90501

5/2021 to 3/2024 Parttime cleaning all LA.

1/2021 to 3/2024 Harmony SPA 2404 SP Pulveda blvd #E Torrance CA 90501

12/2020 to 12/2019 Epidemic at home

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

Mia 1 (626) 366-0231

Larry Li 626 537 8811

Tudy 626 240 897

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

DESCRIPTION OF APPLICANT:

FOR OFFICIAL USE ONLY

APPROVED BY:

CHIEF OF POLICE

DATE

LICEN

DATE

DISAPPROVED BY:

CHIEF OF POLICE

DATE

LICEN

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

Ping Jin

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, **Ping Jin** 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, Tuesday, April 04, 2023.



Jeffrey Foman, Chairman of the Board
California Massage Therapy Council

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

CERTIFICATE # 67430
EXPIRES: 6/18/2025

Attachment C

Eric & Doris Fisher
2021 W. 177th 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 Ping Jin & Hongjuan (Amy) Wang with an effective date of September 15, 2024.

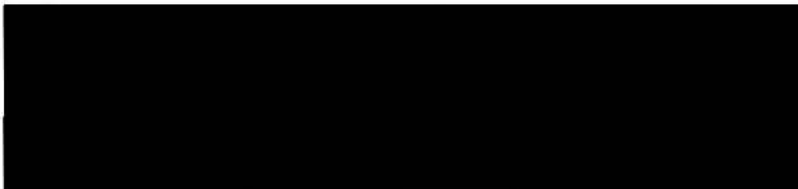
They have represented to us that their business consists of skin care and massage services and therapies. They have both provided copies of their certification by the "California Massage Therapy Council". (copies of their certificates attached)

A copy of the lease is enclosed.

Attested to on AUG. 7, 2024.



Eric S Fisher



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 AUGUST 7, 2024 before me, DAVID REAMS, NOTARY PUBLIC

Date Here Insert Name and Title of the Officer

personally appeared DORIS E FISHER AND ERIC S FISHER

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



Signature _____

Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: CITY OF TORRANCE MASSAGE VERIFICATION FORM

Document Date: AUG 7, 2024 Number of Pages: _____

Signer(s) Other Than Named Above: NONE

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer Is Representing: _____



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

To:
Suzanne Bittner
License Supervisor

Date: August 28, 2024

From:
Detective Lucas Ryono
Intelligence Section

Subject:
"Blue Cradle Spa"
2372 Torrance Blvd, Torrance, CA 90501
(310) 755-4219

License Review Board Hearing –September 5, 2024

Licensees Interviewed:
Jin, Ping [REDACTED]

Wang, HongJuan [REDACTED] (Mandarin Translator)

On 28 AUG 24, I interviewed Ms. Ping Jin regarding her application for a business license for "Blue Cradle Spa," located at 2372 Torrance Blvd, Torrance, CA. Ms. Jin was assisted by her Mandarin translator, Ms. HongJuan Wang.

Ms. Jin will be purchasing and taking over a pre-existing massage business at the location. Blue Cradle Spa was initially opened in 2022.

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

Ms. Jin will be managing the business as well as providing massage. Ms. Jin is a licensed masseuse (#67430 / exp. 06/18/2025). Ms. Jin has worked in the massage industry as a masseuse for 6-7 years. Most recently she has been working at the Blue Cradle Spa as a masseuse.

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. Jin 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. Jin 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 Wang, Hong Juan Language Mandarin
CDL



General Information

Business Name Blue Cradle Spa Phone

Licensee(s) Ping Jin

Who are the sole owners? Licensee

Is the business incorporated? Yes

Are there other officers/owners in the company? _____

Business Address 2372 Torrance Blvd

How Long Has This Business Been Operating? 2 YEARS
 (now ownership)



Company History

Past Businesses

Have you been in the acupuncture/massage business before? 6-7 years

Location address? Various, has been working Blue Cradle since ^{Nov} 2021

How long? _____

Do you own any other businesses? No

Location address? _____

Record in Other Cities (If Applicable)

In what other cities is the company licensed?

~~_____~~
~~_____~~
~~_____~~

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

~~_____~~
~~_____~~
~~_____~~

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

~~_____~~

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

~~_____~~



Business Inspection

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

PJ ✓ 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.

PJ ✓ 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)).**

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

PJ ✓ 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.

PJ ✓ 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.

PJ ✓ 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.

PJ ✓ 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.

PJ ✓ **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)).**

PJ ✓ **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.**

PJ ✓ **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?

P J CK

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

P J CK

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

P J CK



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]

License(s) or Designated Representative

8/28/2024
Date

8-28-24
Date

Witness