



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **MESSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **5615 WHITTIER BL #F, LOS ANGELES, CA 90022**

TELEPHONE: **(323) 890-2823**

OWNER OF BUSINESS: **WEN SUN**

CAL. DR. LIC# **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **A MESSAGE**

MAILING ADDRESS: **5615 WHITTIER BL #F, LOS ANGELES, CA 90022**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control	_____	_____	_____
<input type="checkbox"/> 2. Risk Management	_____	_____	_____
<input checked="" type="checkbox"/> 3. Building & Safety	YES	08/20/15	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	09/15/15	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	10/13/15	tchen
<input type="checkbox"/> 6. Treasurer & Tax Collector	_____	_____	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	10/21/15	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	08/11/15	tchen
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input checked="" type="checkbox"/> 11. Publishing	YES	12/03/15	tchen
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/21/15	tchen
<input type="checkbox"/> 14. Emergency Medical Services	_____	_____	_____

Conditions:

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **5615 WHITTIER BL #F, LOS ANGELES, CA 90022**

TELEPHONE: **(323) 890-2823**

OWNER OF BUSINESS: **WEN SUN**

CAL. DR. LIC.#: **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **A MESSAGE**

MAILING ADDRESS: **5615 WHITTIER BL #F, LOS ANGELES, CA 90022**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

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**BUILDING & SAFETY  
LA COUNTY**

**APPROVAL**

**DENIAL**

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: *Alfred L. Cook*

DATE: 8-20-15

BASIC LICENSE NO. **5910**

DATE **08/11/15**

IDENTIFICATION NUMBER **142593**

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 5615 WHITTIER BL #F, LOS ANGELES, CA 90022

TELEPHONE: (323) 890-2823

OWNER OF BUSINESS: WEN SUN

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: A MESSAGE

MAILING ADDRESS: 5615 WHITTIER BL #F, LOS ANGELES, CA 90022

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT  
LA COUNTY**

APPROVAL

DENIAL

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: *W. Sun*

DATE: 9-10-15

BASIC LICENSE NO. 5910

DATE 08/11/15

IDENTIFICATION NUMBER 142593



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 5615 WHITTIER BL #F, LOS ANGELES, CA 90022

TELEPHONE: (323) 890-2823

OWNER OF BUSINESS: WEN SUN

CAL. DR. LIC. [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: A MASSAGE

MAILING ADDRESS: 5615 WHITTIER BL #F, LOS ANGELES, CA 90022

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH**

LA COUNTY

APPROVAL

DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: Victor Velazquez

DATE: 10/8/15

BASIC LICENSE NO. 5910

DATE 10/01/15

IDENTIFICATION NUMBER 142593



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**  
N. Hill Street Room 199, P.O. Box 54970, Los Angeles, CA 90054-0970

✓  
15-00945

**BUSINESS LICENSE  
APPLICATION REFERRAL**

**KIND OF BUSINESS:** MASSAGE PARLOR-GENERAL

**ADDRESS OF BUSINESS:** 5615 WHITTIER BL #F, LOS ANGELES, CA 90022

**TELEPHONE:** (323) 894-2823

**OWNER OF BUSINESS:** WEN SEN 2/25/62

**CAL. DR. LIC. #:** [REDACTED]

**NAME OF PERSON FINGERPRINTED:**

**FICTITIOUS NAME:** A MASSAGE

**MAILING ADDRESS:** 5615 WHITTIER BL #F, LOS ANGELES, CA 90022 [REDACTED]

**DATE THAT YOU STARTED BUSINESS:** [REDACTED]

**PREVIOUS OWNER'S NAME, IF KNOWN:**

**THIS IS AN APPLICATION FOR: NEW LICENSE**

**SHERIFF FINGERPRINT  
LA COUNTY**

APPROVAL       DENIAL

**RECOMMENDATION:** Approved

**SIGNATURE:** W.P. [Signature]      **DATE:** 10/22/15

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR  
BUSINESS LICENSE SECTION  
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING  
320 W. TEMPLE STREET, 13<sup>TH</sup> FLOOR, ROOM 1360  
LOS ANGELES, CALIFORNIA 90012

FROM: BUSINESS LICENSE SECTION  
225 NORTH HILL STREET ROOM 109  
LOS ANGELES, CALIFORNIA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: ~~336.00~~  
\$365.00

TELEPHONE: (213) 974-2011  
FAX: (213) 633-5427

DATE: 07-08-2015

ID#: \_\_\_\_\_

TYPE OF BUSINESS AND CODE: Massage parlor

BUSINESS ADDRESS: 5615 Whittier Blvd #F

CITY: Los Angeles CA 90022 APX#: 6341032031

NAME OF OWNER: wen Sun PHONE#: [REDACTED]

D.B.A./NAME OF BUSINESS: A MASSAGE CELL PHONE#: [REDACTED]

MAILING ADDRESS: 5615 Whittier Blvd #F Los Angeles CA 90022

E-mail ADDRESS: \_\_\_\_\_

To be completed by Regional Planning

RBUS 201500367

EXISTING USE: New ( ) Renewal ( )

PROJECT # 2015-02103

CELL PHONE #: \_\_\_\_\_

USE PERMITTED IN ZONE Yes USE NOT PERMITTED IN ZONE: \_\_\_\_\_

APPROVED Yes DENIED: \_\_\_\_\_

REMARKS: Massage use established btwn  
9/1/09 - 12/31/14 by LAC Dept of BES  
Permit for Tenant Improvements from  
9/3/14. This approval valid for unit #F  
only. Use requires CUP after January 1, 2020

DEPARTMENT OF REGIONAL PLANNING  
320 W. TEMPLE STREET, ROOM 1360  
HALL OF RECORDS  
LOS ANGELES, CALIFORNIA 90012

SIGNATURE: [Signature] DATE: 7-29-2015



Los Angeles County Treasurer and Tax Collector  
**Application for Business License**



Please note: Business License fees are NOT refundable

Fee: \$ \_\_\_\_\_

ID # 142593  
~~142593~~

**BUSINESS INFORMATION**

Type of Business: <b>MASSAGE Parlor 5910</b>		Address of Business: <b>5615 Whittier Blvd #F, Los Angeles CA 90022</b>	
		Business Telephone: <b>(323) - 890 - 2823</b>	
DBA (Business Name): <b>A MASSAGE</b>		Mailing Address: <b>5615 Whittier Blvd #F, Los Angeles CA 90022</b>	
Sellers Permit # (State Board of Equalization):			
Business Ownership Structure:      Single Owner <input checked="" type="checkbox"/> Partnership _____ LLC _____ Corporation _____ If LLC or Corporation, the information below is required:			
Date of Incorporation:		Incorporated in the State of:	
Exact Corporate Name:			
Names of Officers		Addresses	Titles

**APPLICANT INFORMATION**

Applicant's Full Name: <b>WEN SUN</b>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <b>SunTianXiang@yahoo.com</b>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input checked="" type="checkbox"/> Female _____	Height: [REDACTED]	Weight: [REDACTED]      Hair Color: [REDACTED]      Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 08-10/2015      Applicant's Signature: Wen Sun  
 Application taken by: Tommy      Date: 8/10/2015