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: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **24789 VALLEY ST, NEWHALL, CA 91321**

TELEPHONE: **(661) 753-9888**

OWNER OF BUSINESS: **SHUXIANG JIANG**

CAL. DR. LIC.# : [redacted]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MUSE MASSAGE**

MAILING ADDRESS: [redacted]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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

		APPROVED	DATE	SIGNATURE
☐	1. Animal Care & Control			
☐	2. Risk Management			
☒	3. Building & Safety	YES	06/15/15	tchen
☒	4. Fire Department	YES	07/21/15	tchen
☒	5. Public Health	YES	03/14/16	nlove
☐	6. Treasurer & Tax Collector			
☒	7. Business License Commission			
☒	8. Sheriff Department	YES	03/23/16	nlove
☒	9. Regional Planning Commission	YES	06/09/15	tchen
☐	10. Weights and Measures			
☒	11. Publishing	YES	04/01/16	tchen
☐	12. Public Works - EPD			
☒	13. Sheriff Fingerprint	YES	03/23/16	nlove
☐	14. Emergency Medical Services			

Conditions:

BASIC LICENSE NO. **8430** DATE **03/23/16** IDENTIFICATION NUMBER **142414**

Los Angeles County Treasurer and Tax Collector

Application for Business License

Please note: *Business License fees are NOT refundable*

Fee: $ 2,118.00

ID # 142414

BUSINESS INFORMATION

Type of Business: MASSAGE PARLOR GENERAL	Address of Business: 24789 Valley st. New Hall. CA 91321
	Business Telephone: 661-753-9888
DBA (Business Name): MUSE MASSAGE	Mailing Address: [redacted]
Sellers Permit # (State Board of Equalization):	
Business Ownership Structure: Single Owner X 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: Shu Xiang Jiang		
Home Address: [redacted]		
Home Telephone: —	Cell Phone: [redacted]	Email address: 582113700@qq.com
Social Security #: [redacted]	Date of Birth: [redacted]	Place of Birth: [redacted]
Driver's License or State ID#: [redacted]		Expiration Date: [redacted]
Male ___ Female X 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 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: 06/03/2015 Applicant's Signature: Shu Xiang Jiang

Application taken by: [signature] Date: 6-3-15

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 /SC**

ADDRESS OF BUSINESS: **24789 VALLEY ST, NEWHALL, CA 91321**

TELEPHONE: **(661) 753-9888**

OWNER OF BUSINESS: **SHUXIANG JIANG**

CAL. DR. LIC.# : [redacted]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MUSE MASSAGE**

MAILING ADDRESS: [redacted]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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

BUILDING & SAFETY
SANTA CLARITA

☒ APPROVAL ☐ DENIAL

RECOMMENDATION: We recommend approval at this time.

SIGNATURE: D Hamrick DATE: 6/12/15

BASIC LICENSE NO. **8430** DATE **06/09/15** IDENTIFICATION NUMBER **142414**

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

73

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 24789 VALLEY ST, NEWHALL, CA 91321

TELEPHONE: (661) 753-9888

OWNER OF BUSINESS: SHUXIANG JIANG

CAL. DR. LIC.#: [redacted]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MUSE MASSAGE

MAILING ADDRESS [redacted]

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: REPLACE BATTERY IN EMERGENCY EXIT LIGHTING, MOUNT FIRE EXTINGUISHER ON WALL

SIGNATURE: [signature] DATE: 6/30/15

BASIC LICENSE NO. 8430 DATE 06/09/15 IDENTIFICATION NUMBER 142414

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 /SC

ADDRESS OF BUSINESS: 24789 VALLEY ST, NEWHALL, CA 91321

TELEPHONE: (661) 753-9888

OWNER OF BUSINESS: SHUXIANG JIANG

CAL. DR. LIC# : [redacted]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MUSE MASSAGE

MAILING ADDRESS: [redacted]

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: L. Montiel DATE: 3/10/2016

BASIC LICENSE NO. 8430 DATE 01/20/16 IDENTIFICATION NUMBER 142414

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

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

√

15 · 00733

BUSINESS LICENSE
APPLICATION REFERRAL

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

ADDRESS OF BUSINESS: **24789 VALLEY ST, NEWHALL, CA 91321**

TELEPHONE: **(661) 753-9888**

OWNER OF BUSINESS: **SHUXIANG JIANG**

CAL. DR. LIC.# : [redacted] 6/28/68

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MUSE MASSAGE**

MAILING ADDRESS [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: [signature] 536170 DATE: 3/17/15

BASIC LICENSE NO. **8430** DATE **06/09/15** IDENTIFICATION NUMBER **142414**

6/10 Scan & TC Tony 8/17

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 /SC**

ADDRESS OF BUSINESS: **24789 VALLEY ST, NEWHALL, CA 91321**

TELEPHONE: **(661) 753-9888**

OWNER OF BUSINESS: **SHUXIANG JIANG**

CAL. DR. LIC.# : [redacted]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MUSE MASSAGE**

MAILING ADDRESS: [redacted]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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

REGIONAL PLANNING
SANTA CLARITA

☑ APPROVAL ☐ DENIAL

RECOMMENDATION: approval for massage parlor. change of ownership. OTC15-1021

SIGNATURE: [signature] DATE: 6/9/15

BASIC LICENSE NO. **8430** DATE **06/09/15** IDENTIFICATION NUMBER **142414**