



**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: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 4333 ADMIRALTY WY. SLIP E419, MARINA DEL REY, CA 90292

TELEPHONE: (310) 415-3070

OWNER OF BUSINESS: DOUGLAS G ARCHER

CAL. DR. LIC.# : [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ARCHER PRODUCTIONS

MAILING ADDRESS: [REDACTED]

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 checked="" type="checkbox"/> 2. Risk Management	YES	03/30/16	nlove
<input type="checkbox"/> 3. Building & Safety	_____	_____	_____
<input type="checkbox"/> 4. Fire Department	_____	_____	_____
<input type="checkbox"/> 5. Public Health	_____	_____	_____
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	04/18/16	nlove
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input type="checkbox"/> 8. Sheriff Department	_____	_____	_____
<input type="checkbox"/> 9. Regional Planning Commission	_____	_____	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input type="checkbox"/> 11. Publishing	_____	_____	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	03/30/16	nlove
<input type="checkbox"/> 14. Emergency Medical Services	_____	_____	_____

Conditions:

**COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
BUSINESS LICENSE INVESTIGATION REPORT**

Account# 143185

Application for
Water Taxi Operator

Date
03/22/16

Hearing Date

D.B.A. Archer Productions	Organization or Corporation Archer Productions, Inc.	Incorporation Date 04/01/07
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Address of Proposed Activity 4333 Admiralty Way Slip E419,	Contacted Douglas Archer	Date Contacted 03/22/16
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Applicant, Sponsoring Adult or Corporate Officer 1. Douglas Archer	Position Owner	Ever Arrested Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth
[REDACTED]						

2.	Position	Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>
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Address	Hgt.	Wgt.	Hair BLONDE	Eyes BLUE	DOB	Place of Birth
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3.	Position	Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>
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Address	Hgt.	Wgt.	Hair BROWN	Eyes BROWN	DOB	Place of Birth
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4.	Position	Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>
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Address	Hgt.	Wgt.	Hair BROWN	Eyes BROWN	DOB	Place of Birth
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5.	Position	Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>
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Address	Hgt.	Wgt.	Hair BROWN	Eyes BROWN	DOB	Place of Birth
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Location
 Owned Leased Sub-Leased From Whom:

Termination Date of Lease	Immediate Vicinity	School or Churches	Hearing Notice Posted
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Charitable Activity	Proposed Date of Activity	Age Group	Admission Charged	Amount	Security Guards Yes <input type="checkbox"/> No <input type="checkbox"/> No.
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Estimated Attendance	Posted Capacity	Parking – Location	Number	Paved	Lighting
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Outside Signs Interior Lightning

Alcoholic Beverages Yes <input type="checkbox"/> No <input type="checkbox"/>	Type ABC License	ABC Licensed Issued To
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Location Previously Licensed Yes <input type="checkbox"/> No <input type="checkbox"/> Date	Applicant Previously Licensed Yes <input type="checkbox"/> No <input type="checkbox"/> Date	License Suspended, Revoked, or Denied Yes <input type="checkbox"/> No <input type="checkbox"/> Date
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Type	Type	Type
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Date Started Operation	Billiard Tables Yes <input type="checkbox"/> No <input type="checkbox"/> Number	State Board Number
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Attire	Type of Food Served	Entertainment (Describe)
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Hours of Operation	Days of Operation	County License Number 143185
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14



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

That's It!

1573 1574

STPE-419 ID# 143185

Fee: \$ _____

Marina del Rey 9029

BUSINESS INFORMATION 4333 ADMIRALTY WAY, SUITE # 10

Type of Business: <u>Water Taxi Operator</u> <u>Water Taxi (That's It)</u>	Address of Business: [REDACTED]	
Start Date (Projected): <u>ASAP MARCH 2016</u>	Business Telephone: <u>310-415-3070</u>	
DBA (Business Name): <u>ARCHER PRODUCTIONS, INC</u>	Mailing Address: [REDACTED]	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>APR 22, 2015</u>	Incorporated in the State of: <u>CA</u>	
Exact Corporate Name: <u>ARCHER PRODUCTIONS, INC</u>		
Names of Officers	Addresses	Titles
<u>DOUGLAS ARCHER</u>	<u>(same as above)</u>	<u>OWNER</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>DOUGLAS G ARCHER</u>		
Home Address: [REDACTED]		
Home Telephone: <u>N/A</u>	Cell Phone: [REDACTED]	Email address: <u>archerproductions@gmail.com</u>
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 <input type="checkbox"/>	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: 3-11-16 Applicant's Signature: [Signature]

Application taken by: Dick Da Date: _____

* If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline



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: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 4333 ADMIRALTY WY. SLIP E419, MARINA DEL REY, CA 90292

TELEPHONE: (310) 415-3070

OWNER OF BUSINESS: DOUGLAS GARCHER

CAL. DR. LIC#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ARCHER PRODUCTIONS

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

Risk Management
LA COUNTY

APPROVAL

DENIAL

RECOMMENDATION: _____

SIGNATURE: *[Signature]*

DATE: 4/1/16



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: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 4333 ADMIRALTY WY. SLIP E419, MARINA DEL REY, CA 90292

TELEPHONE: (310) 415-3070

OWNER OF BUSINESS: DOUGLAS G ARCHER

CAL. DR. LIC.# : [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ARCHER PRODUCTIONS

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

DOUGLAS ARCHER CELL #

310-415-3070

TREASURER & TAX COLLECTOR

LA COUNTY

APPROVAL

DENIAL

RECOMMENDATION: _____

SIGNATURE: [Signature]

DATE: 4-18-16

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

16-00286

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

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS: 4333 ADMIRALTY WY. SLIP E419, MARINA DEL REY, CA 90292

TELEPHONE: (310) 415-3070

OWNER OF BUSINESS: DOUGLAS G ARCHER

CAL. DR. LIC.#: [REDACTED] 3/24/72

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ARCHER PRODUCTIONS

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT
LA COUNTY

APPROVAL

DENIAL

RECOMMENDATION: _____

Approved

SIGNATURE: MD 536470

DATE: 3/29/16

BASIC LICENSE NO. 1573

DATE 03/14/16

3114

IDENTIFICATION NUMBER 143185

Sealed TC have Tony 3/29