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: **23942 LYONS AVE 108, SANTA CLARITA, CA 91321**

TELEPHONE: **(661) 310-1222**

OWNER OF BUSINESS: **BENJAMAS RATTANAWECH**

CAL. DR. LIC.# [redacted]

NAME OF PERSON FINGERPRINTED: **BENJAMAS RATTANAWECH**

FICTITIOUS NAME: **AMAZING THAI MASSAGE AND SPA**

MAILING ADDRESS: **23942 LYONS AVE 108, SANTA CLARITA, CA 91321**

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	09/10/15	tchen
☒	4. Fire Department	YES	02/25/16	tchen
☒	5. Public Health	YES	06/21/16	nlove
☐	6. Treasurer & Tax Collector			
☒	7. Business License Commission			
☒	8. Sheriff Department	YES	11/03/15	tchen
☒	9. Regional Planning Commission	YES	09/10/15	tchen
☐	10. Weights and Measures			
☒	11. Publishing	YES	06/30/16	tchen
☐	12. Public Works - EPD			
☒	13. Sheriff Fingerprint	YES	11/03/15	tchen
☐	14. Emergency Medical Services			

Conditions:

BASIC LICENSE NO. **8430** DATE **06/21/16** IDENTIFICATION NUMBER **142679**

Los Angeles County Treasurer and Tax Collector

Application for Business License

Please note: *Business License fees are NOT refundable*

Fee: $ 2158.00

ID # 142679

BUSINESS INFORMATION

Type of Business: Massage Parlor General	Address of Business: #108 23942 Lyons Ave Santa Clarita Ca 91321
	Business Telephone: 661-310-1222
DBA (Business Name): Amazing Thai Massage and Spa	Mailing Address: #108 23942 Lyons Ave Santa Clarita Ca 91321
Sellers Permit # (State Board of Equalization):	
Business Ownership Structure: Single Owner ___ Partnership ___ LLC ✓ Corporation ___	
If LLC or Corporation, the information below is required:	
Date of Incorporation: JAN 28 2013	Incorporated in the State of: State of California
Exact Corporate Name: AMAZING THAI MASSAGE AND SPA	

Names of Officers	Addresses	Titles
Benjamas Rattanaweech	23942 Lyons Ave Suite 108	Officer
Jason S. Wagner	23942 Lyons Ave Suite 108	Officer

APPLICANT INFORMATION

Applicant's Full Name: Benjamas Rattanaweech		
Home Address: [redacted]		
Home Telephone: –	Cell Phone: [redacted]	Email address: Ben9954@Hotmail.com
Social Security #: [redacted]	Date of Birth: [redacted]	Place of Birth: [redacted]
Driver's License or State ID#: [redacted]		Expiration Date: [redacted]
Male ___ 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 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: 9/9/15 Applicant's Signature: Benjamas Rattanaweech

Application taken by: LG Date: 9-9-15

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**

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TELEPHONE: **(661) 310-1222**

OWNER OF BUSINESS: **BENJAMAS RATTANAWECH**

CAL. DR. LIC.# [redacted]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **AMAZING THAI MASSAGE AND SPA**

MAILING ADDRESS: **23942 LYONS AVE 108, SANTA CLARITA, CA 91321**

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. Hamid DATE: 9/10/15

BASIC LICENSE NO. **8430** DATE **09/10/15** IDENTIFICATION NUMBER **142679**

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

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

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BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR GENERAL

ADDRESS OF BUSINESS: 23942 LYONS AVE., #108 SANTA CLARITA, CA 91321

TELEPHONE: (661) 310-1222

OWNER OF BUSINESS: BENJAMAS RATTANAWECH

CAL. DR. LIC#: [redacted]

NAME OF PERSON FIGERPRINTED: SAME

FICTITIOUS NAME: AMAZING THAI MASSAGE AND SPA

MAILING ADDRESS: 23942 LYONS AVE., #108 SANTA CLARITA, CA 91321

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: DATE: 2/22/2016

BASIC LICENSE NO. 8430 DATE 09-09-2015 IDENTIFICATION NUMBER 142679

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: 23942 LYONS AVE 108, SANTA CLARITA, CA 91321

TELEPHONE: (661) 310-1222

OWNER OF BUSINESS: BENJAMAS RATTANAWECH

CAL. DR. LIC.# [redacted]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: AMAZING THAI MASSAGE AND SPA

MAILING ADDRESS: 23942 LYONS AVE 108, SANTA CLARITA, CA 91321

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. Martinez DATE: 6/16/2016

BASIC LICENSE NO. 8430 DATE 01/20/16 IDENTIFICATION NUMBER 142679

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: **23942 LYONS AVE 108, SANTA CLARITA, CA 91321**

TELEPHONE: **(661) 310-1222**

OWNER OF BUSINESS: **BENJAMAS RATTANAWECH**

CAL. DR. LIC.# [redacted]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **AMAZING THAI MASSAGE AND SPA**

MAILING ADDRESS: **23942 LYONS AVE 108, SANTA CLARITA, CA 91321**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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

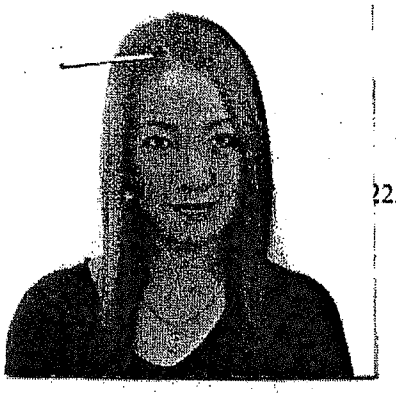
REGIONAL PLANNING
SANTA CLARITA

☑ APPROVAL ☐ DENIAL

RECOMMENDATION: approval for massage parlor must comply with muni code chapter 5.08

SIGNATURE: [signature] DATE: 9/10/15

BASIC LICENSE NO. **8430** DATE **09/10/15** IDENTIFICATION NUMBER **142679**



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

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

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15-061016

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23942 LYONS AVE 108, SANTA CLARITA, CA 91321

TELEPHONE: (661) 310-1222

OWNER OF BUSINESS: BENJAMAS RATTANAWECH

CAL. DR. LIC.# : [redacted]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: AMAZING THAI MASSAGE AND SPA

MAILING ADDRESS: ~~23942 LYONS AVE 108, SANTA CLARITA, CA 91321~~

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: Wp 53417a DATE: 11/3/15

BASIC LICENSE NO. 8430 DATE 09/10/15 9/10 IDENTIFICATION NUMBER 142679