



**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:

TELEPHONE:

OWNER OF BUSINESS: **DARRYL AKEN**

CAL. DR. LIC.# : [REDACTED]

NAME OF PERSON FINGERPRINTED: **DARRYL AKEN**

FICTITIOUS NAME: **PARTIES AT SEA**

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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

BUSINESS LICENSE COMMISSION

UNINC. LA COUNTY

☐ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____



KEITH KNOX
TREASURER AND TAX COLLECTOR

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 437, Los Angeles, California 90012
Telephone: (213) 974-2101 Fax: (213) 626-1812
ttc.lacounty.gov and propertytax.lacounty.gov

Board of Supervisors
HILDA L. SOLIS
First District
HOLLY J. MITCHELL
Second District
SHEILA KUEHL
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER
Fifth District

STATEMENT OF INFORMATION

APPLICATION FOR BUSINESS LICENSE FOR WATER TAXI OPERATOR BL ID #147306

SUPERVISORIAL DISTRICT: FOURTH
OWNER/DBA: DARRYL AKEN/PARTIES AT SEA
ADDRESS: MARINA DEL REY
SUBMISSION DATE: OCTOBER 14, 2020
DATE OF HEARING: MARCH 31, 2021

On October 14, 2020, Darryl Aken (owner) of Parties at Sea, submitted an application for a Water Taxi Operator Business License. The business license will be issued in the name of Parties at Sea. Mr. Aken charts his vessel from Dock 55. He offers private boat charters.

The Business License Referrals were received by the following departments:

- Sheriffs approved the referral on October 22, 2020
- Public Works SB 205 approved the referral on October 23, 2020
- Risk Management approved the referral on October 28, 2020
- Beaches and Harbors approved the referral on January 25, 2021
- Treasurer and Tax Collector approved the referral on February 2, 2021

On February 2, 2021, the TTC verified with the applicant that no food or drinks are prepared on the vessels.

The Department of Public Health requires COVID-19 reopening protocols to be displayed in the business office or on the vessel. The applicant has been informed regarding the Public Health COVID-19 Certification as an option for posting.

Photos are enclosed.

The TTC has no objections to the approval of this application.

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER : XX XXXX
PUBLISH 3 TIMES

1ST PUBLISHING DATE: XXXXXXXX
2ND PUBLISHING DATE: XXXXXXXX
3RD PUBLISHING DATE: XXXXXXXX

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

WATER TAXI OPERATOR

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES: [REDACTED]
[REDACTED]
NAME OF APPLICANT: PARTIES AT SEA / DARRYL AKEN
DATE OF HEARING: 03/31/2021
TIME OF HEARING: 03:00 P.M.

“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO”

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



Application for Business License



Business License fees are NOT refundable.
This application will expire in 60 calendar days. (Per 7.06.060*)

"I hereby promise the following information submitted in this application is true and correct. If I make any false statement in any application for a permit or license under Title 7, or in any report required by Title 7, I may be subject to penalties pursuant to section 7.04.300 of the County Code."

BUSINESS ACTIVITY: Water Taxi Operator & Water Taxi

BL ID #: 147306

What is the purpose of your application?

(Per 7.06.020 A)

New:



Business License



Ownership

Change in:



Corporate Office/Director



Doing Business As



Partnership

PART 1 - BUSINESS INFORMATION

Projected Start Date: (Per 7.06.180 A-2) 1/1/21 (MM/DD/YY)

Business Entity Name: (Per 7.04.020 A) Parties at Sea

Business Name (DBA): (Per 7.06.020 E) Parties at Sea

Business Entity Type (check one): ☐ Corporation ☐ Limited Liability Corporation
 (Per 7.06.020 A) ☐ Limited Partnership ☐ Partnership ☒ Sole Proprietorship

Business Entity Identification Number (California Secretary of State): _____

(Per 7.06.100)

Tax Identification Number: (26 U.S. Code § 6109) _____

Business Phone Number: 310-739-7300 **Email Address:** _____

Business Location Address: (Per 7.06.020 D) Dock 55, Marina del Rey, CA 90292

Mailing Address: (Per 7.06.020 D) _____

Hours of Operation: (Per 7.06.110) _____

Days of Operation: ☒ Mon ☒ Tues ☒ Wed ☒ Thurs ☒ Fri ☒ Sat ☒ Sun

Brief Description of Business Activity(ies) (If subsequent year application, please include new activities added since initial application): Private Yacht Day Charters Operating Out Of Marina del Rey, CA.

Do you sell pre-packaged foods? ☐ Yes ☒ No

Do you own or rent the property where the business is located? ☒ Own ☐ Rent

Property Owner Name (If known): Darryl Aken

Property Owner Phone Number: _____ **Email Address:** _____

If you are leasing the property, please provide a copy of the lease agreement: ☐

PART 2 - APPLICANT INFORMATION

Title: (Per 7.06.020 A) ☐ Business Representative/Agent for Service ☐ Corporate Officer
☐ General Partner ☐ Managing Member
☒ Owner

Full Name: Darryl Aken

(If corporate officer, name shall be exactly as set forth in its articles of incorporation).

Applicant Address:

Phone Number:

PART 3A - ENTITY INFORMATION (If Applicable) (Per 7.06.020 A & B)

If the applicant is a Partnership, Limited Partnership, Limited Liability Corporation, or a Corporation, please list the names and addresses of all directors and the name and address of an officer who is duly authorized to accept the service of legal process.

Title	Full Name (First Name, Last Name)	Address (Number, Street, City, Zip)	Phone Number(s) (Office and Mobile)	Email

(If there are additional individuals, please include the information on a separate attachment)

Do you hold or have you held business licenses in another city, county, or state?

☒ No ☐ Yes (if yes, provide details)

Have you ever had a business permit or license denied, suspended, restricted, or revoked by any city or county? (Per 7.08.080 E) ☒ No ☐ Yes (if yes, provide details)

PART 3B – Business Personal Property (Required)

Is the total cost of your business personal property \$100,000 or more? ☐ Yes ☒ No

- Each year the Los Angeles County Assessor (Assessor) is responsible for the assessment of business personal property for property tax purposes. Examples of business personal property are machinery, equipment, furniture, computers, tools, and supplies, etc. Business inventory is exempt and not subject to property tax. A business property statement, form 571-L, is required to be filed if the aggregate cost of your taxable personal property is \$100,000 or more on January 1 of each year, or if the Assessor requests to file a statement. To learn more about Los Angeles County business personal property tax, visit the Assessor's website at <https://assessor.lacounty.gov/>

PART 4 - ACKNOWLEDGEMENT

As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to comply with Title 7 of the County Code and any other applicable regulations, and I understand that any facts and documentation I give, will be matched with local, state and federal records for authenticity.

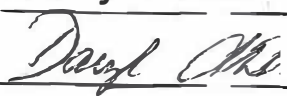
****You must submit a completed application, comply with the appropriate County departments, and submit all required documents within 60 calendar days from the date we receive your payment. Failure to comply with this requirement will result in the denial of your application and you will have to re-apply and repay the initial application fee.**

Place your initials next to each statement below to indicate acceptance.

da	I acknowledge that my Application for Business License will expire in 60 calendar days without a refund.**
da	I acknowledge and accept that some of the information reported in the above application may be used by the County Assessor for tax purposes or other County departments.
da	I affirm that, to the best of my knowledge and belief, all information in the above referenced application is accurate and complete.

By signing below, I agree to comply with all of the requirements of the Los Angeles County Code and above referenced rules and regulations.

Business Representative:

Print Full Name: Darryl Aken Title: Owner
Signature:  Date: 9/20/20

Please email ~~the completed~~ application to businesslicense@ttc.lacounty.gov.

If you suspect fraud or wrong doing by a County of Los Angeles employee, report the incident to the Los Angeles County Fraud Hotline at 1(800) 544-6861.

PART 5 - INTERNAL USE ONLY

Application received by: O. Partida
(Please Print Name)

Date: 9/20/20


Place a check in the check box or N/A if not applicable:

Lease Agreement (if applicable)	
Entity Document(s)	
DRP Referral	
Zoning Approved	
Referral Checklist Provided	

**APPLICATION
EXPIRATION DATE**
/ /
(Payment Received Date + 60 days)

Conditional Use Permit	Number:
Conditions Listed:	Expiration Date:

Additional Staff Comments: _____

Supervisor Reviewed:  . Date: 02/09/2021 BL ID#: 147306



**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:

TELEPHONE:

OWNER OF BUSINESS: **DARRYL AKEN**

CAL. DR. LIC.# : [REDACTED]

NAME OF PERSON FINGERPRINTED: **DARRYL AKEN**

FICTITIOUS NAME: **PARTIES AT SEA**

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	10/28/20	opartida
<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	02/02/21	ngomez
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Beaches & Harbors	YES	01/25/21	ehernand
<input type="checkbox"/> 9. Regional Planning			
<input type="checkbox"/> 10. Weights and Measures			
<input type="checkbox"/> 11. Publishing			
<input checked="" type="checkbox"/> 12. Public Works - EPD	YES	10/23/2021	ehernand
<input checked="" type="checkbox"/> 13. Sheriff	YES	10/22/20	cfortier
<input type="checkbox"/> 14. Emergency Medical Services			
<input type="checkbox"/> 15. Fire-CUPA			

Conditions:

BASIC LICENSE NO. **1573**

DATE **02/09/21**

IDENTIFICATION NUMBER **147306**



**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:

TELEPHONE:

OWNER OF BUSINESS: **DARRYL AKEN**

CAL. DR. LIC.# : [REDACTED]

NAME OF PERSON FINGERPRINTED: **DARRYL AKEN**

FICTITIOUS NAME: **PARTIES AT SEA**

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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

RISK MANAGEMENT

UNINC. LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: BASED ON EMAIL FROM RISK MANAGEMENT - CEO (ATTACHED)

SIGNATURE: 

DATE: 10/28/2020

From: Olga Svitlynets OSvitlynets@ceo.lacounty.gov
Subject: RE: 147306 - Parties at Sea - OS - Due Date: 11/10/2020
Date: October 28, 2020 at 2:31 PM
To: CEO Insurance Compliance insurancecompliance@ceo.lacounty.gov, Elizabeth Hernandez ehernandez@ttc.lacounty.gov
Cc: Rhonda Aven-Haggenmiller RAven-Haggenmiller@ceo.lacounty.gov, Brian Lew blew@ceo.lacounty.gov

Hello Elizabeth,
The Certificate meets the requirement.

Olga Svitlynets
(213) 351-6628

From: CEO Insurance Compliance <insurancecompliance@ceo.lacounty.gov>
Sent: Tuesday, October 27, 2020 10:47 AM
To: Elizabeth Hernandez <ehernandez@ttc.lacounty.gov>
Cc: CEO Insurance Compliance <insurancecompliance@ceo.lacounty.gov>; Rhonda Aven-Haggenmiller <RAven-Haggenmiller@ceo.lacounty.gov>; Brian Lew <blew@ceo.lacounty.gov>; Olga Svitlynets <OSvitlynets@ceo.lacounty.gov>
Subject: FW: 147306 - Parties at Sea - OS - Due Date: 11/10/2020

Good morning,
We received your request. Program Specialist Olga Svitlynets of our staff will review and provide a response by November 10, 2020. Ms. Svitlynets can be reached at (213) 351-6628 or osvitlynets@ceo.lacounty.gov.
If you have any other questions or need additional assistance, please contact me at (213) 351-5473 or mduran@ceo.lacounty.gov.

Thank you

Mary Lou Duran



Phone: (213) 351-5473 | Email: mduran@ceo.lacounty.gov
<https://riskmanagement.lacounty.gov/>

From: Elizabeth Hernandez <ehernandez@ttc.lacounty.gov>
Sent: Monday, October 26, 2020 4:11 PM
To: CEO Insurance Compliance <insurancecompliance@ceo.lacounty.gov>
Cc: Omar Partida <opartida@ttc.lacounty.gov>
Subject: 147306 - Parties at Sea

Good Afternoon,
Would you please review this Certificate of Liability Insurance for Parties at Sea for a Water Taxi Operator and Water Taxi Vessel, to see that it meets the required criteria based on the attached matrix.

Thank you,

Elizabeth Hernandez

Tax Services Supervisor I

Business License Section

Los Angeles County Treasurer and Tax Collector

Phone: (213) 974-2014 | Fax: (213) 633-5427

Email: ehernandez@ttc.lacounty.gov

Pay Online Business License Renewals at <https://vcheck.ttc.lacounty.gov>

Pay Online Property Taxes at <https://lacountypropertytax.com>

Safe. Secure. Convenient.

INSURANCE BINDER

This binder is a temporary insurance contract subject to the conditions shown on the bottom of this form.

Insured:**Agency:**

GLOBAL
MARINE
INSURANCE
AGENCY

12935 S. West Bayshore Dr.
Traverse City, MI 49684
800-748-0224
Fax: 231-947-4407

Insurance Company: Chubb Recreational Marine

Binder Number: Y37889891

Effective Date: 10/05/2020

Expiration Date: 11/05/2020

Vessel: 2016 44' Cranchi 44 HT

Hull ID: CRA746FF516

Limit	Deductible	Coverage
\$465,000	\$4,650	Hull Coverage (Agreed Value)
\$1,000,000	\$0	P&I Liability
\$25,000	\$0	Medical Payments
\$1,000,000	\$0	Uninsured Boater
\$25,000	\$0	Personal Property (Actual Cash Value)
Included	\$0	Towing
\$939,800	\$0	Pollution/Spill Liability

Navigation:

Warranted confined to Pacific coastwise and inland tributary waters of the United States between Point Conception, California and Rio Santo Tomas, Mexico. (MA 7N35)

Layup: From 00/00 Thru 00/00

Special Conditions:

Chubb Group U.S. Privacy Notice
Chubb Producer Compensation Practices & Policies
Insurance Identification Card(s)
Policyholder Notice - Direct Bill
Global Marine Insurance Agency Customer Letter
Signatures
Trade or Economic Sanctions Endorsement
Pacific Coast Navigation Warranty

Additional Insured:


Essex Marina City Club, 4333 Admiralty Way Ste 10, Marina del Rey, CA 90292

Liability Limit increased.

Conditions:

This company binds the kind(s) of insurance stipulated above. This insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the company. This binder may be cancelled by the insured by surrender of this binder or by written notice to the company stating when cancellation will be effective. This binder may be cancelled by the company by notice to the insured in accordance with policy conditions. This binder is cancelled when replaced by a policy. If this binder is not cancelled by a policy, the company is entitled to charge a premium according to their rules and rates in use.

Date: 10/05/2020


Authorized Agent



**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:

TELEPHONE:

OWNER OF BUSINESS: **DARRYL AKEN**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED: **DARRYL AKEN**

FICTITIOUS NAME: **PARTIES AT SEA**

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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

TREASURER & TAX COLLECTOR

UNINC. LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: Confirmed owner identity.

SIGNATURE: Christopher J Fortier

DATE: 02/02/2021

BASIC LICENSE NO. **1573**

DATE **01/26/21**

IDENTIFICATION NUMBER **147306**

**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:

TELEPHONE:

OWNER OF BUSINESS: DARRYL AKEN

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED: DARRYL AKEN

FICTITIOUS NAME: PARTIES AT SEA

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BEACHES AND HARBORS

UNINC. LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: Marcus Stirling

DATE: 1/25/2021

BASIC LICENSE NO. 1573

DATE 10/21/20

IDENTIFICATION NUMBER 147306

**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:

TELEPHONE:

OWNER OF BUSINESS: DARRYL AKEN

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED: DARRYL AKEN

FICTITIOUS NAME: PARTIES AT SEA

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC WORKS - SB 205

UNINC. LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: Business description is a charter boat for pleasure (short day trips); one boat in fleet; maintenance performed off site; contacted Darryl Aken, owner; SIC 7999. No permit is required to be filed with the State. No further follow up required by Public Works

SIGNATURE: *Elvira Delgadillo*

DATE: 10/23/20

BASIC LICENSE NO. 1573

DATE 10/21/20

IDENTIFICATION NUMBER 147306

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

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

✓
20.398

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: WATER TAXI OPERATOR

ADDRESS OF BUSINESS:

TELEPHONE:

OWNER OF BUSINESS: DARRYL AKEN

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED: DARRYL AKEN

FICTITIOUS NAME: PARTIES AT SEA

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF
UNINC. LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

APPROVED

SIGNATURE:

Wp 52617

DATE:

10/22/20

BASIC LICENSE NO. 1573

DATE 10/21/20

IDENTIFICATION NUMBER 147306

10/21

WTC 10/22

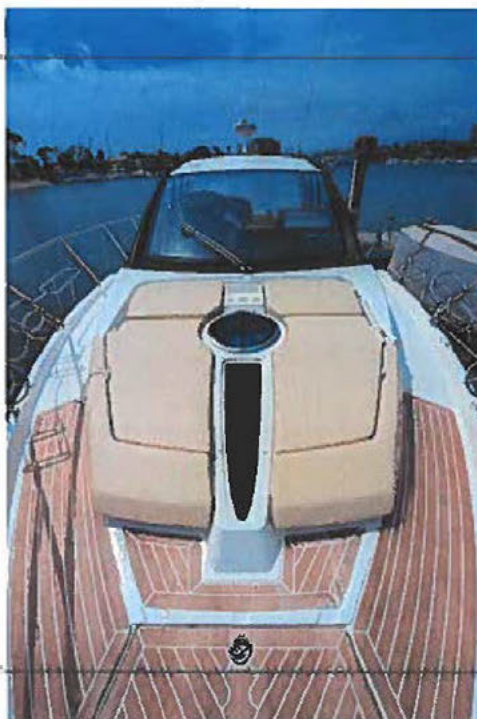










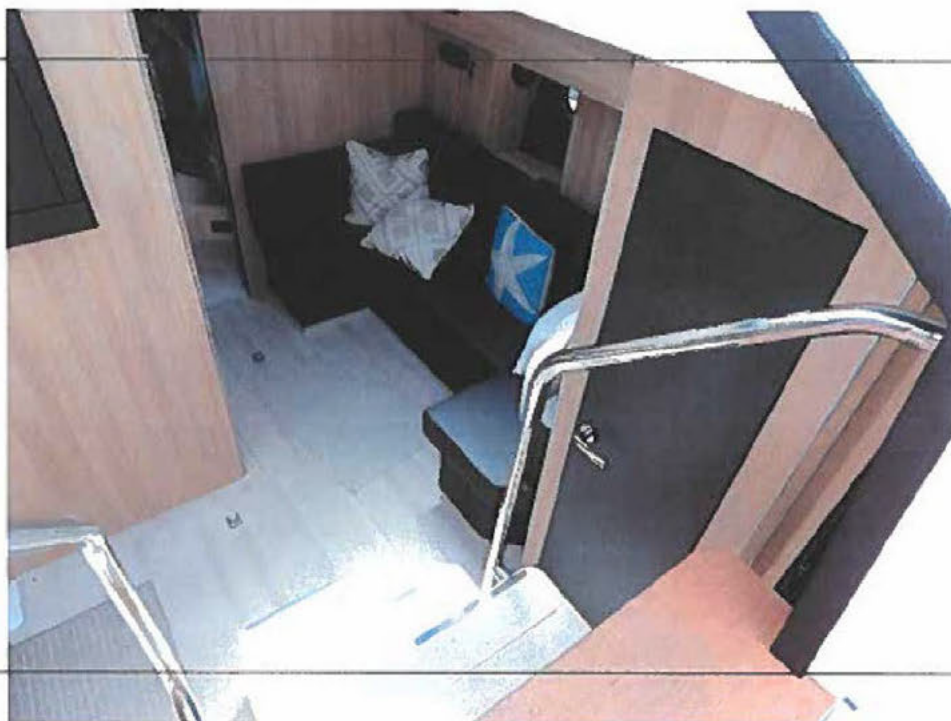
















Parties at Sea

2021 Rate Sheet

40' Marcelona

From: \$575/hour, minimum 3 hours

Includes: Captain, Deckhand, Fuel

Discounts for: Midweek Departures
Morning Departures