



BUSINESS LICENSE COMMISSION
COUNTY OF LOS ANGELES
374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691



November 19, 2010

Wansiri Charoenying
Top Thai Yoga Massage
23120 Lyons Avenue #11
Newhall, CA 91321

MEMBERS
STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
DIANA WOOD
SECRETARY
JAMES BARGER
COMMISSIONER
SARA VASQUEZ
COMMISSIONER

**HEARING ON APPLICATION FOR MASSAGE PARLOR-
GENERAL/SC BUSINESS LICENSE ID #137675**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, December 8, 2010 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a **professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking has been arranged for you in Lot 14, the Music Center lot, located at the corner of Grand Avenue and Temple Street. A map is enclosed. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Twila P. Kerr
Commission Staff

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 :NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....11/11/2010
2ND PUBLISHING DATE:.....11/18/2010
3RD PUBLISHING DATE:.....11/25/2010

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

MESSAGE PARLOR-GENERAL/SC

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:.....23120 LYONS AVE #11
NEWHALL, CA 91321
NAME OF APPLICANT:.....TOP THAI YOGA MASSAGE / WANSIRI
CHAROENYING
TOP THAI YOGA MASSAGE
DATE OF HEARING:.....12/08/2010
TIME OF HEARING:.....09:00 A.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 OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

OFFICE OF THE 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



**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: 23120 LYONS AVE 11, NEWHALL, CA 91321

TELEPHONE: (661) 799-9959

OWNER OF BUSINESS: WANSIRI CHAROENYING

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TOP THAI YOGA MASSAGE

MAILING ADDRESS: 24377 NEWHALL AVE 225, NEWHALL, CA 91321

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	09/24/10	_____
<input checked="" type="checkbox"/> 4. Fire Department	YES	09/02/10	_____
<input checked="" type="checkbox"/> 5. Public Health	YES	09/07/10	_____
<input type="checkbox"/> 6. Treasurer & Tax Collector	_____	_____	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	10/22/10	_____
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	08/18/10	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input checked="" type="checkbox"/> 11. Publishing	YES	11/11/10	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/22/10	_____

Conditions:



Treasurer & Tax Collector

Message Parlor - Application for Business License

#2021.00
Fee: \$ ~~1,884.00~~

I.D. # 137675

Type of Business Message Parlor - General - 8430

Address of Business 23120 Lyons Ave Sute #11, Newhall CA 91321

Bus. Phone (661) 799-9959 Fax Phone () _____ Home Phone (323) 717 6570

DBA (Bus. Name) Top Thai Yoga Massage

Applicant's Full Name Wansiri Charoenying

Mailing Address 24377 Newhall Ave #225 N.H.C., Newhall, CA 91321
~~23120 Lyons Ave Sute #11, Newhall, CA 91321~~

Home Address 24377 Newhall Ave #225 Newhall, CA 91321

SS# _____ Date of Birth _____ Place of Birth _____

State Driver's Lic. / I.D. Card _____ Exp. Date _____

Male _____ Female Ht 5.0 Wt 104 Hair Color BRN Eye Color BRN

Business Ownership Structure - Single Owner Partnership _____ LLC _____ Corporation _____

Date of Incorporation _____ Incorporated in the State of _____

Exact Corporate Name		Addresses	Title
Name of Officers			

Message Parlors Only - Are Massage Technicians required to be certified by the State of California, when employed by this facility? Yes _____ No

Does your facility have a valid certification as a Massage Practitioner with the State of California	Have you provided a copy of your Certificate and I.D. card	Certificate Number	Date of Expiration
YES <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO	<u>10674</u>	<u>07/07/12</u>

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 or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances and regulations.

Date 08/11/10 Applicant's Signature [Signature]

Application Taken by: MB Date: 8-16-10

ZONING REFERRAL

I.D. #: 137675

TO: CITY OF SANTA CLARITA
COMMUNITY DEVELOPMENT/PLANNING
23920 VALENCIA BLVD., STE # 140
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR
BUSINESS LICENSE SECTION
23757 VALENCIA BLVD
SANTA CLARITA CA 91355

AUG 16 2010

PLANNING APPROVAL AS MARKED
SUBJECT TO ALL APPLICABLE SECTIONS
OF THE UNIFIED DEVELOPMENT CODE
CITY OF SANTA CLARITA
COMMUNITY DEVELOPMENT

[Signature]
PLANNING DIVISION

APR 10-767

DATE: 7-26-10

TYPE OF BUSINESS(ES) Massage Parlor - General

ADDRESS OF BUSINESS 23120 Lyons Ave Sute # 11

CITY Newhall, CA ZIP CODE 91321

NAME OF OWNER Wansiri Charoenying

"DBA" Top Thai yoga Massage TEL. #: 661-799-9959

MAILING ADDRESS 23120 Lyons Ave ^{W.C.} Sute # 11
Newhall, CA 91321
24377 Newhall Ave # 225

EXISTING USE YES (X) NO ()

USE PERMITTED IN ZONE CC USE NOT PERMITTED IN ZONE _____
"APPROVED" "DENIED"

REMARKS _____

[Signature]
SIGNATURE OF ZONING OFFICER

8/16/10
DATE

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: 23120 LYONS AVE 11, NEWHALL, CA 91321

TELEPHONE: (661) 799-9959

OWNER OF BUSINESS: WANSIRI CHAROENYING

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TOP THAI YOGA MASSAGE

MAILING ADDRESS: 24377 NEWHALL AVE 225, NEWHALL, 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: _____

SIGNATURE: _____

DATE: 8/17/10

BASIC LICENSE NO. 8430

DATE 08/17/10

IDENTIFICATION NUMBER 137675

**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**

70

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23120 LYONS AVE 11, NEWHALL, CA 91321

TELEPHONE: (661) 799-9959

OWNER OF BUSINESS: WANSIRI CHAROENYING

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TOP THAI YOGA MASSAGE

MAILING ADDRESS: 24377 NEWHALL AVE 225, NEWHALL, 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: Lulijisa H

DATE: 8/30/10

BASIC LICENSE NO. 8430

DATE 08/17/10

IDENTIFICATION NUMBER 137675

Sep-01-2010 03:38pm
Aug-27-2010 11:47am

From-LACOFD FIRE MARSHAL
3:20PM SANTA CLARITA FIRE PREVENTION
From-LACOFD FIRE MARSHAL

3238904055
3238904055

T-906 P.005/015 F-580
NO. 3001 T. 2
T-886 P.012/013 F-548 73

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

225 N. Hill Street Room 103, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

MSC

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23120 LYONS AVE 11, NEWHALL, CA 91321

TELEPHONE: (661) 799-9959

OWNER OF BUSINESS: WANSIRI CHAROENYING

CAL. DR. LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TOP THAI YOGA MASSAGE

MAILING ADDRESS: 24377 NEWHALL AVE 225, NEWHALL, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNERS NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

APPROVAL

DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 8-30-10

**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: 23120 LYONS AVE 11, NEWHALL, CA 91321

TELEPHONE: (661) 799-9959

OWNER OF BUSINESS: WANSIRI CHAROENYING

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TOP THAI YOGA MASSAGE

MAILING ADDRESS: 24377 NEWHALL AVE 225, NEWHALL, 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: _____

SIGNATURE: _____



DATE: _____

8/17/10

BASIC LICENSE NO. 8430

DATE 08/17/10

IDENTIFICATION NUMBER 137675

**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**

*✓ verified
910-01166*

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23120 LYONS AVE 11, NEWHALL, CA 91321

TELEPHONE: (661) 799-9959

OWNER OF BUSINESS: WANSIRI CHAROENYING

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED: *X*

FICTITIOUS NAME: TOP THAI YOGA MASSAGE

MAILING ADDRESS: 24377 NEWHALL AVE 225, NEWHALL, CA 91321

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: _____

WJ 536470

DATE: _____

10/9/10

BASIC LICENSE NO. 8430

DATE 08/17/10

IDENTIFICATION NUMBER 137675

8/26

RB