



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



August 5, 2011

Raffi Hanneyan
Relax Spa
534 E. Figueroa Ave.
Monrovia, CA 91016

MEMBERS
STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
SARA VASQUEZ
SECRETARY
JAMES BARGER
COMMISSIONER
SHAN LEE
COMMISSIONER

HEARING ON APPLICATION FOR MASSAGE PARLOR-GENERAL
BUSINESS LICENSE ID #138492

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, August 24, 2011 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 is available at your cost 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

Lupe Duron
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 :.....PASADENA STAR NEWS

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....08/04/2011
2ND PUBLISHING DATE:.....08/11/2011
3RD PUBLISHING DATE:.....08/18/2011

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

MESSAGE PARLOR-GENERAL

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:.....3700 E. COLORADO #4
PASADENA, CA 91107
NAME OF APPLICANT:.....RELAX SPA / RAFFI HANNEYAN
RELAX SPA
DATE OF HEARING:..... 08/24/2011
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



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 138492

BUSINESS INFORMATION

Type of Business: Massage Parlor	Address of Business: 3700 E COLORADO #4 PASADENA CA 91107	
DBA (Business Name): RELAX SPA	Business Telephone: 818 612 0769	
	Mailing Address: 534 EAST FIG AVE MONROVIA CA 91016	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input checked="" type="checkbox"/> Partnership _____ LLC _____ Corporation _____ <i>If LLC or Corporation, the information below is required:</i>		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: RAFFI HANNEYAN		
Home Address: 3421 OAKMONT VIEW DR CLENDALE CA 91208		
Home Telephone: 818 957-1711	Cell Phone:	Email address:
Social Security #:	Date of Birth:	Place of Birth:
Driver's License or State ID#:		
Male <input checked="" type="checkbox"/> Female _____	Height 5'6"	Weight 180
	Hair Color black	Eye Color green

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 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: 5-12-11 Applicant's Signature:
Application taken by: D.D. Date: 5-12-11



**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: **MESSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **3700 E COLORADO #4, PASADENA, CA 91107**

TELEPHONE: **(818) 612-0769**

OWNER OF BUSINESS: **RAFFI HANNEYAN**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **RELAX SPA**

MAILING ADDRESS: **534 E FIGUEROA AVE., MONROVIA, CA 91016**

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	06/22/11	_____
<input checked="" type="checkbox"/> 4. Fire Department	YES	08/01/11	_____
<input checked="" type="checkbox"/> 5. Public Health	YES	07/08/11	_____
<input type="checkbox"/> 6. Treasurer & Tax Collector	_____	_____	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	08/01/11	_____
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	06/09/11	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input checked="" type="checkbox"/> 11. Publishing	YES	08/04/11	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	08/01/11	_____

Conditions:



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
REVENUE & ENFORCEMENT DIVISION
BUSINESS LICENSE SECTION**

RBUS201100171

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13th FLOOR, ROOM 1360
LOS ANGELES, CA 90012

FROM: BUSINESS LICENSE SECTION
225 N. STREET AVE., ROOM 109
LOS ANGELES, CA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: \$346.00

DATE: 5/12/11

ID# 138492

TYPE OF BUSINESS AND CODE: Massage Parlor 5755-030-034

BUSINESS ADDRESS: 3700 E Colorado #4

CITY: Pasadena, CA ZIP CODE: 91107

NAME OF OWNER: Raffi Hanneyan 218-612-0769

D.B.A. / NAME OF BUSINESS: Relax Spa

MAILING ADDRESS: 534 E. Figueroa Ave, Monrovia, CA 91016

EXISTING USE: New Renewal ()

USE PERMITTED IN ZONE: C-3 USE NOT PERMITTED IN ZONE: _____
APPROVED DENIED:

REMARKS: Approved per RCP20100005 Business License Approval

Department of Regional Planning
320 West Temple Street, Room 1360
Los Angeles, CA 90012

SIGNATURE: Jolene Ramirez DATE: 5/12/11

**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**

ADDRESS OF BUSINESS: **3700 E COLORADO #4, PASADENA, CA 91107**

TELEPHONE: **(818) 612-0769**

OWNER OF BUSINESS: **RAFFI HANNEYAN**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTTIOUS NAME: **RELAX SPA**

MAILING ADDRESS: **534 E FIGUEROA AVE., MONROVIA, CA 91016**

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: **NONE**

SIGNATURE: 

DATE: **7/8/11**

BASIC LICENSE NO. **5910**

DATE **05/13/11**

IDENTIFICATION NUMBER **138492**



**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

ADDRESS OF BUSINESS: 3700 E COLORADO #4, PASADENA, CA 91107

TELEPHONE: (818) 612-0769

OWNER OF BUSINESS: RAFFI HANNEYAN

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: RELAX SPA

MAILING ADDRESS: 534 E FIGUEROA AVE., MONROVIA, CA 91016

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**BUILDING & SAFETY
LA COUNTY**

APPROVAL

DENIAL

RECOMMENDATION: _____

SIGNATURE: J. Posee

DATE: 6/21/2011

Jul-26-2011 08:44am

From-LACOFD FIRE MARSHAL

3238904055

T-444 P.002/002 F-547

Jul-26-2011 08:39am

From-LACOFD FIRE MARSHAL

3238904055

T-443 P.002/002 F-545

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

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

**BUSINESS LICENSE
APPLICATION REFERRAL**

ERAP

KIND OF BUSINESS: MESSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 3700 E COLORADO #4, PASADENA, CA 91107

TELEPHONE: (818) 612-11769

OWNER OF BUSINESS: RAFFI HANNEYAN

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: RELAX SPA

MAILING ADDRESS: 531 E FIGUEROA AVE., MONROVIA, CA 91016

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

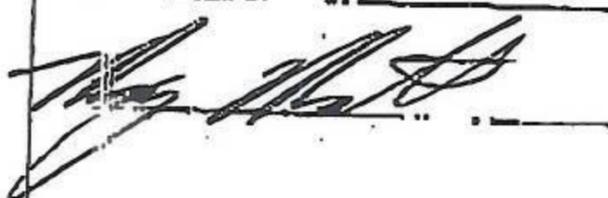
THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

APPROVAL

DENIAL

RECOMMENDATION:

SIGNATURE: 

DATE: 07-26-11

BASIC LICENSE NO. 5910

DATE 05/13/11

IDENTIFICATION NUMBER 138492

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

911-00853
Ben

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 3700 E COLORADO #4, PASADENA, CA 91107

TELEPHONE: (818) 612-0769

OWNER OF BUSINESS: RAFFI HANNEYAN

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: RELAX SPA

MAILING ADDRESS: 534 E FIGUEROA AVE., MONROVIA, CA 91016

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: _____

SIGNATURE: Ben Davi

DATE: 7-5-11

BASIC LICENSE NO. 5910

DATE 05/13/11

IDENTIFICATION NUMBER 138492

BB