



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

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

www.board.co.la.ca.us/blc



MEMBERS

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

February 8, 2012

Joshua Kientz
Infusion Partners LLC
1000 Universal City Walk #208
Universal City, CA 91608

**HEARING ON APPLICATION FOR
ENTERTAINMENT-GENERAL W/DANCE & ANNUAL DANCE
BUSINESS LICENSE ID #138858**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, February 15, 2012 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; a map is enclosed for your convenience. **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

cc: Chris Rosas, DKR Partners

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 :.....METRO NEWS

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....01/26/2012
2ND PUBLISHING DATE:.....02/02/2012
3RD PUBLISHING DATE:.....02/09/2012

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

ENTERTAINMENT-GEN. W/DANCE & ANNUAL DANCE

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:.....1000 UNIVERSAL CITY WALK #208
UNIVERSAL CITY, CA 91608
NAME OF APPLICANT:.....INFUSION PARTNERS LLC / JOSHUA
KIENTZ
INFUSION LOUNGE UNIVERSAL CITY
DATE OF HEARING:.....02/15/2012
TIME OF HEARING:.....9:00: 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: ANNUAL DANCE

ADDRESS OF BUSINESS: 1000 UNIVERSAL CITY WALK #208, UNIVERSAL CITY, CA 91608

TELEPHONE: (818) 308-1330

OWNER OF BUSINESS: INFUSION U.C. PARTNERS LP

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: INFUSION LOUNGE UNIVERSAL CITY

MAILING ADDRESS: 1000 UNIVERSAL CITY WALK #208, UNIVERSAL CITY, CA 91608

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	02/09/12	_____
<input checked="" type="checkbox"/> 4. Fire Department	YES	10/14/11	_____
<input type="checkbox"/> 5. Public Health	_____	_____	_____
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	11/10/11	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input type="checkbox"/> 8. Sheriff Department	_____	_____	_____
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	10/04/11	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input checked="" type="checkbox"/> 11. Publishing	YES	01/26/12	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/27/11	_____

Conditions:



**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: ENTERTAINMENT-GEN. W/DANCE

ADDRESS OF BUSINESS: 1000 UNIVERSAL CITY WALK #208, UNIVERSAL CITY, CA 91608

TELEPHONE: (818) 308-1330

OWNER OF BUSINESS: INFUSION U.C. PARTNERS LP

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: INFUSION LOUNGE UNIVERSAL CITY

MAILING ADDRESS: 1000 UNIVERSAL CITY WALK #208, UNIVERSAL CITY, CA 91608

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	02/09/12	_____
<input checked="" type="checkbox"/> 4. Fire Department	YES	10/14/11	_____
<input type="checkbox"/> 5. Public Health	_____	_____	_____
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	11/10/11	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input type="checkbox"/> 8. Sheriff Department	_____	_____	_____
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	10/04/11	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input checked="" type="checkbox"/> 11. Publishing	YES	01/26/12	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/27/11	_____

Conditions:



Los Angeles County Treasurer and Tax Collector
 Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2823,00 + \$ 40. PUBUSHING Fee

ID # 138858

BUSINESS INFORMATION

Type of Business: DANCE ENTERTAINMENT PUBLIC EATING	Address of Business: 1000 UNIVERSAL CITY WALK # 208 UNIVERSAL CITY, CA, 91608	
DBA (Business Name): Infusion Lounge Universal CityWalk	Business Telephone: 818-308-1330	
Sellers Permit # (State Board of Equalization): 101627498	Mailing Address: (same)	
Business Ownership Structure: <input type="checkbox"/> Single Owner <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Corporation		
Date of Incorporation: June 30th, 2010 Incorporated in the State of: California		
Exact Corporate Name: ILLIC, LP		
Names of Officers	Addresses	Titles
Josh Kientz	345 Taylor St SF CA 94102	GP
Matt Patel	3467 Harlequin Terr, Fremont	PTR.

BELOW INFO SHOULD BE COMPLETED BY AN OFFICER
 APPLICANT INFORMATION

Applicant's Full Name: **Josh Kientz, General Partner**

Male Female Height **6'0"** Weight **180** Hair Color **Brn** Eye Color **Blue**

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: **8/24/2011** Applicant's Signature: *[Signature]*

Application taken by: _____ Date: **8-31-2011**

SIGN BACK

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

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012
(213) 974-6438

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 109
LOS ANGELES, CALIFORNIA 90012
TELEPHONE: (213) 974-2011
FAX: (213) 633-5467

DEPARTMENT OF REGIONAL PLANNING FEE: \$346.00

DATE: Sept. 06, 2011

ID#: 138858

RBUS#: 201100320

TYPE OF BUSINESS AND CODE: Entertainment/w Dance

Dance

Public Eating

BUSINESS ADDRESS: 1000 Universal City Walk # 208

CITY: Universal City, CA 91608 APN#: _____

NAME OF OWNER: Josh Kientz PHONE#: (818) 308-1330 ext 103

D.B.A./NAME OF BUSINESS: Infusion Lounge CELL PHONE# _____

MAILING ADDRESS: Same

e-mail ADDRESS: _____

To be completed by Regional Planning

THIS BUSINESS LICENSE REFERRAL IS: Approved
(indicate approved or denied)

REMARKS: Approved for Entertainment with Dance, Dance, and
public Eating per RPP 201001357, 81 parking spaces required.
Sale of alcohol requires a valid ABC license and an approved
ABC CUP. Any tenant improvement or change in occupant
load requires Planning approval.

PLANNER SIGNATURE: [Signature] PRINT NAME: Soyeon Choi

DATE: 9/13/11

DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET,
HALL OF RECORDS
LOS ANGELES, CALIFORNIA 90012

**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**

CRAWH

KIND OF BUSINESS: ENTERTAINMENT-GEN. W/DANCE

ADDRESS OF BUSINESS: 1000 UNIVERSAL CITY WALK #208, UNIVERSAL CITY, CA 91608

TELEPHONE: (818) 308-1330

OWNER OF BUSINESS: INFUSION U.C. PARTNERS LP

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: INFUSION LOUNGE UNIVERSAL CITY

MAILING ADDRESS: 1000 UNIVERSAL CITY WALK #208, UNIVERSAL CITY, CA 91608

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: 10-13-11

BASIC LICENSE NO. 2809

DATE 10/04/11

IDENTIFICATION NUMBER 138858

**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**

CRWH

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 1000 UNIVERSAL CITY WALK #208, UNIVERSAL CITY, CA 91608

TELEPHONE: (818) 308-1330

OWNER OF BUSINESS: INFUSION U.C. PARTNERS LP

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: INFUSION LOUNGE UNIVERSAL CITY

MAILING ADDRESS: 1000 UNIVERSAL CITY WALK #208, UNIVERSAL CITY, CA 91608

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: *[Handwritten Signature]*

DATE: 10-15-11

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

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

Rick

*BA
R*

BUSINESS LICENSE
APPLICATION REFERRAL

911 - 01259

KIND OF BUSINESS: ANNUAL DANCE

ADDRESS OF BUSINESS: 1000 UNIVERSAL CITY WALK #208, UNIVERSAL CITY, CA 91608

TELEPHONE: (818) 308-1330

OWNER OF BUSINESS: INFUSION U.C. PARTNERS LP

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED: *Kientz, Josh*

FICTITIOUS NAME: INFUSION LOUNGE UNIVERSAL CITY

MAILING ADDRESS: 1000 UNIVERSAL CITY WALK #208, UNIVERSAL CITY, CA 91608

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

X APPROVAL

DENIAL

RECOMMENDATION:

Approved -

SIGNATURE:

[Handwritten Signature]

DATE:

10/25/11

BASIC LICENSE NO. 2020

DATE 10/04/11

IDENTIFICATION NUMBER 138858

RB

COUNTY 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: ENTERTAINMENT-GEN. W/DANCE

ADDRESS OF BUSINESS: 1000 UNIVERSAL CITY WALK #208, UNIVERSAL CITY, CA 91608

TELEPHONE: (818) 308-1330

OWNER OF BUSINESS: INFUSION U.C. PARTNERS LP

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: INFUSION LOUNGE UNIVERSAL CITY

MAILING ADDRESS: 1000 UNIVERSAL CITY WALK #208, UNIVERSAL CITY, CA 91608

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

TREASURER & TAX COLLECTOR

LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION:

SIGNATURE:

Raymond Hock

DATE:

NOV 10 2011

BASIC LICENSE NO. 2809

DATE 10/04/11

IDENTIFICATION NUMBER 138858

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

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CAL. DR. LIC.# :

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DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

TREASURER & TAX COLLECTOR

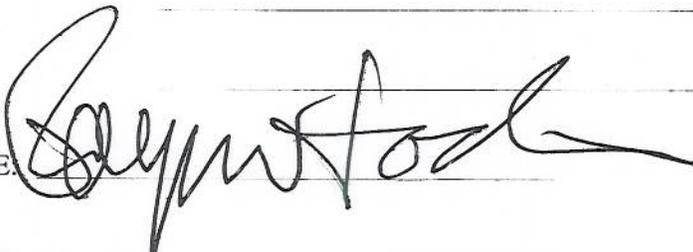
LA COUNTY

APPROVAL

DENIAL

RECOMMENDATION:

SIGNATURE:



DATE:

NOV 10 2011

BASIC LICENSE NO. 2020

DATE 10/04/11

IDENTIFICATION NUMBER 138858

**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**

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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: *Mark Young*
For Mark Young.

DATE: 9 FEB 2012

**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: ENTERTAINMENT-GEN. W/DANCE

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OWNER OF BUSINESS: INFUSION U.C. PARTNERS LP

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: INFUSION LOUNGE UNIVERSAL CITY

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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: *Mark Young*
FOR MARK YOUNG

DATE: 9 FEB 2012