



# 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](http://www.board.co.la.ca.us/blc)



### MEMBERS

**STEVEN AFRIAT**  
*PRESIDENT*

**RENÉE CAMPBELL**  
*VICE-PRESIDENT*

**SARA VASQUEZ**  
*SECRETARY*

**JAMES BARGER**  
*COMMISSIONER*

**SHAN LEE**  
*COMMISSIONER*

March 1, 2012

Harvey Yaoter Huang  
Happy Feet Health Center  
19251 Colima Rd., #A  
Rowland Heights, CA 91748

### **HEARING ON APPLICATION FOR MASSAGE PARLOR-GENERAL BUSINESS LICENSE ID #138565**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, March 14, 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

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 :.....SAN GABRIEL VALLEY TRIBUNE**

**PUBLISH 3 TIMES**

**1<sup>ST</sup> PUBLISHING DATE:.....02/16/2012**  
**2<sup>ND</sup> PUBLISHING DATE:.....02/23/2012**  
**3<sup>RD</sup> PUBLISHING DATE:.....03/01/2012**

**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:.....19251 COLIMA RD A**  
**ROWLAND HEIGHTS, CA 91748**  
**NAME OF APPLICANT:.....HAPPY FEET HEALTH CENTER**  
**HARVEY YAOTER HUANG**  
**HAPPY FEET HEALTH CENTER**  
**DATE OF HEARING:.....03/14/2012**  
**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: **MESSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **19251 COLIMA ROAD, ROWLAND HEIGHTS, CA 91748**

TELEPHONE: |

OWNER OF BUSINESS: **HARVEY YAOTER HUANG**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **HAPPY FEET HEALTH CENTER**

MAILING ADDRESS: **19251 COLIMA ROAD, ROWLAND HEIGHTS, CA 91748**

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	02/01/12	_____
<input checked="" type="checkbox"/> 4. Fire Department	YES	10/24/11	_____
<input checked="" type="checkbox"/> 5. Public Health	YES	11/16/11	_____
<input type="checkbox"/> 6. Treasurer & Tax Collector	_____	_____	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	02/01/12	_____
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	10/20/11	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input checked="" type="checkbox"/> 11. Publishing	YES	02/16/12	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	02/01/12	_____

Conditions:



Los Angeles County Treasurer and Tax Collector  
**Application for Business License**



Please note: Business License fees are NOT refundable

Fee: \$ \_\_\_\_\_

ID # 138565

**BUSINESS INFORMATION**

Type of Business: <u>Massage Parlour</u>		Address of Business: <u>19251 Colima Rd #A Rowland Hts CA 91748</u>	
DBA (Business Name): <u>Happy Feet Health Center</u>		Business Telephone: <u>(626) 839-3512</u>	
Sellers Permit # (State Board of Equalization): <u>AP-100-25-1361</u>		Mailing Address: <u>18931 Colima Rd #A Rowland Hts CA 91748</u> <u>19251</u>	
Business Ownership Structure:      Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> <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:  
Harvey Huana

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: 3/17/11

Applicant's Signature: [Signature]

Application taken by: [Signature]

Date: 6-1-2011

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: 19251 COLIMA ROAD, ROWLAND HEIGHTS, CA 91748

TELEPHONE:

OWNER OF BUSINESS: HARVEY YAOTER HUANG

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HAPPY FEET HEALTH CENTER

MAILING ADDRESS: 19251 COLIMA ROAD, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

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BUILDING & SAFETY

LA COUNTY

APPROVAL

DENIAL

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: 01/27/12

BASIC LICENSE NO. 5910

DATE 10/20/11

IDENTIFICATION NUMBER 138565

**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**

*ERI*

*FS-145*

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 19251 COLIMA ROAD, ROWLAND HEIGHTS, CA 91748

TELEPHONE:

OWNER OF BUSINESS: HARVEY YAOTER HUANG

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HAPPY FEET HEALTH CENTER

MAILING ADDRESS: 19251 COLIMA ROAD, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT  
LA COUNTY**

County of Los Angeles Fire Dept.  
Approved Pending Field inspection  
 APPROVAL

DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



DATE: \_\_\_\_\_

*10/21/11*

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

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

16

54  
10/24/11

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL**

ADDRESS OF BUSINESS: **19251 COLIMA ROAD, ROWLAND HEIGHTS, CA 91748**

TELEPHONE:

OWNER OF BUSINESS: **HARVEY YAOTER HUANG**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **HAPPY FEET HEALTH CENTER**

MAILING ADDRESS: **19251 COLIMA ROAD, ROWLAND HEIGHTS, CA 91748**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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

0761626040

**PUBLIC HEALTH  
LA COUNTY**

**APPROVAL**

**DENIAL**

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*Robert Brunkella*

DATE: \_\_\_\_\_

*11-4-11*

BASIC LICENSE NO. **5910**

DATE **10/20/11**

IDENTIFICATION NUMBER **138565**

SC

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

TO: DEPARTMENT OF REGIONAL PLANNING  
320 W. TEMPLE STREET, 13<sup>TH</sup> 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: Oct 3, 2011

ID#: 138565

RBUS#: 201100342

TYPE OF BUSINESS AND CODE: Massage Parlor

Site Transfer  
Only

BUSINESS ADDRESS: 19251 Colima Road

CITY: Rowland Heights CA 91748 APN#: 8761026040

NAME OF OWNER: Harvey Y. Huang PHONE#:

D.B.A./NAME OF BUSINESS: Happy Feet Health CELL PHONE#:

MAILING ADDRESS:

e-mail ADDRESS:           

To be completed by Regional Planning

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

REMARKS: Approved for massage parlor per building permits issued  
In 1975 for commercial use. Any new signage or tenant improvement  
requires Planning review. See attached Certification Verification  
form.

PLANNER SIGNATURE: [Signature] PRINT NAME: Soyeon Choi

DATE: 10/19/11

X: Reg. Planning Form Revised 07/08/11

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

*Bo* B-  
911-01289-3410  
MF 10/21

BUSINESS LICENSE  
APPLICATION REFERRAL

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL

ADDRESS OF BUSINESS: 19251 COLIMA ROAD, ROWLAND HEIGHTS, CA 91748

TELEPHONE:

OWNER OF BUSINESS: HARVEY YAOTER HUANG

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HAPPY FEET HEALTH CENTER

MAILING ADDRESS: 19251 COLIMA ROAD, ROWLAND HEIGHTS, CA 91748

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 Garcia*

DATE:

*24 Jan 12*

BASIC LICENSE NO. 5910

DATE 10/20/11

IDENTIFICATION NUMBER 138565

*PK*