



# 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*

October 30, 2013

Kathryn Serena Polson  
Fitness International, LLC  
LA Fitness & Pro Results  
3161 Michelson Drive 600  
Irvine, CA 92612

### **HEARING ON APPLICATION HEALTH SPA/CLUB BUSINESS LICENSE ID #139830**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, November 13, 2013** 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 :.....NEWHALL SIGNAL

PUBLISH 3 TIMES

1<sup>ST</sup> PUBLISHING DATE:.....10/17/2013

2<sup>ND</sup> PUBLISHING DATE:.....10/24/2013

3<sup>RD</sup> PUBLISHING DATE:.....10/31/2013

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

HEALTH SPA/CLUB

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:.....24945 PICO CANYON ROAD  
STEVENSON RANCH, CA 91384  
NAME OF APPLICANT:.....FITNESS INTERNATIONAL, LLC  
KATHRYN SERENA POLSON  
LA FITNESS & PRO RESULTS  
DATE OF HEARING:.....11/13/2013  
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 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



**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: **HEALTH SPA/CLUB**

ADDRESS OF BUSINESS: **24945 PICO CANYON ROAD, STEVENSON RANCH, CA 91384**

TELEPHONE: **(949) 255-7200**

OWNER OF BUSINESS: **KATHRYN SERENA POLSON**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **L.A. FITNESS & PRO RESULTS**

MAILING ADDRESS: **3161 MICHELSON DR 600, IRVINE, CA 92612**

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	09/27/13	dmiles
<input checked="" type="checkbox"/> 3. Building & Safety	YES	01/14/13	dmiles
<input checked="" type="checkbox"/> 4. Fire Department	YES	11/19/12	dmiles
<input checked="" type="checkbox"/> 5. Public Health	YES	03/26/13	dmiles
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	03/27/13	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	11/16/12	dmiles
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	10/17/13	ssalgado
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	05/24/13	dmiles

Conditions:



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$1,750.00  
+ P/Fee 40.00  
1790.00

ID # 139830

BUSINESS INFORMATION

Type of Business: Health Club Facility <b>Health Club / Spa</b>	Address of Business: 24945 Pico Canyon Rd Stevenson Ranch, CA 91381
DBA (Business Name): L A Fitness & Pro Results	Business Telephone: 661-219-0722
	Mailing Address: 3161 Michelson Drive Suite 600 Irvine, CA 92612

Sellers Permit # (State Board of Equalization): SR EAA 100-243750

Business Ownership Structure: Single Owner  Partnership  LLC  Corporation   
If LLC or Corporation, the information below is required:

Date of Incorporation: 9-29-97 Incorporated in the State of: CALIFORNIA  
Exact Corporate Name: FITNESS INTERNATIONAL, LLC

Names of Officers	Addresses	Titles
KATHY SERENA POLSON	3161 MICHELSON DR #600 IRVINE	CFO
JILL GREULLING	3161 MICHELSON DR IRVINE	EXEC VP
SYAN VASUDA	3161 MICHELSON DR #600 IRVINE	SR. VP, TREAS & SECRETARY
TIM HOLMES	3161 MICHELSON DR #600 IRVINE	VP FINANCE

APPLICANT INFORMATION

Applicant's Full Name: ~~MIKE BARTON~~ KATHRYN SERENA POLSON

Home Telephone:	Cell Phone:	Email address:
Social Security #:	Date of Birth:	Place of Birth:
Driver's License or State ID#:	Expiration Date:	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Height:	Weight:
	Hair Color:	Eye Color:

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: 11/7/12 Applicant's Signature: *[Signature]*

Application taken by: *[Signature]* Date: 11-7-12



**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: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 24945 PICO CANYON ROAD, STEVENSON RANCH, CA 91384

TELEPHONE: (949) 255-7200

OWNER OF BUSINESS: KATHRYN SERENA POLSON

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: L.A. FITNESS & PRO RESULTS

MAILING ADDRESS: 3161 MICHELSON DR 600, IRVINE, CA 92612

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**RISK MANAGEMENT  
LA COUNTY**

APPROVAL

DENIAL

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

SIGNATURE: Kerry Fuse

DATE: 9/27/2013

**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: **HEALTH SPA/CLUB**

ADDRESS OF BUSINESS: **24945 PICO CANYON ROAD, STEVENSON RANCH, CA 91384**

TELEPHONE: **(949) 255-7200**

OWNER OF BUSINESS: **KATHRYN SERENA POLSON**

CAL. DR. LIC.#

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **LA FITNESS & PRO RESULTS**

MAILING ADDRESS: **3161 MICHELSON DR 600, IRVINE, CA 92612**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

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

**BUILDING & SAFETY**

**LA COUNTY**

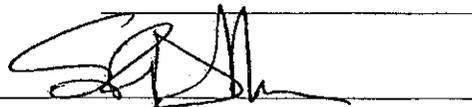
APPROVAL

DENIAL

RECOMMENDATION:

*None*

SIGNATURE:



DATE:

*11/28/12*

BASIC LICENSE NO. 5912

DATE 11/08/12

IDENTIFICATION NUMBER 139830

*Rec'd 129875*

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

124

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

**BUSINESS LICENSE  
APPLICATION REFERRAL**

**NRSC**

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 14945 PICO CANYON ROAD, STEVENSON RANCH, CA 91384

TELEPHONE: (949) 255-7200

OWNER OF BUSINESS: KATHERYN SERENA POLSON

CAL. DR. LIC.#

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: L.A FITNESS & PRO RESULTS

MAILING ADDRESS: 3161 MICHELSON DR 600, IRVINE, CA 92612

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: *[Signature]*

DATE: 11/15/12

BASIC LICENSE NO. 5912

DATE 11/08/12

IDENTIFICATION NUMBER 139830

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

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

*2nd  
request*

**BUSINESS LICENSE  
APPLICATION REFERRAL**

*11/8/12*

KIND OF BUSINESS: **HEALTH SPA/CLUB**

ADDRESS OF BUSINESS: **24945 PICO CANYON ROAD, STEVENSON RANCH, CA 91384**

TELEPHONE: **(949) 255-7200**

OWNER OF BUSINESS: **KATHRYN SERENA POLSON**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **L.A FITNESS & PRO RESULTS**

MAILING ADDRESS: **3161 MICHELSON DR 600, IRVINE, CA 92612**

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: *BS*

DATE: *3/14/13*



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: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 24945 PICO CANYON ROAD, STEVENSON RANCH, CA 91384

TELEPHONE: (949) 255-7200

OWNER OF BUSINESS: KATHRYN SERENA POLSON

CAL. DR. LIC.# : 1

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: L.A. FITNESS & PRO RESULTS

MAILING ADDRESS: 3161 MICHELSON DR 600, IRVINE, CA 92612

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

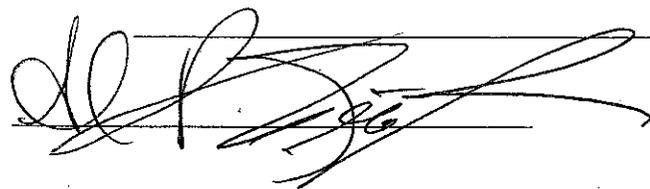
TREASURER & TAX COLLECTOR

LA COUNTY

APPROVAL

DENIAL

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

SIGNATURE:  DATE: 3/26/13



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



TO: DEPARTMENT OF REGIONAL PLANNING  
320 W. TEMPLE STREET, 13<sup>th</sup> FLOOR, ROOM 1360  
LOS ANGELES, CA 90012  
(213) 974-6411

FROM: BUSINESS LICENSE SECTION  
335-A EAST AVENUE K-6  
LANCASTER, CA 93535  
(661) 723-4492

DEPARTMENT OF REGIONAL PLANNING REQUIRES A FEE \$354.00 RBUS# 2012 00345  
MONDAY thru THURSDAY 7:30 AM - 5:30 PM Closed on Friday R2012-02430

DATE: 10-24-12 ID# 139830

TYPE OF BUSINESS AND CODE: Health Club Spa

BUSINESS ADDRESS: 24945 Pico Cyn Rd

CITY: Stevenson Ranch Ca ZIP CODE: 91381

NAME OF OWNER: Fitness International LLC

D.B.A./NAME OF BUSINESS: LA Fitness & Pro Results

BUSINESS TELEPHONE # \_\_\_\_\_ HOME TELEPHONE # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EXISTING USE: YES ( ) NO (X)

USE PERMITTED IN ZONE: C-3DP USE NOT PERMITTED IN ZONE: \_\_\_\_\_

APPROVED X DENIED: \_\_\_\_\_

REMARKS: HEALTH CLUB APPROVED BY CUP 201100109  
on 3/14/12

SIGNATURE [Signature] DATE: 11/1/12

REGIONAL PLANNING STAMP

**DEPT. OF REGIONAL PLANNING  
APPROVED**

05/02/2013 13:32 FAX 213 633 5427

LACO TAX COLLECTOR BUZ

002/005



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

*Vknowlca*

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 24945 PICO CANYON ROAD, STEVENSON RANCH, CA 91384

12-1371

TELEPHONE: (949) 255-7200

OWNER OF BUSINESS: KATHRYN SERENA POLSON

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: L.A. FITNESS & PRO RESULTS

MAILING ADDRESS: 3161 MICHELSON DR 600, IRVINE, CA 92612

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 - (prints 10-1245)*

SIGNATURE:

*[Signature]* 5364470

DATE:

*5/22/13*

BASIC LICENSE NO. 5912

DATE 05/02/13

IDENTIFICATION NUMBER 139830

*5/22*

*Fueled 5/22*