



# 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*

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*COMMISSIONER*

**SHAN LEE**

*COMMISSIONER*

September 25, 2014

Joanna Chow Itagaki  
Rowland High School Raider  
Education Foundation  
2000 S. Otterbein Ave.  
Rowland Heights, CA 91748

### **HEARING ON APPLICATION FOR BINGO MANAGER** **BUSINESS LICENSE ID #139677**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, October 8, 2014 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 : .....XX XXXX

PUBLISH 3 TIMES

1<sup>ST</sup> PUBLISHING DATE:.....XXXXXXX  
2<sup>ND</sup> PUBLISHING DATE:.....XXXXXXX  
3<sup>RD</sup> PUBLISHING DATE:.....XXXXXXX

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

BINGO MANAGER

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:.....2000 S OTTERBEIN AVE  
ROWLAND HEIGHTS, CA 91748  
NAME OF APPLICANT:.....ROWLAND HIGH SCHOOL RAIDER  
EDUCATION FOUNDATION /  
JOANNA CHOW ITAGAKI  
DATE OF HEARING:.....10/08/2014  
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: **BINGO MANAGER**

ADDRESS OF BUSINESS: **2000 S OTTERBEIN AVE, ROWLAND HEIGHTS, CA 91748**

TELEPHONE:

OWNER OF BUSINESS: **JOANNE CHOW ITAGAKI**

CAL. DR. LIC# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ROWLAND HIGH SCHOOL EDUCATION**

MAILING ADDRESS: **2000 S OTTERBEIN AVE, ROWLAND HIGHTS, 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 type="checkbox"/> 3. Building & Safety	_____	_____	_____
<input type="checkbox"/> 4. Fire Department	_____	_____	_____
<input type="checkbox"/> 5. Public Health	_____	_____	_____
<input type="checkbox"/> 6. Treasurer & Tax Collector	_____	_____	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	05/01/14	dmiles
<input type="checkbox"/> 9. Regional Planning Commission	_____	_____	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input type="checkbox"/> 11. Publishing	_____	_____	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	05/01/14	dmiles

Conditions: --



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



Please note: Business License fees are NOT refundable

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

ID # 139677

**BUSINESS INFORMATION**

Type of Business: <u>Bingo Manager (3531)</u>	Address of Business: <u>2000 S. Otterbein Av, Rowland Hts 91748</u>
	Business Telephone: <u>626) 965-3448</u>
DBA (Business Name): <u>Rowland High School Raider Education Foundation</u>	Mailing Address: <u>Same as Above</u>

Sellers Permit # (State Board of Equalization): \_\_\_\_\_

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

Date of Incorporation: 06/12/2012 Incorporated in the State of: California  
 Exact Corporate Name: Rowland High School Raider Education Foundation

Names of Officers	Addresses	Titles
<u>Robert Padilla</u>	<u>2000 S. Otterbein Av, Rowland Hts</u>	<u>President</u>
<u>Joanne Itagaki</u>		<u>1st Vice President</u>
<u>Angelena Moore</u>		<u>Treasurer</u>
<u>Yvette Romo</u>		<u>Secretary</u>

**APPLICANT INFORMATION**

Applicant's Full Name: Joanne Chow Itagaki

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: nimclub.email@gmail.com

Social Security #: \_\_\_\_\_ Date of Birth: 8/1/1971 Place of Birth: \_\_\_\_\_

Driver's License or State ID#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Male  Female  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 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: 8/23/2012 Applicant's Signature: Joanne Chow Itagaki

Application taken by: Tomy Date: 08/23/2012



COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54170, Los Angeles, CA 90054-0970



BUSINESS LICENSE  
APPLICATION REFERRAL

914-00530

KIND OF BUSINESS: BINGO MANAGER

ADDRESS OF BUSINESS: 2000 S OTTERBEIN AVE, ROWLAND HEIGHTS, CA 91748

TELEPHONE:

OWNER OF BUSINESS: JOANNE CHOW ITAGAKI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ROWLAND HIGH SCHOOL EDUCATION

MAILING ADDRESS: 2000 S OTTERBEIN AVE, 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:

*Approved*

SIGNATURE:

*[Handwritten Signature]*

DATE:

*5/1/14*

BASIC LICENSE NO. 3531

DATE 04/03/14

IDENTIFICATION NUMBER 139677