



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

August 24, 2012

Lynda Swaboda
Fitness International, LLC
2600 Michelson Drive, Suite 300
Irvine, CA 92612

HEARING ON APPLICATION HEALTH SPA/CLUB BUSINESS LICENSE ID #138004

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, September 12, 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

2nd.

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 :..... DAILY BREEZE

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....08/16/2012

2ND PUBLISHING DATE:.....08/23/2012

3RD PUBLISHING DATE:.....08/30/2012

REPRINTS ORDERED: NONE

NOTICE ON 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:.....908 SEPULVEDA BLVD
HARBOR CITY, CA 90710
NAME OF APPLICANT:.....FITNESS INTERNATIONAL, LLC
FITNESS & PRO RESULTS
DATE OF HEARING:..... 09/12/2012
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: **HEALTH SPA/CLUB**

ADDRESS OF BUSINESS: **908 SEPULVEDA BLVD, HARBOR CITY, CA 90710**

TELEPHONE: **(424) 203-2060**

OWNER OF BUSINESS: **FITNESS INTERNATIONAL, LLC**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **FITNESS & PRO RESULTS**

MAILING ADDRESS: **2600 MICHELSON DRIVE 300, IRVINE, CA 92612**

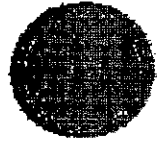
DATE THAT YOU STARTED BUSINESS:

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	01/12/11	dmiles
<input checked="" type="checkbox"/> 3. Building & Safety	YES	08/07/12	dmiles
<input checked="" type="checkbox"/> 4. Fire Department	YES	07/17/12	dmiles
<input checked="" type="checkbox"/> 5. Public Health	YES	05/05/11	dmiles
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	01/21/11	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	12/09/10	dmiles
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	08/16/12	dmiles
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	07/11/12	dmiles

Conditions:



Treasurer & Tax Collector Application for Business License

Fee: \$ \$1750 + 40

I.D. # 138004

Type of Business 5912 - HEALTH CLUB / SPA

Address of Business 908 Sepulveda Blvd., Harbor City, CA 90710

Bus. Phone (424) 203-2060 Fax Phone (866) 566-2006 Home Phone () _____

DBA (Bus. Name) L A Fitness & Pro Results

Applicant's Full Name Lynda Swaboda

Mailing Address 2600 Michelson Drive, Suite 300 Irvine CA 92612

Home Address 2600 Michelson Drive, Suite 300 Irvine CA 92612

Business Ownership Structure

Single Owner _____ Partnership _____ LLC X Corporation _____

"Corporation / LLC Status"

Date of Incorporation 9/30/1997 Incorporated in the State of California

Exact Corporate Name _____

Name of Officers	Addresses	Title
Please see attached Statement of Business Form and Ownership		

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 or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances and regulations.

Date 12/2/2010 Applicant's Signature [Signature]

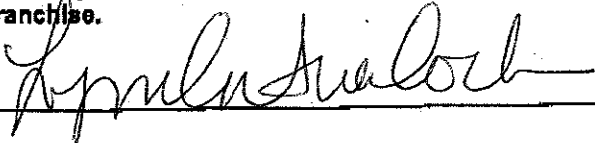
Application Taken by: [Signature] Date: 12/2/10

CERTIFICATION OF LOBBYIST REQUIREMENTS (County Ordinance No. 93-0031)

Los Angeles County Lobbyist Ordinance No. 93-0031 became effective May 7, 1993, and requires each person, who applies for a County contract, license, permit, grant or franchise to certify that he is familiar with the requirements of the Ordinance; all persons acting on behalf of the applicant must also certify that they have complied and will continue with the requirements of this Ordinance through the application process.

Please submit this certification form with your application for a County contract, license, permit, grant or franchise.

I hereby certify that I am familiar with the requirements of Ordinance No. 93-0031, I further Understand that the making of such a certification, and compliance with this Ordinance, is required before the granting of the requested contract, license, permit, grant or franchise.

Applicant's Signature 

Lynda Swaboda 12/02/10
Applicant's Name (Please Print) Date

LOBBYIST NAME N/A
(Applies to lobbyist, lobbying firms, and lobbyist employers)

LOBBYIST ADDRESS _____



FITNESS INTERNATIONAL, LLC

LA COUNTY REGIONAL PLANNING
320 WEST TEMPLE STREET
LAS ANGELES, CA 90012

Dear Government Agency,

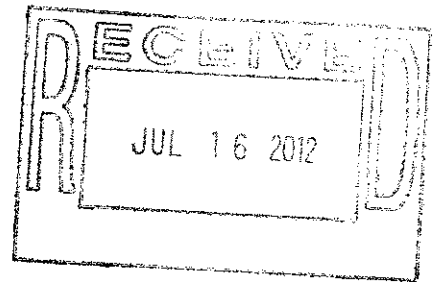
Effective as of June 7, 2012, L.A. Fitness International, LLC changed its name to **Fitness International, LLC**. We otherwise remain the same entity and will continue to operate as before. Enclosed you will find a copy of the Certificate of Amendment with reflected said name change. Our Tax ID number will remain the same.

If there are additional steps that you require, please let us know by contacting us at the address below, email at permits@fitnessintl.com or simply call us at 949-255-7329.

Fitness International, LLC
PO Box 52110
Irvine, CA 92619

Sincerely,

Fitness International, LLC
Permits and Licensing Administrator
LA COUNTY REGIO



BUSINESS LICENSE
COLLECTION SERVICES

2012 JUL 26 AM 11:31



LA | FITNESS.

November 19, 2010

Los Angeles County Treasurer and Tax Collector
225 No. Hill Street, Room 109
Los Angeles, CA 90012

RE: L.A. Fitness International, LLC Authorization

To Whom It May Concern:

Ms. Lynda Swaboda is authorized to sign on behalf of L.A. Fitness International, LLC those documents necessary to support the business licensing of LA Fitness at 908 Sepulveda Blvd. Harbor City, CA 90710 within unincorporated Los Angeles County, CA.

Please feel free to contact our offices at (949) 255-7265 if you should have any questions.

Sincerely,

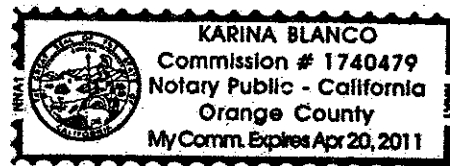
Kathryn S. Polson
Chief Financial Officer

STATE OF CALIFORNIA }
 } §
COUNTY OF ORANGE }

On November 19, 2010, before me, Karina Blanco, Notary Public, personally appeared Kathryn S. Polson, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal.





L A | F I T N E S S .

L.A. FITNESS INTERNATIONAL, LLC STATEMENT OF BUSINESS FORM AND OWNERSHIP

L.A. Fitness International, LLC is a limited liability company organized in California for the purpose of operating health and fitness clubs. The EIN for this entity is 33-0774939.

The principal members of L.A. Fitness International, LLC are as follows:

<u>Member</u>	<u>Address</u>	<u>Phone</u>
1. LAF, Inc.	2600 Michelson Drive, Ste 300 Irvine, CA 92612-1550	(949) 255-8200
2. LAF Holdings, LLC	2600 Michelson Drive, Ste 300 Irvine, CA 92612-1550	(949) 255-8200
3. CIVC Partners Fund, LP	2600 Michelson Drive, Ste 300 Irvine, CA 92612-1550	(949) 255-8200
4. Madison Dearborn Capital Partners V-B, LP	2600 Michelson Drive, Ste 300 Irvine, CA 92612-1550	(949) 255-8200
5. MDCP LAF Holdings I, LLC	2600 Michelson Drive, Ste 300 Irvine, CA 92612-1550	(949) 255-8200
6. MDCP LAF Holdings II, LLC	2600 Michelson Drive, Ste 300 Irvine, CA 92612-1550	(949) 255-8200

These members, on a combined basis, own 89% of the company. The remaining 11% is held by a collection of various entities, none of whom owns more than a 3% interest.

The officers of L.A. Fitness International, LLC are as follows:

<u>Officer</u>	<u>Address</u>	<u>Phone</u>
Jill Greuling Executive V.P. - Operations	2600 Michelson Drive, Suite 300 Irvine, CA 92612-1550	(949) 255-8200
Stan Yasuda Senior V.P., Treasurer and Secretary	2600 Michelson Drive, Suite 300 Irvine, CA 92612-1550	(949) 255-8200
Kathy Polson C.F.O.	2600 Michelson Drive, Suite 300 Irvine, CA 92612-1550	(949) 255-8200
Louis Welch President & C.E.O.	2600 Michelson Drive, Suite 300 Irvine, CA 92612-1550	(949) 255-8200

The mailing address for L.A. Fitness International, LLC is:

2600 Michelson Drive, Suite 300
Irvine, CA 92612-1550

JK



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



TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CA 90012
(213) 974-8411

FROM: BUSINESS LICENSE SECTION
225 N. STREET AVE., ROOM 108
LOS ANGELES, CA 90012
(213) 974-2011

MONDAY thru THURSDAY 7:30 AM - 6:00 PM - CLOSED FRIDAY
DEPARTMENT OF REGIONAL PLANNING REQUIRES A FEE: \$341.00

RBUS# /

DATE: 11/18/2010

ID# /

TYPE OF BUSINESS AND CODE: 5912 - HEALTH CLUB SPA

BUSINESS ADDRESS: 908 SEPULVEDA BLVD

CITY: HARBOR CITY ZIP CODE: 90710

NAME OF OWNER: LA FITNESS INTL, LLC

D.B.A. / NAME OF BUSINESS: LA FITNESS

MAILING ADDRESS: 2600 MICHELSON DR # 300 IRVINE CA 92612

PHONE NUMBER: 949-255-7245

ZONE: C-3

Business License Approval

EXISTING USE: YES (X) NO ()

USE PERMITTED IN ZONE:

USE NOT PERMITTED IN ZONE:

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

APPROVED:

DENIED:

REMARKS: Approved per RCP 200900021. Must comply with all conditions of this approval.

SIGNATURE: Jolene Remond DATE: 12/6/10

REGIONAL PLANNING STAMP

FH:fh



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: 908 SEPULVEDA BLVD, HARBOR CITY, CA 90710

TELEPHONE: (424) 203-2060

OWNER OF BUSINESS: LYNDA SWABODA

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LA FITNESS & PRO RESULTS

MAILING ADDRESS: 2600 MICHELSON DRIVE 300, 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: meets ~~has~~ general liability insurance
requirements

SIGNATURE: Kerry Frew

DATE: 1/11/2011

**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: **HEALTH SPA/CLUB**

ADDRESS OF BUSINESS: **908 SEPULVEDA BLVD, HARBORT CITY, CA 90710**

TELEPHONE: **(424) 203-2060**

OWNER OF BUSINESS: **LYNDA SWABODA**

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

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

MAILING ADDRESS: **2600 MICHELSON DRIVE 300, IRVINE, CA 92612**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

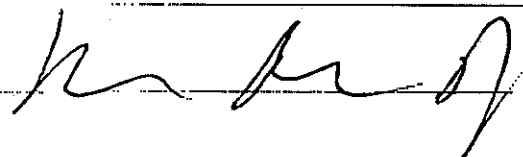
THIS IS AN APPLICATION FOR: **NEW LICENSE**

**BUILDING & SAFETY
LA COUNTY**

APPROVAL

DENIAL

RECOMMENDATION: _____

SIGNATURE: 

DATE: 7/24/12

BASIC LICENSE NO. 5912

DATE 12/03/10

IDENTIFICATION NUMBER 138004

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

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

3

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 908 SEPULVEDA BLVD, HARBOR CITY, CA 90710

TELEPHONE: (424) 203-2060

OWNER OF BUSINESS: ~~LYNDA SWABODA~~ L, A FITNESS INTERNATIONAL, L.C.
 ← NOT OWNER

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LA FITNESS & PRO RESULTS

MAILING ADDRESS: 2600 MICHELSON DRIVE 300, 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

X

APPROVAL

DENIAL

RECOMMENDATION:

SIGNATURE:

[Handwritten Signature]

DATE:

JUN 19 2011

BASIC LICENSE NO. 5912

DATE 12/03/10

IDENTIFICATION NUMBER 138004

**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: 908 SEPULVEDA BLVD. HARBORT CITY, CA 90710

TELEPHONE:

OWNER OF BUSINESS: LYNDA SWABODA

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LA FITNESS & PRO RESULTS

MAILING ADDRESS: 2600 MICHELSON DRIVE 300, IRVINE, CA 92612

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

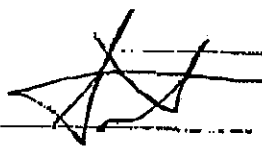
**FIRE DEPARTMENT
LA COUNTY**

APPROVAL

DENIAL

RECOMMENDATION:

SIGNATURE:



DATE:

7/13/12

BASIC LICENSE NO. 5912

DATE 12/03/10

IDENTIFICATION NUMBER 138004



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: 908 SEPULVEDA BLVD, HARBOR CITY, CA 90710

TELEPHONE: (424) 203-2060

OWNER OF BUSINESS: LA FITNESS INTERNATIONAL, LLC

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: LA FITNESS & PRO RESULTS

MAILING ADDRESS: 2600 MICHELSON DRIVE 300, 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: *Kamal Bey*

DATE: 4-13-2011

FAX
TO
4

06/08/2012 08:22 FAX 213 633 5427

912-00750

LACO TAX COLLECTOR BUZ

002/003

R



**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: 908 SEPULVEDA BLVD, HARBOR CITY, CA 90710

TELEPHONE: (424) 203-2060

OWNER OF BUSINESS: LA FITNESS INTERNATIONAL, LLC

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED: SWABODA, LYNDA

FICTITIOUS NAME: LA FITNESS & PRO RESULTS

MAILING ADDRESS: 2600 MICHELSON DRIVE 300, 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

SIGNATURE:

[Handwritten Signature]

DATE:

7-3-12

BASIC LICENSE NO. 3912

DATE 06/08/12

IDENTIFICATION NUMBER 138004

LS