

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the City Clerk's office at (310) 618-2780. Notification 48 hours prior to the meeting will enable the City to make reasonable arrangements to ensure accessibility to this meeting. [28CFR35.102-35.104 ADA Title II]

Direct questions or concerns to Suzanne Bittner at (310) 618-5923 or individual department head prior to submission to the Board. Parties will be notified if the complaint is included on a subsequent agenda.

Participate before the meeting by emailing [Revenue@TorranceCA.Gov](mailto:Revenue@TorranceCA.Gov) and write "Public Comment" in the subject line. In the body of the email include the item number and/or title of the item with your comments.

Any correspondence received after 2:00 p.m., the DAY BEFORE the License Review Board meeting on any item on the agenda will be provided to the Board electronically and available for public inspection in the City Clerk's Office. A copy of the correspondence will be available for public inspection in a binder at the back of the West Annex Commission Meeting room.

## **TORRANCE LICENSE REVIEW BOARD AGENDA THURSDAY, NOVEMBER 20, 2025 REGULAR MEETING**

**10:00 AM IN WEST ANNEX COMMISSION ROOM AT 3031 TORRANCE BOULEVARD**

**1. CALL TO ORDER**

**2. ROLL CALL**

License Review Board Members – Chun \_\_\_\_, Chair Rumery \_\_\_\_, Wade \_\_\_\_  
Alternate License Review Board Members – Botiller \_\_\_\_, Cleveland \_\_\_\_

**3. REPORT OF STAFF ON THE POSTING OF THE AGENDA**

The agenda was posted on the Public Notice Board at 3031 Torrance Boulevard and on the City's website on Thursday November 13, 2025.

**4. ANNOUNCEMENT OF WITHDRAWN, DEFERRED, AND/OR SUPPLEMENTAL ITEMS.**

**5. ORAL COMMUNICATIONS (Limited to a 15-minute period)**

*This portion of the meeting is reserved for public comment on items not on the agenda under the subject matter of the License Review Board. Under the Ralph M. Brown Act, Board Members cannot act on items raised during public comment but may respond briefly to statements made or questions posed; request clarification; or refer the item to staff. Speakers under this Public Comment period will have no longer than 1 minute per speaker. Please step up to the podium and speak clearly into the microphone.*

**6. Consent Calendar**

*Matters listed under the Consent Calendar are considered routine and will be enacted by one motion and one vote. There will be no separate discussion of these items. If discussion is desired, that item will be removed by a Board Member from the Consent Calendar and considered separately.*

**6A. APPROVAL OF MINUTES – None**

**7. ADMINISTRATIVE MATTERS**

**7A. Approve a business license for Mendocino Farms LLC, dba Mendocino Farms** application for a business license to allow the operation of a restaurant selling alcohol.

**7B. Approve a business license for Eterna Massage** application for a business license to allow the operation of a massage establishment.

**7C. Approve a business license for K Q Massage** application for a business license to all the operation of a massage establishment.

**7D. Approve a business license for New Light 67 Inc, dba Pearl Massage** application for a business license to all the operation of a massage establishment

**8. PUBLIC HEARINGS - None**

**9. BOARD ORAL COMMUNICATIONS**

**10. ADJOURNMENT**

**10A.** Adjournment of License Review Board Meeting to Thursday December 4, 2025, at 10:00 am in the West Annex Commission Room at 3031 Torrance Boulevard.

Honorable Members of the License Review Board  
City Hall – West Annex Commission Room  
Torrance, California

Members of the License Review Board:

SUBJECT: Finance Department, Business License Division – Approve a  
business license for – Mendocino Farms LLC, dba  
Mendocino Farms

RECOMMENDATION

Recommendation of the Finance Department, business license division to  
approve the business license with the conditions set forth by the California  
Department of Alcohol Beverage Control.

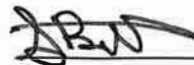
BACKGROUND/ANALYSIS

Ryan Christie director of operations at Mendocino Farms LLC, dba Mendocino  
Farms has made an application for approval of a business license to allow the  
operation of a restaurant serving alcohol. The business is located at 21107  
Hawthorne Boulevard, Suite A in Torrance.

Per Section 31.7.1 subsection 4) of the Torrance Municipal Code, any business  
license application, at the discretion of the Assistant Finance Director, can be  
sent to the License Review Board for approval before the issuance of the license.

Respectfully submitted,

By:



\_\_\_\_\_  
Suzanne Bittner  
License Supervisor

Attachment A: Business License Application  
Attachment B: California Department of ABC License Query  
Attachment C: LA County Official Inspection Report  
Attachment D: Torrance Police Department Reports

Attachment A

Please call the Business License Office at 310 618 5923 for fee amounts. Payment must be submitted with your application.



City of Torrance, Revenue Division
Business License Application
3031 Torrance Blvd, Torrance, CA 90503
(P) 310-618-5923 (F) 310-618-5852
revenue@torranceca.gov

SELECT APPLICABLE BOX:
NEW APPLICATION [checked]
CHANGE OF OWNERSHIP (greater than 50%) [ ]
CHANGE OF BUSINESS LOCATION [ ]
CHANGE OF NAME (Only) [ ]

PART I. APPLICANT TO ANSWER ALL QUESTIONS IN THIS SECTION (print or type)

BUSINESS NAME OR DBA: MENDOCINO FARMS
CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA): MENDOCINO FARMS LLC

1. BUSINESS LOCATION (\*physical business address - see note below)
21107 Hawthorne Boulevard
Suite# Suite A
City Torrance
State CA
ZIP 90503

2. MAILING ADDRESS OR PO/PMB BOX (required)
2004 PARK PLACE
Suite# SUITE H
City EL SEGUNDO
State CA
ZIP 90245

3. IS THE BUSINESS LOCATED AT A RESIDENTIAL ADDRESS (\*select one)?
YES [ ] NO [checked]
HOME OCCUPATION PERMIT#:
EMAIL ADDRESS: accounting@mendocinofarms.com

NATURE OF BUSINESS (description of business activity in detail):
Fast casual restaurant with alcohol

FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S)
(\*\*see note below): 5812 - Eating Places
STATE WASTE DISCHARGER IDENTIFICATION NUMBER (WDID#) (\*\*if applicable - see note below):

TECHNOLOGY BUSINESS (select one):
YES [ ] NO [checked]
Definition: A business entity utilizing scientific equipment and engineering techniques, microelectronics, data processing, genetic engineering, or telecommunications.

RETAIL BUSINESS - WILL YOU BE SELLING CBD PRODUCTS? (select one):
YES [ ] NO [checked]
Definition: CBD is the cannabidiol compound derived from industrial hemp, cannabis or otherwise.

CONTACT NAME: RODRIGO ARCE
CONTACT TITLE: AP COORDINATOR
CONTACT PHONE #: (818) 614-8617
BUSINESS PHONE#: (818) 933-7344
CELL PHONE#:

DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED ID:
SOCIAL SECURITY# (optional):
COMMERCIAL OFFICE SQFT:
# OF PEOPLE WORKING IN TORRANCE:
# OF UNITS (apartments/hotels/mobile homes/vehicles):

FEDERAL TAX ID# (FEIN):
STATE TAX ID# (SEIN):
STATE CONTRACTORS LICENSE #:
STATE SELLERS PERMIT#:

OWNERSHIP INFORMATION (check applicable box)
CORPORATION [ ] LLC [checked] PARTNERSHIP [ ] SOLE OWNERSHIP [ ]

NAMES OF OWNER, PARTNERS, OR PRINCIPAL OFFICERS:
TITLE:
KEVIN KLIPFEL CFO
STEVE MINTZER COO

NAMES OF OWNER, PARTNERS, OR PRINCIPAL OFFICERS:
TITLE:
KEVIN MILES CEO

I declare that I am the owner, partner, corporate officer or person with the power of attorney, and I understand if any of the information provided above is not true the business license being applied for may be revoked as outlined in section 31.9.10 of the Torrance Municipal Code.
I am duly authorized to make this application. All of the information provided in this application is true and correct. The business will not provide any service, good or product which is illegal under Federal, State, or Local Laws. I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE:
DATE: 5/20/25

PART II. FOR OFFICIAL USE ONLY

BASIC FEE:
PROCESSING FEE:
STATE FEE:
PER PERSON FEE:
PER UNIT FEE:
OTHER FEES:
PENALTY FEE:
TOTAL AMOUNT:
Business License Application #
BL-APP-
Business License #
BL-LIC-

NOTES:
\* FOR A RESIDENTIAL BUSINESS ADDRESS YOU ARE NOT REQUIRED TO PROVIDE IT. IF YOU DO NOT WANT TO PROVIDE THE RESIDENTIAL ADDRESS PLEASE LEAVE BOX #1 BLANK AND SELECT YES UNDER BOX #3. FOR A RESIDENTIAL ADDRESS IN TORRANCE YOU WILL FIRST REQUIRE A HOME OCCUPATION PERMIT#.
\*\* ACCESS THE BUSINESS SIC CODE(S) AT UNITED STATES DEPARTMENT OF LABOR WEBSITE: https://www.osha.gov/pls/imis/sic\_manual.html
\*\*\* ACCESS INFORMATION FOR AN INDUSTRIAL BUSINESS REQUIRING A WDID# FROM THE CALIFORNIA STATE WATER RESOURCES CONTROL BOARD WEBSITE: https://www.waterboards.ca.gov/water\_issues/programs/stormwater/industrial.html



CALIFORNIA DEPARTMENT OF

# Alcoholic Beverage Control

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**Report Date:** Monday, October 06, 2025

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## LICENSE INFORMATION

**License Number:** 657168 **Primary Owner:** MENDOCINO FARMS LLC

**Office of Application:** 03 - LB/LAKEWOOD

## BUSINESS NAME

MENDOCINO FARMS SANDWICH MARKET

## BUSINESS ADDRESS

21107 HAWTHORNE BLVD SUITE A, TORRANCE, CA, 90503

**County:** LOS ANGELES **Census Tract:** 6506.06

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## LICENSEE INFORMATION

**Licensee:** MENDOCINO FARMS LLC

### Company Information

OFFICER: MILES, KEVIN TRACE (CHIEF EXECUTIVE OFFICER)

OFFICER: MILES, KEVIN TRACE (DIRECTOR)

OFFICER: KLIPFEL, KEVIN MICHAEL (SECRETARY TREASURER)

OFFICER: KLIPFEL, KEVIN MICHAEL (CHIEF FINANCIAL OFFICER)

OFFICER: CHEN, ELLEN (DIRECTOR)

OFFICER: DEL PERO, MARIO (DIRECTOR)

MEMBER: MENDOCINO FARMS INTERMEDIATE HOLDINGS, LLC

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## LICENSE TYPES

\*Allow up to six weeks for expiration date updates after renewal fee submittal.

### 41 - ON-SALE BEER AND WINE - EATING PLACE

**License Type Status:** ACTIVE **Status Date:** 02-JUL-2025 **Term:** 12 Month(s)

**Original Issue Date:** 01-JUL-2025 **Expiration Date\*:** 30-JUN-2026 **Master:** Y **Duplicate:** 0

**Fee Code:** P40 **Transfers:**

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### OPERATING RESTRICTIONS:

The quarterly gross sales of alcoholic beverages shall not exceed the quarterly gross sales of food during the same period. The licensee shall at all times maintain records, which reflect separately the gross sales of food and the gross sales of alcoholic beverages of the licensed business. Said records shall be kept no less frequently than on a quarterly basis and shall be made available to the Department on demand.

No alcoholic beverages shall be consumed on any property adjacent to the licensed premises under the control of the licensee(s) as depicted on the most recently certified ABC-257 and ABC-253.

The petitioner(s) shall be responsible for maintaining free of litter the area adjacent to the premises over which they have control as depicted on the most recently certified ABC-257 and ABC-253.

Petitioner(s) shall actively monitor the area under their control in an effort to prevent the loitering of persons on any property adjacent to the licensed premises as depicted on the most recently certified ABC-253.

Any graffiti painted or marked upon the premises or on any adjacent area under the control of the licensee(s) shall be removed or painted over within 72 hours of being applied.

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### DISCIPLINARY ACTION:

No Active Disciplinary Action found

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**DISCIPLINARY HISTORY:**

No Disciplinary History found.

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**HOLDS:**

No Active Holds found

**ESCROWS:**

No Escrow found

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**NOTIFICATIONS:**

No notifications found



# RETAIL FOOD OFFICIAL INSPECTION REPORT

COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH

OFFICE: COASTAL CITIES ♦ CHIEF: STEPHEN SATO

20221 HAMILTON AVE, 1st FL, TORRANCE, CA 90502 - Phone: (310) 965-8910

[WWW.PUBLICHEALTH.LACOUNTY.GOV/EH](http://WWW.PUBLICHEALTH.LACOUNTY.GOV/EH)

Attachment C

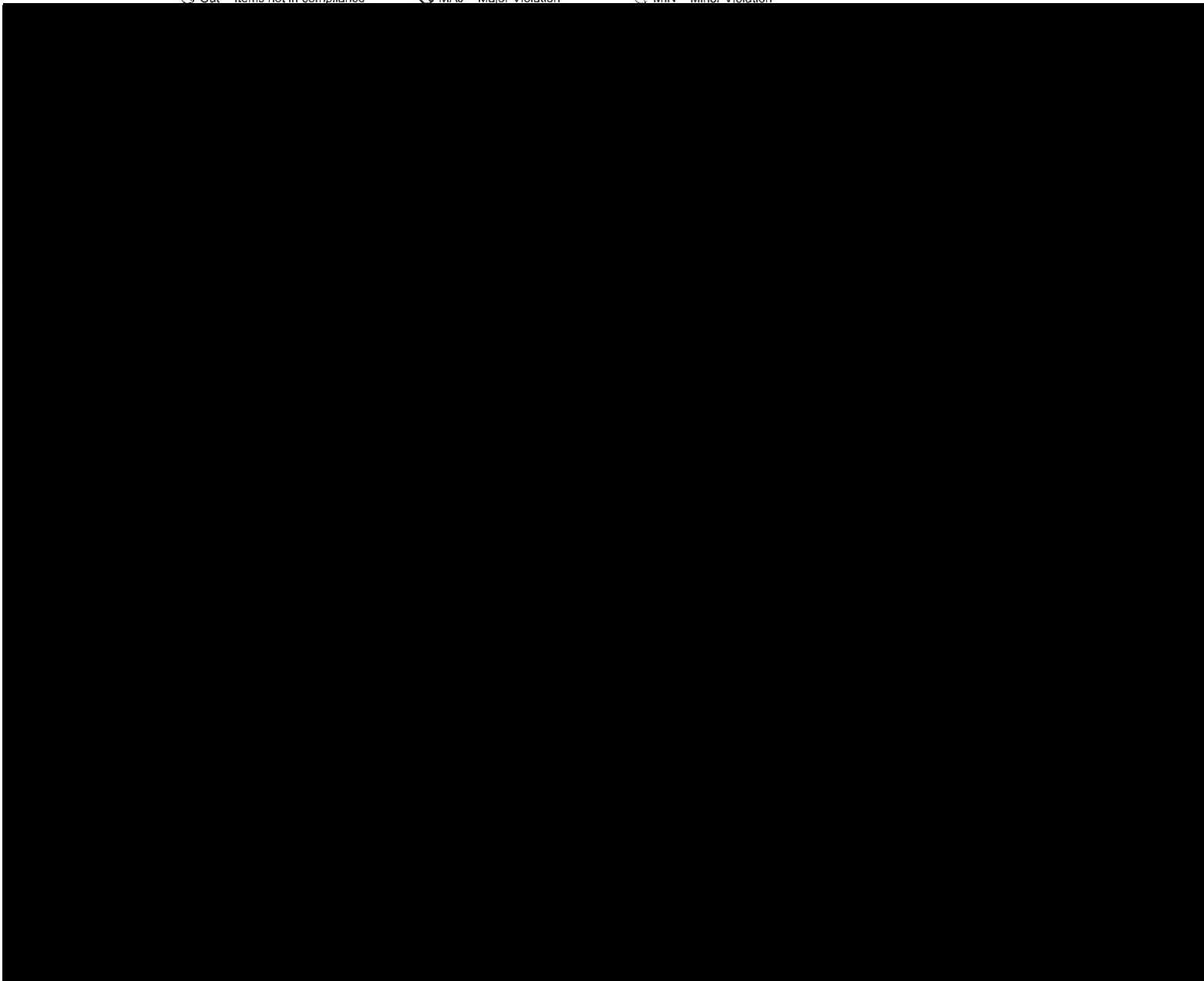


COUNTY OF LOS ANGELES  
**Public Health**

Facility Name: MENDOCINO FARMS #75			Inspection Date: 8/12/2025	
Owner/Permittee: MENDOCINO FARMS, LLC			Re-inspection Date: N/A	
Program Identifier: MENDOCINO FARMS		Time In: 10:50 AM	Time Out: 12:20 PM	
Facility Address: 21107 HAWTHORNE BLVD A		Service: ROUTINE INSPECTION		
City/State/Zip: TORRANCE, CA 90503		Result: CORRECTIVE ACTION / NO FOLLOW UP REQUIRED		
FA: FA0357939	PR: PR0319166	PE: 1638	Action: NO FURTHER ACTION REQUIRED	

<b>Facility Status</b>
<b>Grade:</b>
<b>A</b>

IN = In compliance     
  N/A = Not applicable     
  N/O = Not observed     
  COS = Corrected on-site  
 Out = Items not in compliance     
  MAJ = Major Violation     
  MIN = Minor Violation



PIC/Owner Signature

VINCENT HERNANDEZ

EHS Signature

Help us serve you better by completing a short survey. Visit our website at <http://publichealth.lacounty.gov/eh/about/customer-service.htm>.

Attachment 10



Torrance Police Department Intelligence Detail

# License Review Interview Summary

Detective Lucas Ryono # [REDACTED]

**To:**

**Suzanne Bittner**  
License Supervisor

**Date: 09/23/2025**

**From:**

**Detective Lucas Ryono**  
Intelligence Section

**Subject:**

**Mendocino Farms – “Mendocino Farms LLC”**  
21107 Hawthorne Blvd; Suite A, Torrance, CA 90503 [REDACTED]

License Review Board Hearing – October 16, 2025

**Licensee:**

**Christie, Ryan (Director of Operations) / [REDACTED]**

On 22 SEP 25, I interviewed Ryan Christie regarding his company's application for a business license for Mendocino Farms, a restaurant located at 21107 Hawthorne Blvd; Suite A, in the City of Torrance.

Mendocino Farms is opening a new restaurant at the location. The corporation has 84 different restaurants throughout the country.

The restaurant will feature soup, sandwich, and salad dishes with beer and wine options. Mr. Christie has worked in alcohol sales for over 20 years at various restaurants. Most recently he has worked for Mendocino Farms the last 11 years. They are currently applying for a Type 41, “On-Sale Beer and Wine-Eating Place” license.

I discussed the local codes and laws that pertain to this business, as well as the conditions that exist on the license. I furnished the licensee with a copy of the Applicable Code Highlights for ABC “On-Sale” Licensed Businesses. In addition, we completed the Torrance Police Department Alcohol Beverage License Indoctrination Form together. The applicant signed the forms in my presence, indicating that he understood the issues at hand.



**Detective Lucas Ryono**  
Intelligence Section



# Torrance Police Department

## Alcohol Beverage Licensee

### Indoctrination and Training

Interpreter \_\_\_\_\_ Language \_\_\_\_\_



### General Information

**Business Name** RYAN CHRISTIE [REDACTED] **Phone** [REDACTED]  
(DIRECTOR OF OPERATIONS)

**Licenses** MENDOCINO FARMS for ALCS

Who are the sole owners? MENDOCINO FARMS LLC  
 Is the business incorporated? YES  
 Is this reflected in the ABC License? YES  
 Are there other officers in the company? \_\_\_\_\_  
KEVIN MILES CEO

**Address** 7107 HAWTHORNE

Do you have prior experience working in alcohol sales? YES  
 Where? various restaurants, last 11 yrs w/ MENDO FARMS.  
 How Many Years? over 20+ years

**Type of License** Type 41 - BEER & WINE

Do you own any other businesses? N/A - 84 Total Locations



### Important Training Areas

1. **How to check for identification.**

LR RE

- Presentation
- Type of acceptable identification
  - Valid government (not expired)
  - Photo
  - Date of birth

Methods of alteration.  
Tricks used by minors.  
Minors (under 21) are vertically displayed (not horizontal).  
Spotters  
It is important to establish a policy.  
Whenever in doubt about an ID, consider it to be a fake.

**2. Criminal, administrative, and civil liabilities regarding sales of alcoholic beverages to minors or drunks.**

CR PC

Criminal citations or arrest, fines  
ABC administrative hearings and fines  
Civil suits  
Loss of business license  
Moral issues

**3. LEAD Seminar Training**

CR PC

If you are selling alcohol, you should attend a LEAD seminar.  
These are hosted by ABC Call the Lakewood office.  
8 Hour course  
You should attend with your key employees.

**4. Hours of sales and supervision of parking lot (posting).**

CR PC

45.4.9 TMC - Requires posting sign  
If you are involved in off-site alcohol sales, you must post a sign stating there is no drinking in the parking lot.  
45.4.8 TMC - No drinking in parking lot  
You get a copy of this city ordinance today.

**5. Emergency and routine response by Patrol units.**

CR PC

Understand that the routine telephone number is to be used for routine service.  
The 911 line is used for emergencies.

**6. Crime prevention and protection**

CR PC

What to look for and how to protect business and employees.  
Employee problems  
City ordinances

**7. Explanation of EASY, DECOY and STAKE programs.**

CR PC

The enforcement programs are not intended to entrap.  
The minors will be truthful and appear to be their age.  
These are intended to establish and enforce compliance.

**8. Explanation of Intelligence function.**

CR RC

“Eyes and ears in the community”

**9. Escort ordinances and hostess bars.**

CR RC

Do you have plans to offer a hostess or escort service?  
If, so here is a copy of the city ordinances related to  
to these issues.

**10. Prostitution and gambling are illegal.**

CR RC

**11. Age of employees and rules of service.**

CR RC

Off-sale only: 16-17 year olds may sell alcohol if supervised by someone over 21.  
18 year olds may serve alcohol but only if served with food.  
They can be a food server that also serves alcohol.  
21 and over can serve alcohol without restrictions.

**12. Sale of tobacco to juveniles**

CR RC

Are you selling tobacco?  
You have to be 21 years old to buy tobacco.  
Enforcement of laws and compliance checks  
via STAKE will take place.

**13. Adult Entertainment**

CR RC

Are you planning on providing entertainment?  
If so, you will need an entertainment permit.  
You can only have entertainment that is specifically  
allowed by your license.  
Are you planning on allowing dancing?  
If so, you will need a dance permit.  
Are you planning on selling adult videos or magazines?  
If so, you will need to make sure that the covers are not exposed  
to the general public and have a private/dedicated section.

**14. Understanding and Posting of Licenses**

LA DC

You must post your ABC alcohol license with business license.  
Conditions must be posted alongside this license.  
Review your conditions.

**15. Laws, Statutes and Municipal Codes Related to the Business**

Has Licensee(s) received a copy of the "ABC Regulations?" LA DC



**Training Confirmation**

I, as a licensee, fully understand all of the above information as related to me and will abide by all the rules and regulations. I also confirm that the above information is accurate.

[Redacted Signature] \_\_\_\_\_  
Licensee

9/22/25  
Date

\_\_\_\_\_  
Licensee or Designated Representative

\_\_\_\_\_  
Date

[Redacted Signature] \_\_\_\_\_  
Witness

9-22-25

Honorable Members of the License Review Board  
City Hall – West Annex Commission Room  
Torrance, California

Members of the License Review Board:

SUBJECT: Finance Department, Business License Division –  
Approve a business for Eterna Massage

RECOMMENDATION

Recommendation of the Finance Department, business license division, to  
approve the business license for Eterna Massage

BACKGROUND/ANALYSIS

Su Wang, owner of Eternal Massage, has made an application for approval of a  
business license to allow the operation of a massage establishment. The  
business is located at 18234 Prairie Avenue, in Torrance.

Per Section 31.7.3 subsection 18) of the Torrance Municipal Code, applications  
for a massage establishment must be sent to the License Review Board for  
approval before issuance of the license.

Respectfully submitted,

By:  \_\_\_\_\_  
Suzanne Bittner  
License Supervisor

Attachment A: Business License Application  
Attachment B: Form 100E and California Massage Therapy certificate  
Attachment C: Certain Pages from Lease Agreement  
Attachment D: Torrance Police Department Reports

Please call the Business License Office at 310 618 5923 for fee amounts. Payment must be submitted with your application.



City of Torrance, Revenue Division  
 Business License Application  
 3031 Torrance Blvd, Torrance, CA 90503  
 (P) 310-618-5923 (F) 310-618-5852  
 revenue@torranceca.gov

SELECT APPLICABLE BOX:

NEW APPLICATION  CHANGE OF OWNERSHIP (greater than 50%)   
 CHANGE OF BUSINESS LOCATION  CHANGE OF NAME (Only)

Attachment A

PART I. APPLICANT TO ANSWER ALL QUESTIONS IN THIS SECTION (print or type)

BUSINESS NAME OR DBA: Eterna Massage CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA):

1. BUSINESS LOCATION (\*physical business address - see note below) Suite# City State ZIP  
18234 Prairie Ave Torrance CA 90504

2. MAILING ADDRESS OR PO/PMR BOX (required) Suite# City State ZIP  
 [Redacted] Rosemead CA 91770

3. IS THE BUSINESS LOCATED AT A RESIDENTIAL ADDRESS (select one): YES  NO  HOME OCCUPATION PERMIT#: EMAIL ADDRESS:

NATURE OF BUSINESS (description of business activity in detail):  
Massage

FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S) (\*\*see note below): 729902 STATE WASTE DISCHARGER IDENTIFICATION NUMBER (WDID#) (\*\*if applicable - see note below): NO

TECHNOLOGY BUSINESS (select one): YES  NO   
 Definition: A business entity utilizing scientific equipment and engineering techniques, microelectronics, data processing, genetic engineering, or telecommunications.

RETAIL BUSINESS - WILL YOU BE SELLING CBD PRODUCTS? (select one): YES  NO   
 Definition: CBD is the cannabidiol compound derived from industrial hemp, cannabis or otherwise.

CONTACT NAME: Su Wang CONTACT TITLE: owner CONTACT PHONE #: 676 715 7904 CELL PHONE#: [Redacted]

DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED ID#: [Redacted] SOCIAL SECURITY# (optional): [Redacted] # OF PEOPLE WORKING IN TORRANCE: [Redacted] # OF UNITS (apartments/hotels/mobile homes/vehicles):

FEDERAL TAX ID# (FEIN): [Redacted] STATE TAX ID# (SEIN): STATE CONTRACTORS LICENSE #: STATE SELLERS PERMIT#:

OWNERSHIP INFORMATION (check applicable box) CORPORATION  LLC  PARTNERSHIP  SOLE OWNERSHIP

NAMES OF OWNER, PARTNERS, OR PRINCIPAL OFFICERS: TITLE: NAMES OF OWNER, PARTNERS OR PRINCIPAL OFFICERS: TITLE:  
Su Wang owner

I declare that I am the owner, partner, corporate officer or person with the power of attorney, and I understand if any of the information provided above is not true the business license being applied for may be revoked as outlined in section 31.9.10 of the Torrance Municipal Code. I am duly authorized to make this application. All of the information provided in this application is true and correct. The business will not provide any service, good or product which is illegal under Federal, State, or Local Laws. I declare under penalty of perjury that the information provided is true and correct.

SIGNATURE: [Redacted] DATE: 12/6/21

PART II. FOR OFFICIAL USE ONLY

BASIC FEE: [Redacted] PER PERSON FEE: PER UNIT FEE:

OTHER FEES: PENALTY FEE: TOTAL AMOUNT: Business License # [Redacted] IC- [Redacted]

NOTES:  
 \* FOR A RESIDENTIAL BUSINESS ADDRESS YOU ARE NOT REQUIRED TO PROVIDE IT. IF YOU DO NOT WANT TO PROVIDE THE RESIDENTIAL ADDRESS PLEASE LEAVE BOX #1 BLANK AND SELECT YES UNDER BOX #3. FOR A RESIDENTIAL ADDRESS IN TORRANCE YOU WILL FIRST REQUIRE A HOME OCCUPATION PERMIT#.  
 \*\* ACCESS THE BUSINESS SIC CODE(S) AT UNITED STATES DEPARTMENT OF LABOR WEBSITE: <https://www.dhs.gov/government-licenses>  
 \*\*\* ACCESS INFORMATION FOR AN INDUSTRIAL BUSINESS REQUIRING A WDID# FROM THE CALIFORNIA STATE WATER RESOURCES CONTROL BOARD WEBSITE: <https://www.waterboards.ca.gov/water-usage/programs/lorraine/industrial.html>



NAMES AND ADDRESSES OF PERSONS, FIRMS OR CORPORATIONS BY WHOM APPLICANT HAS BEEN EMPLOYED FOR THE PAST FIVE YEARS:

housewife 1/2019 - 3/2020  
Covid 19 3/2020 - 3/2021  
Spring Massage 4/2021 - 5/2023 / 16444 Vanowen St Van Nuys  
Ace Massage 6/2023 - NOW / 5119 Torrance Blvd Torrance

NAMES AND ADDRESSES OF THREE RESPONSIBLE PERSONS WHO HAVE KNOWN APPLICANT FOR MORE THAN THREE YEARS:

Yu Xiang hang  
Lijuan Lu  
Jing Zhang

LIST ANY AND ALL MISDEMEANOR AND FELONY CONVICTIONS FOR VIOLATIONS OF ANY LAW, EVEN IF THE CONVICTION WAS DISMISSED OR EXPUNGED, PER CALIFORNIA PENAL CODE 1203.4 ET. SEQ. Failure to list all convictions is grounds for DENIAL of the license. (IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH ADDITIONAL SHEETS)

NO

A LETTER AUTHORIZING APPLICANT TO REPRESENT SAID PERSON, FIRM OR CORPORATION IS HEREWITH ATTACHED.

[Redacted]

[Redacted]

[Redacted]

OFFICIAL USE ONLY

CHIEF OF POLICE

DATE

LICENSE REVIEW BOARD

DATE

DISAPPROVED BY:

CHIEF OF POLICE

DATE

LICENSE REVIEW BOARD

DATE

# CALIFORNIA MASSAGE THERAPY COUNCIL

*By authority of the State of California Code B&P Section 4600,  
the California Massage Therapy Council hereby awards to*

## Su Wang

*the designation of*

## CERTIFIED MASSAGE THERAPIST

*Let it be known by all that, having met the standards set forth by the California Massage Therapy Council and having demonstrated knowledge of applicable disciplines related to the practice of massage therapy, **Su Wang** is recognized as a **CMT** in good standing, including all the rights and privileges pertaining thereto, as witnessed by the signature below.*

*Given at Sacramento, California, Thursday, September 28, 2023.*



A handwritten signature in black ink that reads "Jeffrey Fournier".

*Jeffrey Fournier, Chairman of the Board  
California Massage Therapy Council  
CAMTC, One Capitol Mall, Suite 800, Sacramento, CA 95814*

**CERTIFICATE # 88880  
EXPIRES: 12/17/2025**

The validity and authenticity of this certificate may be verified online  
by entering the name and certificate number at: [www.camtc.org](http://www.camtc.org)

Attachment C

## Prairie Plaza Shopping Center

18240 Prairie Ave.  
Torrance, California 90504

On the Corner of Prairie Avenue and 182<sup>nd</sup> Street  
Torrance, CA 90504

[REDACTED]

From: Mark Kisoo Kim, manager/owner of Prairie Plaza Shopping Center

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To: Eterna Massage a tenant of Prairie Plaza Shopping Center  
Name: *Su Wang*

From: Mark Kisoo Kim  
Date Sent: September 3, 2025

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I am Mark Kisoo Kim and as manager of Prairie Plaza Shopping Center located at the above address, acknowledge that Eterna Massage Parlor is located at 18234 Prairie Ave. Torrance, CA 90504. This establishment is a massage parlor and will open in my Shopping center. Eterna Massage Parlor has already started paying their monthly rent and is a reputable established part of the Prairie Plaza Shopping Center community.

Please allow them the opportunity to run their business in our shopping center. Thank you for your cooperation

Sincerely,

Mark Kisoo Kim.  
[REDACTED]

COMMERCIAL LEASE  
(OPERATING COST PASS THROUGH)  
PROPERTY MANAGEMENT CONSULTANT  
BY AND BETWEEN

PRAIRIE PLAZA SHOPPING CENTER

AND

**Su Wang**



N. ADDRESS FOR NOTICES (Section 20.15.):

To Landlord:

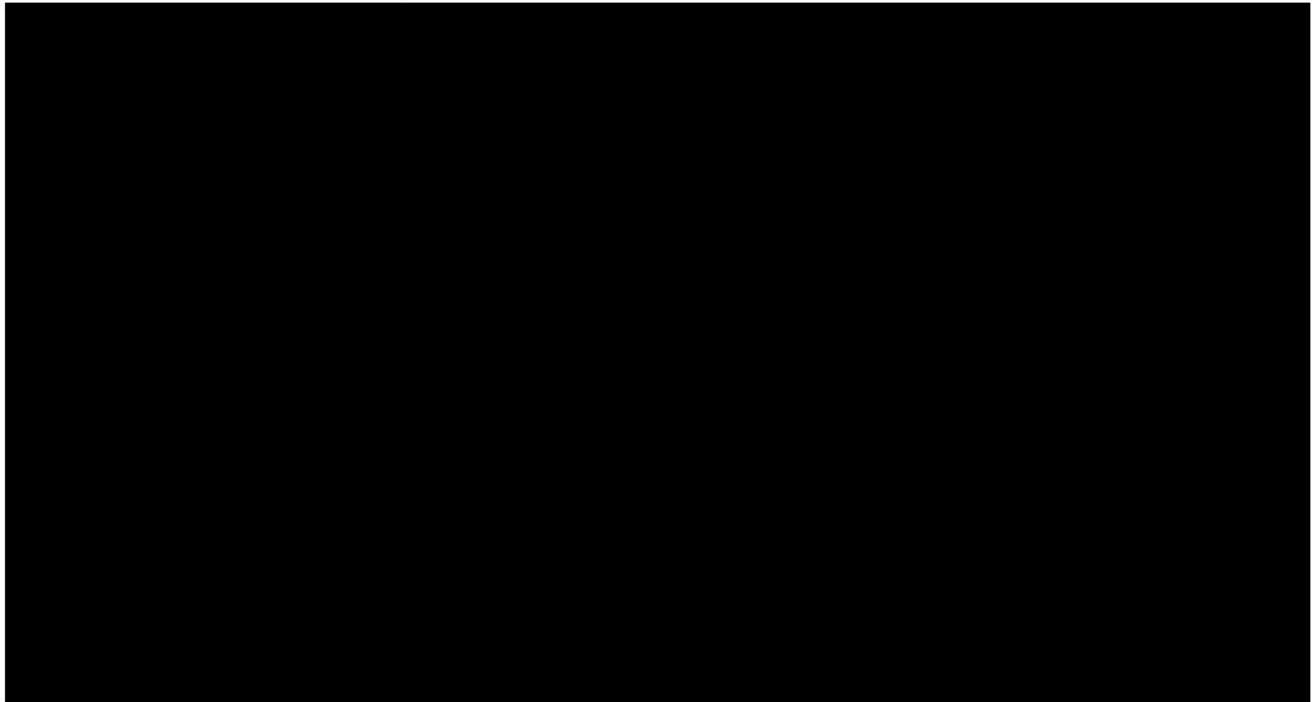
PRAIRIE PLAZA SHOPPING CENTER  
18240 Prairie Ave.  
Torrance, CA 90504

C/O Mark Kisoo Kim, Property Manager

To Tenant:

Su Wang

Business Address:  
18234 Prairie Ave.  
Torrance, CA 90504



LANDLORD

PRAIRIE PLAZA SHOPPING CENTER AND  
ITS OWNERS

18240 Prairie Ave.  
Torrance, CA 90504  
310 422 5585 Mark Kim

By: Property Management Consultant Services



Date:

12/26/2024

TENANT

Su Wang



Date:

12/26/2024

Social Security Number: 675 53 4332 dob: 12 31 1981



Torrance Police Department Intelligence Detail

License Review Interview Summary

Detective Lucas Ryono [REDACTED]

To:

**Suzanne Bittner**  
License Supervisor

Date: October 16, 2025

From:

**Detective Lucas Ryono**  
Intelligence Section

Subject:

**"Eterna Massage"**  
18234 Prairie Ave, Torrance, CA 90504  
(626) 215-7904

License Review Board Hearing – TBD

Licensees Interviewed:

**Wang, Su (Owner) / [REDACTED]**  
**Kuo, Irene (Mandarin translator) / [REDACTED]**

On 16 OCT 25, I interviewed Ms. Su Wang regarding her application for a business license for "Eterna Massage," located at 18234 Prairie Ave., Torrance, CA. Ms. Wang was assisted by her Mandarin translator, Irene Kuo.

Ms. Wang will be opening a new business at the location.

Ms. Wang is a licensed masseuse (License #88880 / Expires 12-17-25). Ms. Wang will be managing the business and providing massage. She may hire additional employees if business increases.

Ms. Wang has worked in the massage industry for approximately 4 years. Most recently she worked at ACE Massage (5119 Torrance Blvd) for approximately 1 year.

Eterna Massage will offer massage by appointment and "walk-in" type customers.

Ms. Wang was advised of the laws regulating her occupation, and she was provided with a "Torrance Municipal Section Highlights" form, which detailed these laws and regulations. I completed a Massage Establishment Licensing Interview Questionnaire with her which she signed indicating that she understood the laws regulating this occupation. Ms. Wang was advised to strictly adhere to record keeping and hours of

operation, as well as all the other rules and regulations that apply to the massage business.

An inspection of the establishment (specific to the concerns of law enforcement) was met as required by TMC Section 35.14.080 and 35.14.090.



**Detective Lucas Ryono**  
Intelligence Section



# Torrance Police Department

## Acupuncture/Massage Establishment Licensing Interview

### Questionnaire

Interp [REDACTED]

Language Mandarin



### General Information

Business Name Eterna Massage

Phone [REDACTED]

Licensee(s) WANG, SU [REDACTED]

Who are the sole owners? Licensee

Is the business incorporated? no

Are there other officers/owners in the company? n/a

(current solo employee)

Business Address 18234 Prairie Ave

How Long Has This Business Been Operating? new



### Company History

#### Past Businesses

Have you been in the acupuncture/massage business before? 4 YRS

Location address? ACE Massage, Torrance (5019 Torrance)

How long? ended Nov '24 1yr

Do you own any other businesses? no

Location address? n/a

**Record in Other Cities (If Applicable)**

In what other cities is the company licensed?

*N/A*

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---

---

Has the company had problems/issues in any of these cities? What problems/issues? How were the problems/issues resolved?

*N/C*

---

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Have you ever had your business license revoked or suspended? For what reason(s)?

*N/C*

---

Have you responded to all open complaints (Better Business Bureau or Department of Consumer Affairs) in any other business you have owned? How were the complaints resolved?

*N/A*

---



**Business Inspection**

**The Following Conditions (Specific to the Concerns of Law Enforcement) Have Been Met As Required By TMC Section 35.14.080 and 35.14.090:**

*SW* Minimum lighting shall be provided in accordance with the Uniform Building Code, and either natural light per CA Building Code (CBC) 1205.2 or artificial light per CBC 1205.3.

*SW* A massage table will be used for all massage therapy with the exception of "Thai," "Shiatsu," and similar forms of therapy. Those may be provided on a padded mat on the floor provided the patron is fully attired in loose clothing or similar garment. Massage tables are required to be a minimum of 18 inches from the floor. **Beds, floor mattresses and waterbeds are not permitted on the premises of the business or establishment (35.14.080 (d)).**

*SW* All exit doors will be kept unlocked during business hours.

SW Closed cabinets shall be utilized for the storage of clean linen. All massage tables will be covered with a clean sheet or other clean covering for each patron. After use, each covering will be deposited in a closed receptacle and not used until properly sanitized in the immersion of water at least 140 degrees Fahrenheit for not less than 15 minutes. An adequate supply of clean linens will be maintained.

SW The massage business must display the State Certificate (California Massage Therapy Council) of each massage therapist in a location so that it can be readily seen by persons entering the business.

SW All massage rooms, toilet rooms, pools, showers, bathtubs, steam rooms saunas, Jacuzzis and all other physical facilities will be thoroughly cleaned and disinfected as needed and at least once each business day the premises is open and in use.

SW The patron's genitals, pubic area, anus, and female patron's breasts below a point immediately above the top of the areola must be fully draped at all times while any employee of the business or establishment is in the massage therapy room with the patron. No massage therapy will be provided to a patron that results in intentional contact, or occasional and repetitive contact, with the genitals, anus, or areola of a patron.

SW **An owner of a massage business shall be responsible for the conduct of all employees or independent contractors working on the premises of the business (Torrance Municipal Code (TMC) 35.14.120(a)).**

SW **Each operator of a massage or acupuncture establishment shall maintain a record of the date, time, name of customer, address of the customer, date of birth of the customer, type of service provided, and the licensed person supplying such service. The name, address and date of birth must be verified using legal identification prior to any service. Such records shall be open to inspection by health officials or police officers at all times, on the premises of the massage or acupuncture establishment. Such records shall be kept for a minimum of not less than one year.** The information contained in such records shall be used only for the purpose of enforcing this Article, as well as other applicable laws, and shall otherwise be confidential. It shall be unlawful for any person to disclose such information for any unauthorized purpose.

SW **35.14.050 T.M.C. Hours of Operation.**

No massage business or establishment will provide massage therapy to the public for compensation between the hours of 9:00 P.M. and 8:00 A.M. of the following day. The massage business or establishment must close and all patrons must leave the massage business or establishment by 9:00 P.M.



## Local Codes and State Laws

### Acupuncture Standards of Practice (State Requirements)

**An acupuncturist is allowed to engage in the practice of acupuncture, electro acupuncture, perform or prescribe the use of oriental massage, acupressure, moxibustion, cupping, breathing techniques, exercise, heat, cold, magnets, nutrition, diet, herbs, plant, animal, and mineral products, and dietary supplements to promote, maintain, and restore health pursuant to Business & Professions Code Section 4937.**

#### 1399.450. Condition of Office.

1. (a) Every acupuncture office shall be maintained in a clean and sanitary condition at all times, and shall have a readily accessible bathroom facility in accordance with Title 24, Part 2, Building Standards Code Sections 494A.1 and 1994 Uniform Building Code Section 2902.3.

#### 1399.451. Treatment Procedures.

In treating a patient, an acupuncturist shall adhere to the following procedures:

1. (a) The acupuncturist's hands shall be brush-scrubbed with soap and warm water immediately before examining patients or handling acupuncture needles and other instruments, and between patients.
2. (b) All instruments shall be sterilized before and between uses in a manner which will destroy all microorganisms. All needle trays which contain sterile needles shall also be sterile. Each time instruments are sterilized, the acupuncturist shall use a tape or strip indicator which shows that sterilization is complete.
3. (c) Acupuncture points, where needles are to be inserted, shall be cleaned with an appropriate antiseptic before insertion of the needle.
4. (d) In the event an acupuncture needle inserted in a patient breaks subcutaneously, the treating acupuncturist shall immediately consult a physician. An acupuncturist shall not sever or penetrate the tissues in order to excise such a needle.
5. (e) Any complication, including but not limited to, hematoma, peritonitis or pneumothorax arising out of acupuncture treatment shall be referred immediately to a physician or dentist or podiatrist, if appropriate, if immediate medical treatment is required..
6. (f) Acupuncture shall not be performed using hypodermic needles.
7. (g) All instruments to be discarded shall be disposed of safely.
8. (h) Needles shall be disposed of by placing them in a sealed, unbreakable container marked "Hazardous Waste" and disposed of in accordance with state and local law.

**1399.453. Record keeping.**

An acupuncturist shall keep complete and accurate records on each patient who is given acupuncture treatment, including but not limited to, treatments given and progress made as a result of the acupuncture treatments.

**1399.454. Single Use Needles.**

An acupuncturist shall use needles labeled for single use only that meet the requirements of federal regulations 21 CFR Part 880.5580 (61 FR 64617, December 6, 1996). It shall constitute unprofessional conduct for an acupuncturist to use a needle more than once.

**1399.455. Advertising.**

1. (a) A licensed acupuncturist may advertise the provision of any acupuncture services authorized to be provided by such licensure in a manner authorized by Section 651 of the code so long as such advertising does not promote the excessive or unnecessary use of such services.
2. (b) It is improper advertising as provided in Section 4955 of the code to disseminate any advertising which represents in any manner that the acupuncturist can cure any type of disease, condition or symptom.
3. (c) It is improper advertising as provided in Section 4955 of the code to disseminate any advertising of a practice, technique or procedure which is not within the scope of the practice of acupuncture as defined in Section 4927 and 4937 of the code and which is the unlawful practice of medicine.

**1399.456. Use of the Title "Doctor."**

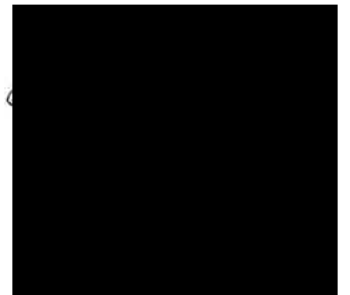
It is unprofessional conduct for an acupuncturist to use the title "Doctor" or the abbreviation "Dr." in connection with the practice of acupuncture unless he or she possesses a license or certificate which authorizes such use or possesses an earned doctorate degree from an accredited, approved or authorized educational institution as set forth under Article 4 (commencing with section 94760) of Chapter 7 of Part 59 which is in acupuncture, Oriental medicine, a biological science, or is otherwise related to the authorized practice of an acupuncturist as set forth in Sections 4927 and 4937 of the Code.

The use of the title "Doctor" or the abbreviation "Dr." by an acupuncturist as authorized above without further indicating the type of license, certificate or degree which authorizes such use, constitutes unprofessional conduct.

**Is the Licensee(s) aware of applicable local codes and state laws?**

Has Licensee(s) received a copy of the "Massage Therapy Regulations?"

Does the Licensee(s) know how to contact the police department?





## Information Confirmation

I (We), as a licensee(s), fully understand all of the above information and will abide by all the rules and regulations that govern acupuncture/massage businesses. I confirm that all of the above listed information is correct.

[Redacted Signature]

10/16/2025

Date

[Redacted Signature]

Date

Honorable Members of the License Review Board  
City Hall – West Annex Commission Room  
Torrance, California

Members of the License Review Board:

SUBJECT: Finance Department, Business License Division –  
Approve a business for K Q Massage

RECOMMENDATION

Recommendation of the Finance Department, business license division, to  
approve the business license for K Q Massage

BACKGROUND/ANALYSIS

Jinghong Zhang, owner of K Q Massage, has made an application for approval of  
a business license to allow the operation of a massage establishment. The  
business is located at 2130 Redondo Beach Boulevard, Suite A, in Torrance.

Per Section 31.7.3 subsection 18) of the Torrance Municipal Code, applications  
for a massage establishment must be sent to the License Review Board for  
approval before issuance of the license.

Respectfully submitted,

By:  \_\_\_\_\_  
Suzanne Bittner  
License Supervisor

- Attachment A: Business License Application
- Attachment B: Form 100E and California Massage Therapy certificate
- Attachment C: Certain Pages from Lease Agreement
- Attachment D: Torrance Police Department Reports

Please call the Business License Office at 310 618 5923 for fee amounts. Payment must be submitted with your application.



City of Torrance, Revenue Division  
 Business License Application  
 3031 Torrance Blvd, Torrance, CA 90503  
 (P) 310-618-5923 (F) 310-618-5852  
 revenue@torranceca.gov

SELECT APPLICABLE BOX:

NEW APPLICATION

CHANGE OF BUSINESS LOCATION

CHANGE OF OWNERSHIP (greater than 50%)

CHANGE OF NAME (Only)

Attachment A

**PART I. APPLICANT TO ANSWER ALL QUESTIONS IN THIS SECTION (print or type)**

BUSINESS NAME OR DBA: K & Massage CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA):

1. BUSINESS LOCATION (\*physical business address - see note below) Suite# City State ZIP  
2130 Redondo Beach #A Suite# Torrance City CA State 90503 ZIP

2. BUSINESS LOCATION Suite# City State ZIP  
 [Redacted] Suite# Rosemead City CA State 91770 ZIP

3. IS THE BUSINESS LOCATED AT A RESIDENTIAL ADDRESS (select one)? YES  NO  HOME OCCUPATION PERMIT#: EMAIL ADDRESS: [Redacted]

NATURE OF BUSINESS (description of business activity in detail): Foot & Body Massage

FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S) (\*\*see note below): STATE WASTE DISCHARGER IDENTIFICATION NUMBER (WDID#) (\*\*if applicable - see note below):

TECHNOLOGY BUSINESS (select one): YES  NO   
 Definition: A business entity utilizing scientific equipment and engineering techniques, microelectronics, data processing, genetic engineering, or telecommunications.

RETAIL BUSINESS - WILL YOU BE SELLING CBD PRODUCTS? (select one): YES  NO   
 Definition: CBD is the cannabidiol compound derived from industrial hemp, cannabis or otherwise.

CONTACT NAME: Singhong Zhang CONTACT TITLE: owner BUSINESS PHONE#: CELL PHONE#:

DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED ID#: SOCIAL SECURITY# (optional): COMMERCIAL OFFICE SQF #: # OF PEOPLE WORKING IN TORRANCE: # OF UNITS (apartments/hotels/mobile homes/vehicles):

FEDERAL TAX ID# (EIN): STATE TAX ID# (SEIN): STATE CONTRACTOR LICENSE #: STATE SELLERS PERMIT#:

OWNERSHIP (check applicable box) CORPORATION  LLC  PARTNERSHIP  SOLE OWNERSHIP

NAMES OF OWNER, PARTNERS, OR PRINCIPAL OFFICERS: TITLE: Singhong Zhang owner

I declare that I am the owner, partner, corporate officer or person with the power of attorney, and I understand if any of the information provided above is not true the business license being applied for may be revoked as outlined in section 31.9.10 of the Torrance Municipal Code. I am duly authorized to make this application. All of the information provided in this application is true and correct. The business will not provide any service, good or product which is illegal under Federal, State, or Local Laws. I declare under penalty of perjury that the information is true and correct.

SIGNATURE: [Redacted] DATE: 2/25/25

**PART II. FOR**  
 BASIC FEE: STATE FEE: PER PERSON FEE: PER UNIT FEE:  
 OTHER FEES: PENALTY FEE: TOTAL AMOUNT: Business License Application # BL-APP- Business License # BL-LIC-

NOTES:  
 \* FOR A RESIDENTIAL BUSINESS ADDRESS YOU ARE NOT REQUIRED TO PROVIDE IT. IF YOU DO NOT WANT TO PROVIDE THE RESIDENTIAL ADDRESS PLEASE LEAVE BOX #1 BLANK AND SELECT YES UNDER BOX #3. FOR A RESIDENTIAL ADDRESS IN TORRANCE YOU WILL FIRST REQUIRE A HOME OCCUPATION PERMIT#.  
 \*\* ACCESS THE BUSINESS SIC CODE(S) AT UNITED STATES DEPARTMENT OF LABOR WEBSITE: <https://www.bls.gov/sic/html/40-manual.html>  
 \*\*\* ACCESS INFORMATION FOR AN INDUSTRIAL BUSINESS REQUIRING A WDID# FROM THE CALIFORNIA STATE WATER RESOURCES CONTROL BOARD WEBSITE: [http://www.waterboards.ca.gov/water\\_issues/programs/stormwater/industrial.html](http://www.waterboards.ca.gov/water_issues/programs/stormwater/industrial.html)



NAMES AND ADDRESSES OF PERSONS, FIRMS OR CORPORATIONS BY WHOM APPLICANT HAS BEEN EMPLOYED FOR THE PAST FIVE YEARS:

Achiene Pest Control - 13209 E Garvey Ave  
Baldwin Park CA

1/2020 - 1/2025

NAMES AND ADDRESSES OF THREE RESPONSIBLE PERSONS WHO HAVE KNOWN APPLICANT FOR MORE THAN THREE YEARS:

Shu ju Qin - [REDACTED]

Dong Lee - [REDACTED]

Xiao Yu Zhang - [REDACTED]

LIST ANY AND ALL MISDEMEANOR AND FELONY CONVICTIONS FOR VIOLATIONS OF ANY LAW, EVEN IF THE CONVICTION WAS DISMISSED OR EXPUNGED, PER CALIFORNIA PENAL CODE 1203.4 ET. SEQ. Failure to list all convictions is grounds for DENIAL of the license. (IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH ADDITIONAL SHEETS)

NO

A LETTER AUTHORIZING APPLICANT TO REPRESENT SAID PERSON, FIRM OR CORPORATION IS HEREWITH ATTACHED.

FOR OFFICIAL USE ONLY

APPROVED BY:

CHIEF OF POLICE

DATE

LICENSE #

DISAPPROVED BY:

CHIEF OF POLICE

DATE

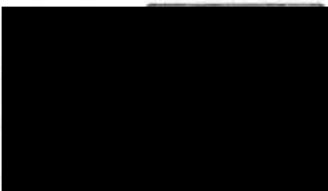
LICENSE #



CALIFORNIA  
MASSAGE THERAPY  
COUNCIL

CERTIFIED  
MASSAGE  
THERAPIST

Jinghong Zhang  
Cert # 52217



Expires 11/08/27





# COMMERCIAL LEASE AGREEMENT

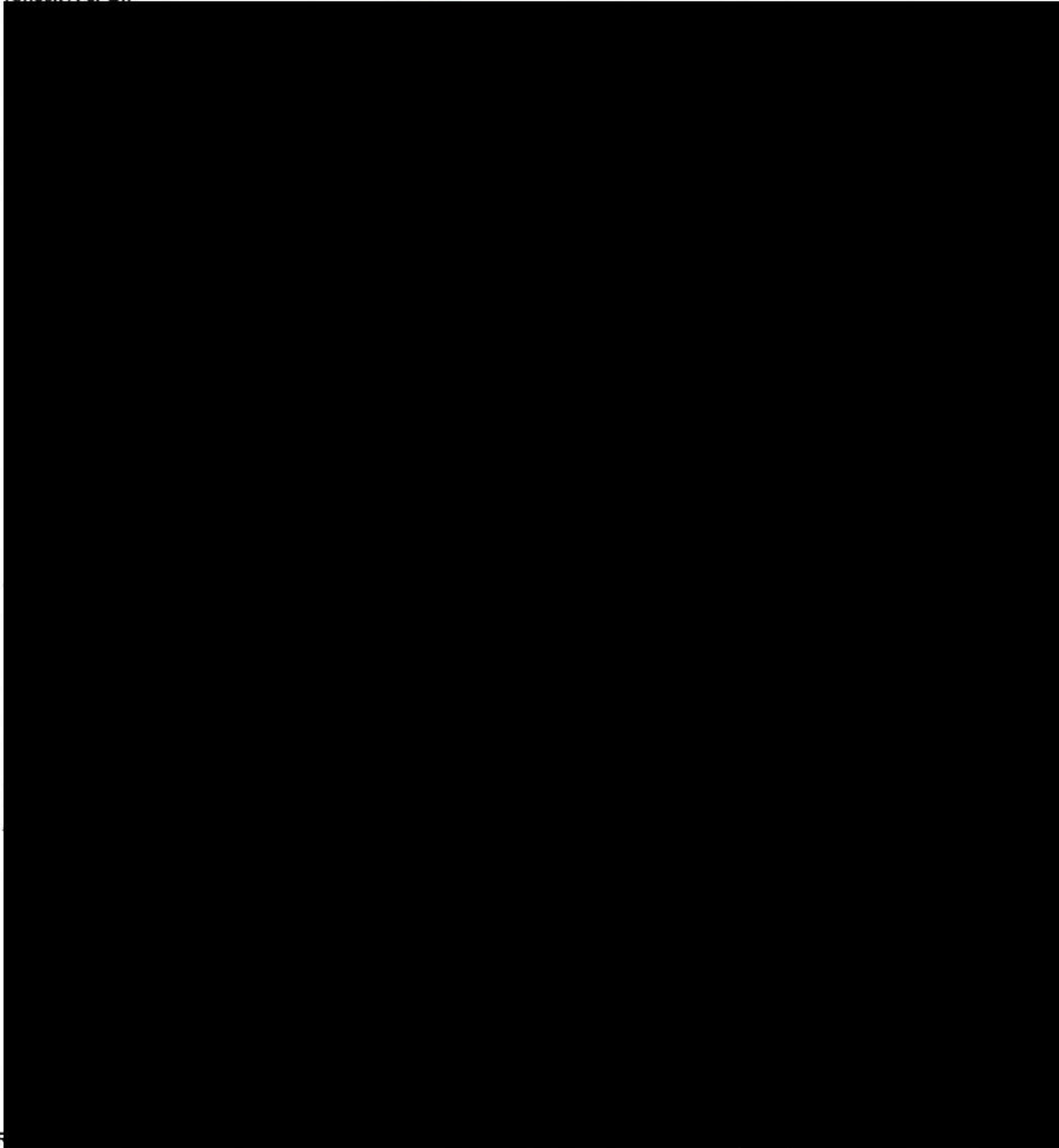
(C.A.R. Form CL, Revised 12/24)

Attachment C

Date (For reference only): February 24, 2025

Bypass Trust, Kawamura Mikiko (Owner, Authorized Broker or Agent, or Property Manager, ("Landlord"))  
and Jinghong Zhang ("Tenant") agree as follows:

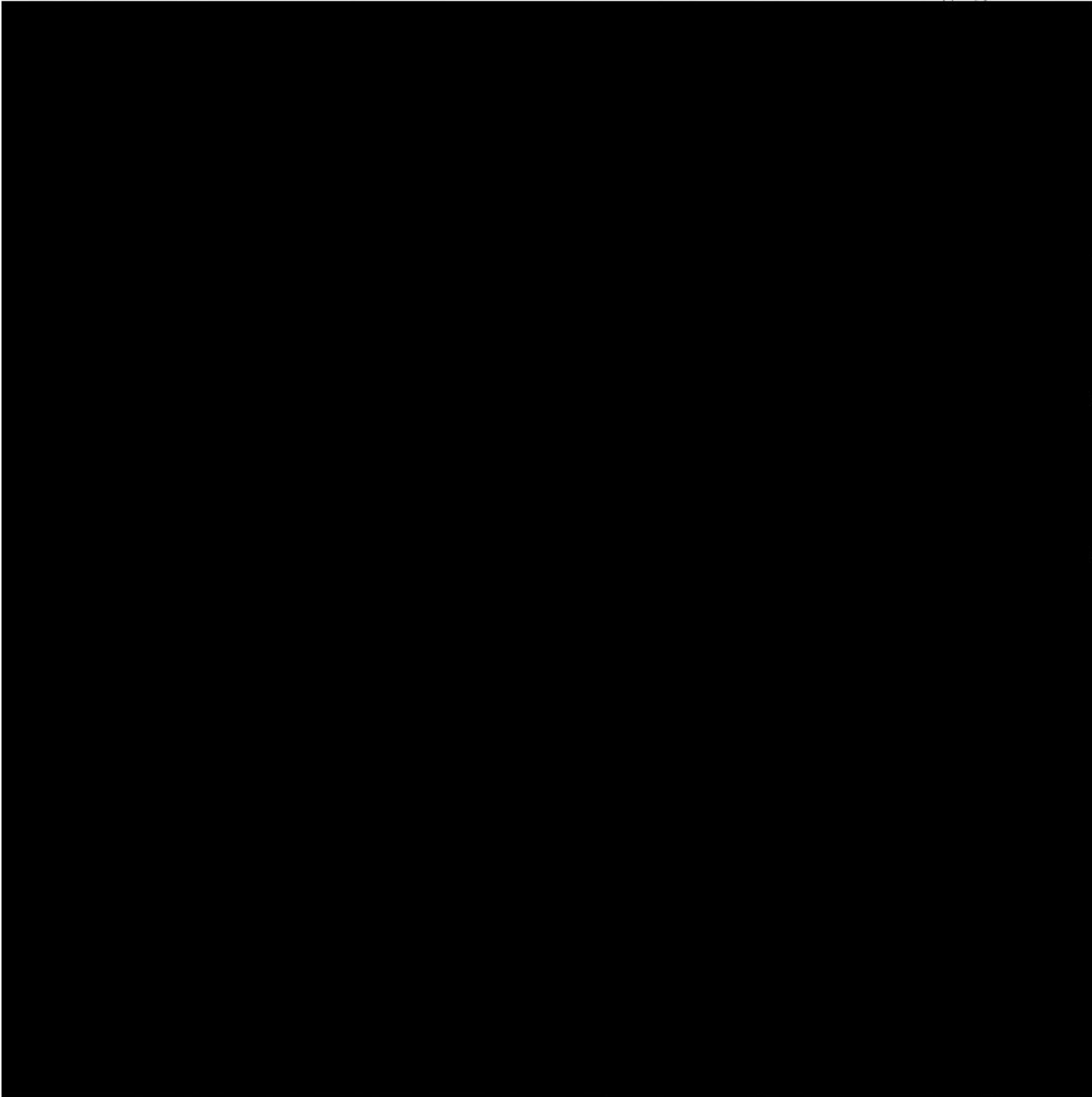
- PROPERTY:** Landlord rents to Tenant and Tenant rents from Landlord, the real property and improvements described as 2130 Redondo Beach Blvd, Unit A, Torrance CA 90504 ("Premises"), which comprise approximately \_\_\_\_\_ of the total square footage of rentable space in the entire property. See exhibit \_\_\_\_\_ for a further description of the Premises.
- TERM:** The term begins on (date) March 1, 2025 ("Commencement Date"),  
(Check A or B):



- 
- 
- 
- 
- 
- 

CL F

### COMMERCIAL LEASE AGREEMENT (CL PAGE 1 OF 7)



**B. TENANT SIGNATURE(S):**

(Signature) \_\_\_\_\_ Date: 2/24/2025

Printed name of Tenant: Jinghong Zhang

Printed Name of Legally Authorized Signer: \_\_\_\_\_ Title, if applicable, \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Text \_\_\_\_\_ E-mail \_\_\_\_\_

(Signature) By, \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Tenant: \_\_\_\_\_

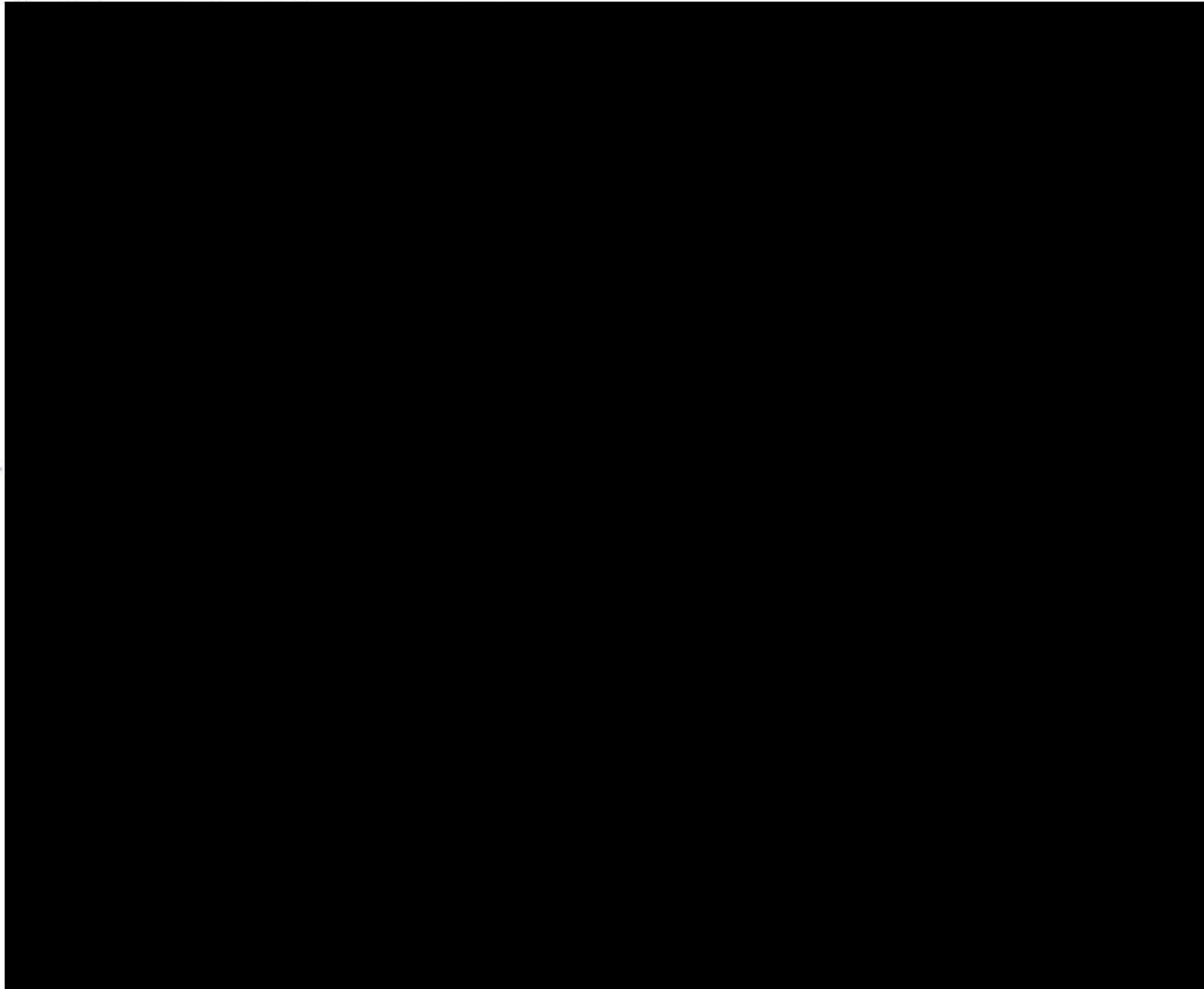
Printed Name of Legally Authorized Signer: \_\_\_\_\_ Title, if applicable, \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Text \_\_\_\_\_ E-mail \_\_\_\_\_

IF MORE THAN TWO SIGNERS, USE Additional Signature Addendum (C.A.R. Form ASA).





Agency relationships are confirmed as above. Real estate brokers who are not also Landlords in this agreement are not a party to the agreement between Landlord and Tenant.

Real Estate Broker (Landlord Brokerage Firm) Great Castle Properties Lic. # \_\_\_\_\_  
By (Agent) \_\_\_\_\_ Lic. # \_\_\_\_\_ Date 2/24/2025

Address \_\_\_\_\_ City Redondo Beach State CA Zip 90278  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Real Estate Broker (Landlord Brokerage Firm) \_\_\_\_\_ Lic. # \_\_\_\_\_  
By (Agent) \_\_\_\_\_ Lic. # \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Landlord's Initials \_\_\_\_\_ / \_\_\_\_\_ Tenant's Initials        / \_\_\_\_\_

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CL REVISED 12/24 (PAGE 7 OF 7)

**COMMERCIAL LEASE AGREEMENT (CL PAGE 7 OF 7)**

Attachment B



Torrance Police Department Intelligence Detail  
License Review Interview Summary

Detective Lucas Ryono [REDACTED]

To:  
**Suzanne Bittner**  
License Supervisor

Date: October 30, 2025

From:  
**Detective Lucas Ryono**  
Intelligence Section

Subject:  
**"K.Q. Massage"**  
2130 Redondo Beach Blvd.; #A, Torrance, CA 90504  
[REDACTED]

License Review Board Hearing – November 20, 2025

Licensees Interviewed:  
**Zhang, Jinghong (Owner) / [REDACTED]**  
**Ji, Xiangyu (Mandarin translator)**

On 30 OCT 25, I interviewed Mr. Jinghong Zhang regarding his application for a business license for "K.Q. Massage," located at 2130 Redondo Beach Blvd.; #A, Torrance, CA. Mr. Zhang was assisted by his Mandarin translator, Xiangyu Ji.

Mr. Zhang will be opening a new business at the location.

Mr. Zhang is a licensed masseuse (License #52217 / Expires 11-6-27). Mr. Zhang will be primarily managing the business and will hire an additional masseuse to handle appointments.

Mr. Zhang has worked in the massage industry for approximately 10 years. Most recently he worked at Diamond Massage (400 Baldwin Ave, Arcadia, CA).

K.Q. Massage will offer massage by appointment and "walk-in" type customers.

Mr. Zhang was advised of the laws regulating his occupation, and he was provided with a "Torrance Municipal Section Highlights" form, which detailed these laws and regulations. I completed a Massage Establishment Licensing Interview Questionnaire with him which he signed indicating that he understood the laws regulating this occupation. Mr. Zhang was advised to strictly adhere to record keeping and hours of

operation, as well as all the other rules and regulations that apply to the massage business.

An inspection of the establishment (specific to the concerns of law enforcement) was met as required by TMC Section 35.14.080 and 35.14.090.



**Detective Lucas Ryono**  
Intelligence Section



**Torrance Police Department**  
**Acupuncture/Massage Establishment Licensing Interview**  
**Questionnaire**

Interpreter Ji, XIANLYU Language MANDARIN



**General Information**

Business Name K. Q. Massage Phone [REDACTED]

Licensee(s) JINGHONG ZHANG [REDACTED]

Who are the sole owners? LICENSEE

Is the business incorporated? no

Are there other officers/owners in the company? no

Business Address 2130 RBD #A

How Long Has This Business Been Operating?

new  
 (2 employees  
 etc massage  
 etc)



**Company History**

**Past Businesses**

Have you been in the acupuncture/massage business before? YES

Location address? 400 Bydwin Ave, Arcadia, CA - DRAGON MASSAGE

How long? 10 YR

Do you own any other businesses? no

Location address? NA

**Record in Other Cities (If Applicable)**

In what other cities is the company licensed?

N/A

Has the company had problems/issues in any of these cities? What problems/issues? How were the problems/issues resolved?

N/A

Have you ever had your business license revoked or suspended? For what reason(s)?

NO

Have you responded to all open complaints (Better Business Bureau or Department of Consumer Affairs) in any other business you have owned? How were the complaints resolved?

N/A



**Business Inspection**

**The Following Conditions (Specific to the Concerns of Law Enforcement) Have Been Met As Required By TMC Section 35.14.080 and 35.14.090:**

CR Jh

Minimum lighting shall be provided in accordance with the Uniform Building Code, and either natural light per CA Building Code (CBC) 1205.2 or artificial light per CBC 1205.3.

CR Jh

A massage table will be used for all massage therapy with the exception of "Thai," "Shiatsu," and similar forms of therapy. Those may be provided on a padded mat on the floor provided the patron is fully attired in loose clothing or similar garment. Massage tables are required to be a minimum of 18 inches from the floor. **Beds, floor mattresses and waterbeds are not permitted on the premises of the business or establishment (35.14.080 (d)).**

CR zh

All exit doors will be kept unlocked during business hours.

CR

— Closed cabinets shall be utilized for the storage of clean linen. All massage tables will be covered with a clean sheet or other clean covering for each patron. After use, each covering will be deposited in a closed receptacle and not used until properly sanitized in the immersion of water at least 140 degrees Fahrenheit for not less than 15 minutes. An adequate supply of clean linens will be maintained.

CR

zh The massage business must display the State Certificate (California Massage Therapy Council) of each massage therapist in a location so that it can be readily seen by persons entering the business.

CR

zh All massage rooms, toilet rooms, pools, showers, bathtubs, steam rooms saunas, Jacuzzis and all other physical facilities will be thoroughly cleaned and disinfected as needed and at least once each business day the premises is open and in use.

CR

zh The patron's genitals, pubic area, anus, and female patron's breasts below a point immediately above the top of the areola must be fully draped at all times while any employee of the business or establishment is in the massage therapy room with the patron. No massage therapy will be provided to a patron that results in intentional contact, or occasional and repetitive contact, with the genitals, anus, or areola of a patron.

CR

zh **An owner of a massage business shall be responsible for the conduct of all employees or independent contractors working on the premises of the business (Torrance Municipal Code (TMC) 35.14.120(a)).**

CR

zh **Each operator of a massage or acupressure establishment shall maintain a record of the date, time, name of customer, address of the customer, date of birth of the customer, type of service provided, and the licensed person supplying such service. The name, address and date of birth must be verified using legal identification prior to any service. Such records shall be open to inspection by health officials or police officers at all times, on the premises of the massage or acupressure establishment. Such records shall be kept for a minimum of not less than one year. The information contained in such records shall be used only for the purpose of enforcing this Article, as well as other applicable laws, and shall otherwise be confidential. It shall be unlawful for any person to disclose such information for any unauthorized purpose.**

CR

zh **35.14.050 T.M.C. Hours of Operation.**

No massage business or establishment will provide massage therapy to the public for compensation between the hours of 9:00 P.M. and 8:00 A.M. of the following day. The massage business or establishment must close and all patrons must leave the massage business or establishment by 9:00 P.M.



## Local Codes and State Laws

### Acupuncture Standards of Practice (State Requirements)

**An acupuncturist is allowed to engage in the practice of acupuncture, electro acupuncture, perform or prescribe the use of oriental massage, acupressure, moxibustion, cupping, breathing techniques, exercise, heat, cold, magnets, nutrition, diet, herbs, plant, animal, and mineral products, and dietary supplements to promote, maintain, and restore health pursuant to Business & Professions Code Section 4937.**

#### 1399.450. Condition of Office.

1. (a) Every acupuncture office shall be maintained in a clean and sanitary condition at all times, and shall have a readily accessible bathroom facility in accordance with Title 24, Part 2, Building Standards Code Sections 494A.1 and 1994 Uniform Building Code Section 2902.3.

#### 1399.451. Treatment Procedures.

In treating a patient, an acupuncturist shall adhere to the following procedures:

1. (a) The acupuncturist's hands shall be brush-scrubbed with soap and warm water immediately before examining patients or handling acupuncture needles and other instruments, and between patients.
2. (b) All instruments shall be sterilized before and between uses in a manner which will destroy all microorganisms. All needle trays which contain sterile needles shall also be sterile. Each time instruments are sterilized, the acupuncturist shall use a tape or strip indicator which shows that sterilization is complete.
3. (c) Acupuncture points, where needles are to be inserted, shall be cleaned with an appropriate antiseptic before insertion of the needle.
4. (d) In the event an acupuncture needle inserted in a patient breaks subcutaneously, the treating acupuncturist shall immediately consult a physician. An acupuncturist shall not sever or penetrate the tissues in order to excise such a needle.
5. (e) Any complication, including but not limited to, hematoma, peritonitis or pneumothorax arising out of acupuncture treatment shall be referred immediately to a physician or dentist or podiatrist, if appropriate, if immediate medical treatment is required..
6. (f) Acupuncture shall not be performed using hypodermic needles.
7. (g) All instruments to be discarded shall be disposed of safely.
8. (h) Needles shall be disposed of by placing them in a sealed, unbreakable container marked "Hazardous Waste" and disposed of in accordance with state and local law.

**1399.453. Record keeping.**

An acupuncturist shall keep complete and accurate records on each patient who is given acupuncture treatment, including but not limited to, treatments given and progress made as a result of the acupuncture treatments.

**1399.454. Single Use Needles.**

An acupuncturist shall use needles labeled for single use only that meet the requirements of federal regulations 21 CFR Part 880.5580 (61 FR 64617, December 6, 1996). It shall constitute unprofessional conduct for an acupuncturist to use a needle more than once.

**1399.455. Advertising.**

1. (a) A licensed acupuncturist may advertise the provision of any acupuncture services authorized to be provided by such licensure in a manner authorized by Section 651 of the code so long as such advertising does not promote the excessive or unnecessary use of such services.
2. (b) It is improper advertising as provided in Section 4955 of the code to disseminate any advertising which represents in any manner that the acupuncturist can cure any type of disease, condition or symptom.
3. (c) It is improper advertising as provided in Section 4955 of the code to disseminate any advertising of a practice, technique or procedure which is not within the scope of the practice of acupuncture as defined in Section 4927 and 4937 of the code and which is the unlawful practice of medicine.

**1399.456. Use of the Title "Doctor."**

It is unprofessional conduct for an acupuncturist to use the title "Doctor" or the abbreviation "Dr." in connection with the practice of acupuncture unless he or she possesses a license or certificate which authorizes such use or possesses an earned doctorate degree from an accredited, approved or authorized educational institution as set forth under Article 4 (commencing with section 94760) of Chapter 7 of Part 59 which is in acupuncture, Oriental medicine, a biological science, or is otherwise related to the authorized practice of an acupuncturist as set forth in Sections 4927 and 4937 of the Code.

The use of the title "Doctor" or the abbreviation "Dr." by an acupuncturist as authorized above without further indicating the type of license, certificate or degree which authorizes such use, constitutes unprofessional conduct.

**Is the Licensee(s) aware of applicable local codes and state laws?**

ca zh

Has Licensee(s) received a copy of the "Massage Therapy Regulations?"

ca zh

Does the Licensee(s) know how to contact the police department?

ca zh



## Information Confirmation

I (We), as a licensee(s), fully understand all of the above information and will abide by all the rules and regulations that govern acupuncture/massage businesses. I confirm that all of the above listed information is correct.

\_\_\_\_\_  
[Redacted]  
\_\_\_\_\_  
Licensee(s)

\_\_\_\_\_  
10/30/25  
\_\_\_\_\_  
Date

\_\_\_\_\_  
[Redacted]  
\_\_\_\_\_  
[Redacted]

\_\_\_\_\_  
10-30-25  
\_\_\_\_\_  
Date

Honorable Members of the License Review Board  
City Hall – West Annex Commission Room  
Torrance, California

Members of the License Review Board:

SUBJECT: Finance Department, Business License Division –  
Approve a business for New Light 67 Inc, dba Pearl  
Massage

RECOMMENDATION

Recommendation of the Finance Department, business license division, to  
approve the business license for New Light 67 Inc, dba Pearl Massage

BACKGROUND/ANALYSIS

Xiu Ling Ji, owner of New Light 67 Inc, dba Pearl Massage, has made an  
application for approval of a business license to allow the operation of a massage  
establishment. The business is located at 2135 W 182<sup>nd</sup> Street in Torrance.

Per Section 31.7.3 subsection 18) of the Torrance Municipal Code, applications  
for a massage establishment must be sent to the License Review Board for  
approval before issuance of the license.

Respectfully submitted,

By:   
\_\_\_\_\_  
Suzanne Bittner  
License Supervisor

Attachment A: Business License Application  
Attachment B: Form 100E and California Massage Therapy certificate  
Attachment C: Assignment of Lease  
Attachment D: Torrance Police Department Reports

Please call the Business License Office at 310 618 5923 for fee amounts. Payment must be submitted with your application.



City of Torrance, Revenue Division  
Business License Application  
3031 Torrance Blvd, Torrance, CA 90503  
(P) 310-618-5923 (F) 310-618-5852  
revenue@torranceca.gov

SELECT APPLICABLE BOX:

NEW APPLICATION	<input type="checkbox"/>	CHANGE OF OWNERSHIP (greater than 50%)	<input checked="" type="checkbox"/>
CHANGE OF BUSINESS LOCATION	<input type="checkbox"/>	CHANGE OF NAME (Only)	<input type="checkbox"/>

PART I. APPLICANT TO ANSWER ALL QUESTIONS IN THIS SECTION (print or type)

BUSINESS NAME OR DBA <i>Pearl Massage</i>	CORPORATE NAME (LEGAL ENTITY NAME IF DIFFERENT FROM BUSINESS NAME OR DBA) <i>New Light 67 INC</i>
--	--

1. BUSINESS LOCATION (*physical business address - see note below) <i>2135 W 182nd St</i>	Suite#	City <i>Torrance</i>	State <i>CA</i>	ZIP <i>90504</i>
--	--------	-------------------------	--------------------	---------------------

2. MAILING ADDRESS OR PO/PMB BOX (required) <i>same AS above</i>	Suite#	City	State	ZIP
---	--------	------	-------	-----

3. IS THE BUSINESS LOCATED AT A RESIDENTIAL ADDRESS (*select one)? YES <input type="radio"/> NO <input checked="" type="radio"/>	HOME OCCUPATION PERMIT#:	EMAIL ADDRESS: [REDACTED]
---	--------------------------	------------------------------

NATURE OF BUSINESS (description of business activity in detail):  
*Massage Estia highment* *QA.*

FOR A BUSINESS LOCATED IN TORRANCE PROVIDE THE PRIMARY STANDARD INDUSTRY (SIC) CODE(S) (**see note below): <i>729 7299</i>	STATE WASTE DISCHARGER IDENTIFICATION NUMBER (WDID#) (**if applicable - see note below):
--	--

TECHNOLOGY BUSINESS (select one): Definition: A business entity utilizing scientific equipment and engineering techniques, microelectronics, data processing, genetic engineering, or telecommunications.	YES <input type="radio"/>	NO <input checked="" type="radio"/>
--	---------------------------	-------------------------------------

RETAIL BUSINESS - WILL YOU BE SELLING CBD PRODUCTS? (select one): Definition: CBD is the cannabidiol compound derived from industrial hemp, cannabis or otherwise.	YES <input type="radio"/>	NO <input checked="" type="radio"/>
---	---------------------------	-------------------------------------

CONTACT NAME: <i>Xiu Ling Ji</i>	CONTACT TITLE: <i>President</i>	CONTACT PHONE #: [REDACTED]	BUSINESS PHONE#:	CELL PHONE#:
-------------------------------------	------------------------------------	--------------------------------	------------------	--------------

DRIVERS LICENSE OR OTHER GOVERNMENT ISSUED ID#: [REDACTED]	SOCIAL SECURITY# (optional): [REDACTED]	COMMERCIAL OFFICE SQFT:	# OF PEOPLE WORKING IN TORRANCE:	# OF UNITS (apartments/hotels/mobile homes/vehicles):
---	--	-------------------------	----------------------------------	---

FEDERAL TAX ID# (FEIN): [REDACTED]	STATE TAX ID# (SEIN):	STATE CONTRACTORS LICENSE #:	STATE SELLERS PERMIT#:
---------------------------------------	-----------------------	------------------------------	------------------------

OWNERSHIP INFORMATION (check applicable box):  
 CORPORATION  **CORPORATION**  LLC  PARTNERSHIP  SOLE OWNERSHIP

NAMES OF OWNER, PARTNERS, OR PRINCIPAL OFFICERS: <i>Xiu Ling Ji</i>	TITLE: <i>President</i>	NAMES OF OWNER, PARTNERS OR PRINCIPAL OFFICERS:	TITLE:
--	----------------------------	---	--------

I declare that I am the owner, partner, corporate officer or person with the power of attorney, and I understand if any of the information provided above is not true the business license being applied for may be revoked as outlined in section 31.9.10 of the Torrance Municipal Code.  
 I am duly authorized to make this application. All of the information provided in this application is true and correct. The business will not provide any service, good or product which is illegal under Federal, State, or Local Laws. I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE: [REDACTED]	DATE: <i>10-13-2025</i>
--------------------------	----------------------------

PART II. FOR OFFICIAL USE ONLY

BASIC FEE	PROCESSING FEE	STATE FEE	PER PERSON FEE	PER UNIT FEE
OTHER FEES	PENALTY FEE	TOTAL AMOUNT:	Business License Application # BL-APP-	Business License # BL-LIC-

NOTES:  
 \* FOR A RESIDENTIAL BUSINESS ADDRESS YOU ARE NOT REQUIRED TO PROVIDE IT. IF YOU DO NOT WANT TO PROVIDE THE RESIDENTIAL ADDRESS PLEASE LEAVE BOX #1 BLANK AND SELECT YES UNDER BOX #3. FOR A RESIDENTIAL ADDRESS IN TORRANCE YOU WILL FIRST REQUIRE A HOME OCCUPATION PERMIT#.  
 \*\* ACCESS THE BUSINESS SIC CODE(S) AT UNITED STATES DEPARTMENT OF LABOR WEBSITE: <http://www.dhs.gov/sic>  
 \*\*\* ACCESS INFORMATION FOR AN INDUSTRIAL BUSINESS REQUIRING A WDID# FROM THE CALIFORNIA STATE WATER RESOURCES CONTROL BOARD WEBSITE: [http://www.waterboards.ca.gov/water\\_issues/programs/industrial\\_and\\_municipal/](http://www.waterboards.ca.gov/water_issues/programs/industrial_and_municipal/)

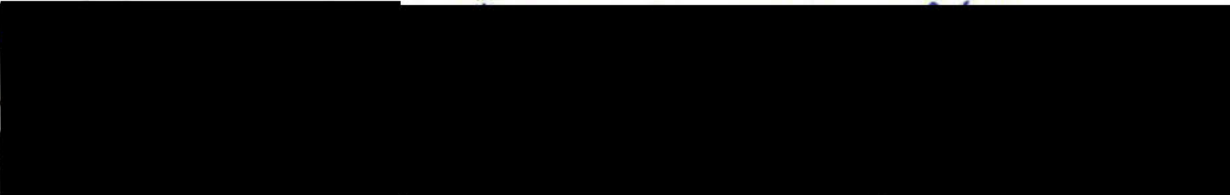


NAMES AND ADDRESSES OF PERSONS, FIRMS OR CORPORATIONS BY WHOM APPLICANT HAS BEEN EMPLOYED FOR THE PAST FIVE YEARS:

1. Miss U Massage SPA 140 Hidden Valley Pkwy #H Norco, CA 92860 4/2025 to Now
2. Comfort Car Reflexology 2420 River Road Suite 220 Norco CA 92860 7/2023 to 3/2025
3. Aroma Massage Spa 3979 Lake Tahoe Blvd #2, South Lake Tahoe CA 96150 5/2022 to 6/2023
4. Diamond Body and Food Massage 19007 Ventura Blvd Tarzana CA 91355 2020 to 4/2022

NAMES AND ADDRESSES OF THREE RESPONSIBLE PERSONS WHO HAVE KNOWN APPLICANT FOR MORE THAN THREE YEARS:

Afang Ma  
Hui Li  
Mei Wang



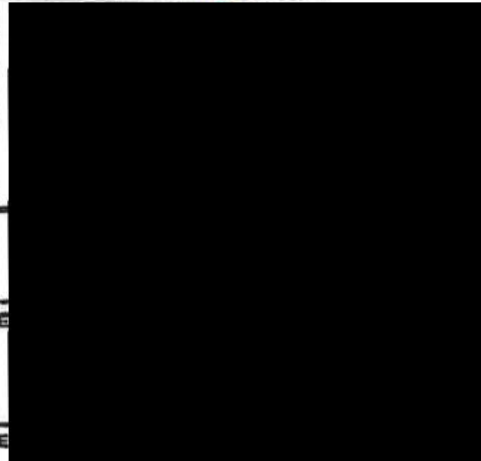
LIST ANY AND ALL MISDEMEANOR AND FELONY CONVICTIONS FOR VIOLATIONS OF ANY LAW, EVEN IF THE CONVICTION WAS DISMISSED OR EXPUNGED, PER CALIFORNIA PENAL CODE 1203.4 ET. SEQ. Failure to list all convictions is grounds for DENIAL of the license. (IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH ADDITIONAL SHEETS)

No.

A LETTER AUTHORIZING APPLICANT TO REPRESENT SAID PERSON, FIRM OR CORPORATION IS HEREWITH ATTACHED.



DESCRIPTION OF APPLICANT:



FOR OFFICIAL USE ONLY

APPROVED BY:

CHIEF OF POLICE

DATE

LICENSE REVIEW

DISAPPROVED BY:

CHIEF OF POLICE

DATE

LICENSE REVIEW

# CALIFORNIA MASSAGE THERAPY COUNCIL

*By authority of the State of California Code Title 17 Section 16000,  
the California Massage Therapy Council hereby awards to*

**Xiuling Ji**

*the designation of*

## CERTIFIED MASSAGE THERAPIST

*Let it be known by all that, having met the standards set forth by the California Massage Therapy Council and having demonstrated knowledge of applicable disciplines related to the practice of massage therapy, **Xiuling Ji** is recognized as a **CMT** in good standing including all the rights and privileges pertaining thereto, as witnessed by the signature below.*

*Given at Sacramento, California, Friday, December 13, 2024.*



*Mark Dixon, Chairman of the Board  
California Massage Therapy Council  
CMTA 2000 Capitol Mall, Suite 200 Sacramento, CA 95833*

**CERTIFICATE # 78594  
EXPIRES: 3/8/2027**

*This certificate, and a full copy of the certificate may be verified online  
by visiting the sign-up and certificate number at [www.camtac.org](http://www.camtac.org)*

Attachment C

## ASSIGNMENT OF LEASE

### I. THE LEASE

Reference is made to that certain Lease dated September 25, 2024, regarding property commonly known as 2135 W. 182nd Street, Torrance, CA 90504 in the Nijiya Shopping Center at 182<sup>nd</sup> and Van Ness in the City of Torrance (the "Lease"). The Premises consists of an interior floor area of approximately six hundred seventy-two (672) square feet currently operated as an Asian Massage Service. The Landlord is P.V. Family Limited Partnership, VanNess37K 2012 Limited Partnership and 182nd 37K 2012 Limited Partnership, and the Tenant is HonJuan Wang, an Individual, and Yingxia Xu, an Individual.

### II. THE ASSIGNMENT

Tenant HonJuan Wang, an Individual, and Yingxia Xu, an Individual, (collectively "Assignor") hereby bargain, sell, transfer, and assign to Xiu Ling Ji, an individual, (the "Assignee") all right, title, and interest in and to the Lease and the premises.

### III. THE ACCEPTANCE

The Assignee accepts the assignment and hereby acknowledges and agrees that she has received and read the underlying Lease (a copy of which is attached hereto as Exhibit 'A') and agrees to perform faithfully and be bound by all of the terms, covenants, conditions, provisions and agreements of the Lease.


Tenant also acknowledges and agrees that the Lease Termination Date is September 30, 2027, and that there are no options to extend the Lease. Tenant further acknowledges and agrees that the use of the premises is limited to operation of an Asian Massage Services.


### IV. THE APPROVAL

Landlord approves the Assignment and grants its consent to the Assignment, however, in spite of such approval and consent, nothing contained herein shall be deemed to be a release of the original tenants, HonJuan Wang and Yingxia Xu, from continuing liability for performance of all Lease terms and Assignor and Assignee shall be jointly and severably liable for all obligations of the Tenant.

Dated: October 22, 2025

**Assignor:**

By:   
HonJuan wang, an individual

By:   
Yingxia Xu, an Individual

**Assignee:**

By: [REDACTED]  
Xiu Ling Ji, an individual

**Landlord:** [REDACTED]  
By: [REDACTED]  
P.V. Fam Partnership

By: [REDACTED]  
Vanness 7K 2012 Limited Partnership

By: [REDACTED]  
182<sup>nd</sup> 37K 2012 Limited Partnership

# ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

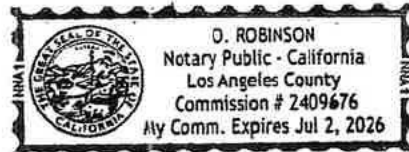
State of California  
County of Los Angeles

On 10/22/2025 before me, O. Robinson, notary public,  
(insert name and title of the officer)

personally appeared Xiuling Ji  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS BY [REDACTED]  
Signature [REDACTED]



Document Title Assignment of Lease

# ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

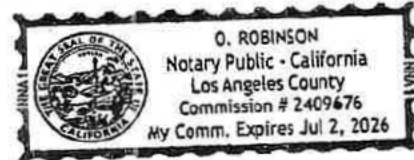
On 10/22/2025 before me, O. Robinson, notary public,  
(insert name and title of the officer)

personally appeared Hong Juan Wang and Virginia Xu  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS

Signature



Document Title Assignment of Lease

Attachment 10



Torrance Police Department Intelligence Detail  
**License Review Interview Summary**  
Detective Lucas Ryono [REDACTED]

To:  
**Suzanne Bittner**  
License Supervisor

Date: October 30, 2025

From:  
**Detective Lucas Ryono**  
Intelligence Section

Subject:  
**"Pearl Massage" aka New Light 67 Inc.**  
2135 W. 182<sup>nd</sup> St, Torrance, CA 90504  
[REDACTED]

License Review Board Hearing – November 20, 2025

Licensees Interviewed:  
**Ji, Xiuling (Owner)** [REDACTED]  
**Wang, Hongjuan (Mandarin translator)** [REDACTED]

On 30 OCT 25, I interviewed Ms. Xiuling Ji regarding her application for a business license for "Pearl Massage," located at 2135 W. 182<sup>nd</sup> St., Torrance, CA. Ms. Ji was assisted by her Mandarin translator, Hongjuan Wang.

Ms. Ji will be taking over ownership of a pre-existing business at the location that has been operating for approximately 1 year. There are no prior calls for service at the location.

Ms. Ji is a licensed masseuse (License #76594 / Expires 03-08-27). Ms. Ji will be managing the business and providing massage. She also plans to hire another masseuse if business grows.

Ms. Ji has worked in the massage industry for approximately 7 years. Most recently she worked at Miss U Massage (140 Hidden Valley, Norco, CA).

Pearl Massage will offer massage by appointment and "walk-in" type customers.

Ms. Ji was advised of the laws regulating her occupation, and she was provided with a "Torrance Municipal Section Highlights" form, which detailed these laws and regulations. I completed a Massage Establishment Licensing Interview Questionnaire

with her which she signed indicating that she understood the laws regulating this occupation. Ms. Ji was advised to strictly adhere to record keeping and hours of operation, as well as all the other rules and regulations that apply to the massage business.

An inspection of the establishment (specific to the concerns of law enforcement) was met as required by TMC Section 35.14.080 and 35.14.090.



**Detective Lucas Ryono**  
Intelligence Section



**Torrance Police Department**  
**Acupuncture/Massage Establishment Licensing Interview**  
**Questionnaire**

WANG, [REDACTED]  
 Interpreter LANGJUAN Language MANDARIN



**General Information**

**Business Name** PEARL MASSAGE **Phone** [REDACTED]

**Licensee(s)** JJ, XIULING COL Y4142185

Who are the sole owners? LICENSEE

Is the business incorporated? YES

Are there other officers/owners in the company? NEW LIGHT 67 IAL

**Business Address** 2135 W 182ND ST

**How Long Has This Business Been Operating?** ~ 1 YR



**Company History**

*Change of ownership  
 1 current / 2 still [unclear] expected*

**Past Businesses**

Have you been in the acupuncture/massage business before? YES

Location address? MISS O MASSAGE / 140 HIDDEN VALLEY - MORCO

How long? 7 YRS

Do you own any other businesses? N/A

Location address? \_\_\_\_\_

**Record in Other Cities (If Applicable)**

In what other cities is the company licensed?

*N/A*

Has the company had problems/issues in any of these cities? What problems/issues? How were the problems/issues resolved?

*no*

Have you ever had your business license revoked or suspended? For what reason(s)?

*no*

Have you responded to all open complaints (Better Business Bureau or Department of Consumer Affairs) in any other business you have owned? How were the complaints resolved?

*N/A*



**Business Inspection**

**The Following Conditions (Specific to the Concerns of Law Enforcement) Have Been Met As Required By TMC Section 35.14.080 and 35.14.090:**

*LR*  Minimum lighting shall be provided in accordance with the Uniform Building Code, and either natural light per CA Building Code (CBC) 1205.2 or artificial light per CBC 1205.3.  
*XL*

*LR*  A massage table will be used for all massage therapy with the exception of "Thai," "Shiatsu," and similar forms of therapy. Those may be provided on a padded mat on the floor provided the patron is fully attired in loose clothing or similar garment. Massage tables are required to be a minimum of 18 inches from the floor. **Beds, floor mattresses and waterbeds are not permitted on the premises of the business or establishment (35.14.080 (d)).**  
*XL*

*LR*  All exit doors will be kept unlocked during business hours.  
*XL*

LR — Closed cabinets shall be utilized for the storage of clean linen. All massage tables will be covered with a clean sheet or other clean covering for each patron. After use, each covering will be deposited in a closed receptacle and not used until properly sanitized in the immersion of water at least 140 degrees Fahrenheit for not less than 15 minutes. An adequate supply of clean linens will be maintained.

XL  
LR — The massage business must display the State Certificate (California Massage Therapy Council) of each massage therapist in a location so that it can be readily seen by persons entering the business.

XL  
LR — All massage rooms, toilet rooms, pools, showers, bathtubs, steam rooms saunas, Jacuzzis and all other physical facilities will be thoroughly cleaned and disinfected as needed and at least once each business day the premises is open and in use.

LR — The patron's genitals, pubic area, anus, and female patron's breasts below a point immediately above the top of the areola must be fully draped at all times while any employee of the business or establishment is in the massage therapy room with the patron. No massage therapy will be provided to a patron that results in intentional contact, or occasional and repetitive contact, with the genitals, anus, or areola of a patron.

XL  
LR — **An owner of a massage business shall be responsible for the conduct of all employees or independent contractors working on the premises of the business (Torrance Municipal Code (TMC) 35.14.120(a)).**

XL  
LR — **Each operator of a massage or acupressure establishment shall maintain a record of the date, time, name of customer, address of the customer, date of birth of the customer, type of service provided, and the licensed person supplying such service. The name, address and date of birth must be verified using legal identification prior to any service. Such records shall be open to inspection by health officials or police officers at all times, on the premises of the massage or acupressure establishment. Such records shall be kept for a minimum of not less than one year.** The information contained in such records shall be used only for the purpose of enforcing this Article, as well as other applicable laws, and shall otherwise be confidential. It shall be unlawful for any person to disclose such information for any unauthorized purpose.

LR — **35.14.050 T.M.C. Hours of Operation.**

XL  
No massage business or establishment will provide massage therapy to the public for compensation between the hours of 9:00 P.M. and 8:00 A.M. of the following day. The massage business or establishment must close and all patrons must leave the massage business or establishment by 9:00 P.M.



## Local Codes and State Laws

### Acupuncture Standards of Practice (State Requirements)

**An acupuncturist is allowed to engage in the practice of acupuncture, electro acupuncture, perform or prescribe the use of oriental massage, acupressure, moxibustion, cupping, breathing techniques, exercise, heat, cold, magnets, nutrition, diet, herbs, plant, animal, and mineral products, and dietary supplements to promote, maintain, and restore health pursuant to Business & Professions Code Section 4937.**

#### 1399.450. Condition of Office.

1. (a) Every acupuncture office shall be maintained in a clean and sanitary condition at all times, and shall have a readily accessible bathroom facility in accordance with Title 24, Part 2, Building Standards Code Sections 494A.1 and 1994 Uniform Building Code Section 2902.3.

#### 1399.451. Treatment Procedures.

In treating a patient, an acupuncturist shall adhere to the following procedures:

1. (a) The acupuncturist's hands shall be brush-scrubbed with soap and warm water immediately before examining patients or handling acupuncture needles and other instruments, and between patients.
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6. (f) Acupuncture shall not be performed using hypodermic needles.
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8. (h) Needles shall be disposed of by placing them in a sealed, unbreakable container marked "Hazardous Waste" and disposed of in accordance with state and local law.

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**Is the Licensee(s) aware of applicable local codes and state laws?**

CR XL

Has Licensee(s) received a copy of the "Massage Therapy Regulations?"

CR XL

Does the Licensee(s) know how to contact the police department?

CR XL



## Information Confirmation

I (We), as a licensee(s), fully understand all of the above information and will abide by all the rules and regulations that govern acupuncture/massage businesses. I confirm that all of the above listed information is correct.

\_\_\_\_\_  
[Redacted] Licensee(s)

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10/30/2025  
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