

verified livenesscan - Fang



# City of Menifee BUSINESS LICENSE APPLICATION

Apply online at [businesslicenses.cityofmenifee.us](http://businesslicenses.cityofmenifee.us)

29844 Haun Road  
Menifee, CA 92586  
P: 951-672-6777  
eagular@cityofmenifee.us

### Business Entity Information - (All fields required)

1	Business Name (DBA):	Happy Seven FS		
2	Corporate Business Name:	YiHai Ace Inc		
3	Business Address:	27701 Scott rd ste 204, menifee, CA 92584		
4	Business Mailing Address:	[REDACTED]		
	<input checked="" type="checkbox"/> Same as physical address			
	Service of Process Address:			
5	Residential Address to Protect:	<input checked="" type="checkbox"/> Business Location	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Owner/Officer Address
	<small>Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code</small>			
6	Business Phone:	Alternate Phone:	<input type="checkbox"/> Fax <input checked="" type="checkbox"/> Cell <input type="checkbox"/> Other	
	858-308-5755	[REDACTED]		
7	Business Type:			CA Entity/File #:
	<input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Liability Corp. <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust			
8	Location Type:	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Home Based/Occupation <input type="checkbox"/> Industrial <input type="checkbox"/> Other		
9	Email:	Website:		
	[REDACTED]			
10	SIC Code (REQUIRED):	Resale No. (if applicable)	<input checked="" type="checkbox"/> Federal Employer ID No.:	
	72990201		[REDACTED]	
11	State License No. (if applicable)	License Type:	Exp. Date:	
	Cert # 60272	massage	09/17/2022	
12	Detailed description of business: (including any future operations) Provides customers personal health services such as			
13	Is this business a non-profit or exempt entity (See City of Menifee code 5.01.060)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No baby massage			
	If yes, please complete City of Menifee's "Claim of Exemption Form"			

### Owners, Partners or Corporate Officers Information - (All fields required. If corporation use corporate name)

14	First Name:	Fang Kai	Last Name:	Jiang
	Residential Address:	[REDACTED]		
	Title:	<input checked="" type="checkbox"/> Sole Proprietor/Owner <input type="checkbox"/> Partner <input type="checkbox"/> President <input type="checkbox"/> Managing Member <input type="checkbox"/> Other		
	Email:	Date of Birth:	DL#:	Phone Number:
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

### Emergency Contact Information

15	Name:	Qin Kang	Phone Number:	[REDACTED]
	Address:	[REDACTED]		

### Authorized Representative Contact Information

16	<input type="checkbox"/> Same as Owner	First Name:	Qin	Last Name:	Kang
		Email:	[REDACTED]	Phone Number:	[REDACTED]

**Business Operations Information**

17

- Does your business sell to the general public? FSA  Yes  No
  - If yes, does your business provide/sell food products?  Yes  No
- Does your business have an active food recovery/donation agreement?  Yes  No
  - If yes, please complete [SB 1383 Supplemental Form](#)
- At any time will your business ever sell alcoholic beverages?  Yes  No
  - If yes, ABC License Number \_\_\_\_\_
- At any time will your business make marijuana available for purchase?  Yes  No
- At any time will your business offer massages?  Yes  No
- At any time will your business provide a professional service?  Yes  No  
*(Medicine, Dentistry, Accounting, Practice of Law, etc.)*
- At any time will your business be an Adult Entertainment Business?  Yes  No
- Will you use, store or transport chemicals?  Yes  No
- Will you manage or produce biohazardous materials or waste?  Yes  No
- Do you rent/lease your business property?
  - If yes, provide the property owner and/or property Management Company's contact information.  Yes  No
- Do you share this space with one or more other businesses?  Yes  No
- Are you an honorably discharged veteran, Senior or do you receive SSDI/SSI? No Non-Professional: \_\_\_\_\_
- How many employees does your business have working in Menifee? Professional: 2

**Acknowledgement**

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

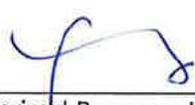
**The Division of the State Architect:** [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx) | **The Department of Rehabilitation:** [www.dor.ca.gov](http://www.dor.ca.gov) | **The California Commission on Disability Access:** [www.cdda.ca.gov](http://www.cdda.ca.gov)

Acceptance of Payment does not constitute approval of business license. Authorization to conduct business is not granted until issuance of license.

18 Payment of this fee does not constitute zoning, building or fire code approval. Check with the Planning Department in order to determine if your business can be legally established at your location.

I declare, under penalty of perjury, that I am authorized to complete this application and, that to the best of my knowledge, the provided information and statements are true and correct.

For Official Use Only	
<b>Payment Date:</b> _____ <input type="checkbox"/> Credit Card _____ <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash <small>(Return application to above address and take checks payable to "City of Menifee")</small>	<b>Base Fee</b> 100-3250 \$ 32.50
	<b>State CASp Fee</b> 100-2296 \$ 4.00
	<b>Zoning Fee</b> 100-3251 \$ 40.00
	<b>NPDES FEE</b> 100-3263 \$
	<b>Penalty</b> 100-3851 \$
	<b>Total Amount Due</b> \$ 76.50

  
 Signature of Owner or Authorized Representative

7/26/2022  
 Date



**PETER ALDANA  
COUNTY OF RIVERSIDE  
ASSESSOR-COUNTY CLERK-RECORDER**

Mail To: P.O. Box 751, Riverside, CA 92502-0751 -- (951) 486-7000

**OFFICE OF THE COUNTY CLERK**

**FICTITIOUS BUSINESS NAME STATEMENT  
SEE REVERSE SIDE FOR FEES AND INSTRUCTIONS**

- USE BLACK INK ONLY -  
MUST BE TYPED OR PRINTED  
INITIAL CROSS OUTS  
NO WHITE OUT ALLOWED

CLERK'S USE ONLY	
\$ _____	# _____
Fee	Receipt
Comments: _____	

**COUNTY CLERK'S FILING STAMP**

**FILED**  
County of Riverside  
Peter Aldana  
Assessor-County Clerk-Recorder  
**R-202111716**  
08/19/2021 04:44 PM Fee: \$66.00  
Page 1 of 1

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1a. Fictitious Business Name (If more than one business name at same address - Attach Supplemental Sheet)

**HAPPY SEVEN**

1b. List COMPLETE Physical Business Address (No P.O. Boxes or Postal Facilities)

**27701 SCOTT RD, BUILDING "I" SUITE 204, MENIFEE, CA 92584**

Mailing Address (If different than business address - optional)

1c. Name of County (where business is located)

**RIVERSIDE**

2a. Registrant Information (Individual, Corp., LLC, Gen. Partner, etc.)

**FANGKAI -- JIANG**

If individual-spell out first, middle and last names (use dash if no middle name)

\_\_\_\_\_

Residence Address (if Corp. or LLC enter the physical address of the Corp./LLC)

**MANIFEE CA 92584**  
City State Zip

List State of Corp./LLC. Must be registered in California \_\_\_\_\_

2b. Registrant Information (Individual, Corp., LLC, Gen. Partner, etc.)

If individual-spell out first, middle and last names (use dash if no middle name)

\_\_\_\_\_

Residence Address (if Corp. or LLC enter the physical address of the Corp./LLC)

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

List State of Corp./LLC. Must be registered in California \_\_\_\_\_

2c. Registrant Information (Individual, Corp., LLC, Gen. Partner, etc.)

If individual-spell out first, middle and last names (use dash if no middle name)

\_\_\_\_\_

Residence Address (if Corp. or LLC enter the physical address of the Corp./LLC)

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

List State of Corp./LLC. Must be registered in California \_\_\_\_\_

2d. Registrant Information (Individual, Corp., LLC, Gen. Partner, etc.)

If individual-spell out first, middle and last names (use dash if no middle name)

\_\_\_\_\_

Residence Address (if Corp. or LLC enter the physical address of the Corp./LLC)

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

List State of Corp./LLC. Must be registered in California \_\_\_\_\_

3. This business is conducted by: (If More Than four Registrants - Attach Additional Sheet Showing Owner Information)

- |   |   |  |  |  |
|---|---|--|--|--|
| <input checked="" type="checkbox"/> Individual                                    | <input type="checkbox"/> Married Couple | <input type="checkbox"/> Trust         | <input type="checkbox"/> Corporation               | <input type="checkbox"/> General Partnership           |
| <input type="checkbox"/> A Limited Partnership                                    | <input type="checkbox"/> Co-partners    | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> An Unincorporated Association - other than a partnership |   |  |  |  |
| <input type="checkbox"/> State or Local Registered Domestic Partnership           |   |  |  |  |

4.  Registrant has not yet begun to transact business under the fictitious name(s) listed above.

Registrant commenced to transact business under the fictitious business name(s) listed above on \_\_\_\_\_

I declare that all the information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)

5. Signature(s) \_\_\_\_\_  
(Only one is required)

Typed or Printed Name(s) **FANGKAI JIANG**

If Limited Liability Company/Corporation, Title \_\_\_\_\_

QC'D BY: **FJ**

**THIS STATEMENT WAS FILED WITH THE COUNTY CLERK OF RIVERSIDE COUNTY ON DATE INDICATED BY FILE STAMP ABOVE**

**NOTICE IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS BUSINESS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THIS STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER FEDERAL, STATE OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONAL CODE).**

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

**PETER ALDANA**

**RIVERSIDE COUNTY CLERK**

By *B. Syeda*, Deputy

California <sup>USA</sup> DRIVER LICENSE



DL [REDACTED]  
EXP [REDACTED]  
LN WANG  
FN LJ  
DOB [REDACTED]  
RSTR NONE

CLASS C  
LIMITED-TERM  
END NONE



CLASS: C - Veh w/GVWR \$26000, No MC  
ENDORSEMENTS: None  
RESTRICTIONS: None



This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration, or public benefits.

2-91

Rev 08/29/09 17  
21235F78522810401

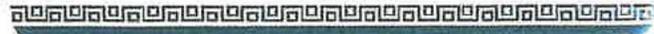
120667



CERTIFIED  
MASSAGE  
THERAPIST

Li Wang  
Cert # 60298

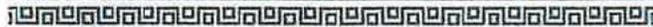
Expires 09 17 22



### California State Law requires you to

- Inform CAMTC within 30 days regarding changes to your home address and workplace(s)
- Keep CAMTC ID Card in your possession when working
- Display original CAMTC Certificate at each workplace
- Request additional CAMTC Certificate(s) for each workplace
- Include your name and number as shown on your CAMTC ID in all advertising, including business cards and websites
- If you let your certification expire, you will lose all legal privileges afforded by California law to certified massage professionals

This ID Card and CAMTC Certificate(s) are the property of CAMTC



[www.camtc.org](http://www.camtc.org) [info@camtc.org](mailto:info@camtc.org) (916) 669-5336



CERTIFIED  
MASSAGE  
THERAPIST

Fang Kai Jiang  
Cert = 60272

Expires 09 17 22



**California State Law requires you to**

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This ID Card and CAMTC Certificate(s) are the property of CAMTC



www.camtc.org info@camtc.org (916) 669-5336

California <sup>USA</sup>

COMMERCIAL  
DRIVER LICENSE



DL [REDACTED]  
EXP [REDACTED]

CLASS A  
LIMITED-TERM  
END NONE

LN JIANG  
FN FANGKAI

DOB [REDACTED]  
RSTR NONE



CLASS: A - Veh, Comb of Veh, No MC  
ENDORSEMENTS: None  
RESTRICTIONS: None



This license is issued as a license to  
drive a motor vehicle; it does not  
establish eligibility for employment,  
voter registration, or public benefits.

Rev 08/29/2017  
2129678523320301

07



City of Menifee  
**Massage Parlor Supplemental Form**  
 Business License Division

29844 Haun Road  
 Menifee, CA 92586  
 P: 951-672-6777  
 businesslicensing@cityofmenifee.us

Please complete the following information and return with your business license application or renewal application.

Establishment Name: Happy Seven fj C.M.B.I.#: \_\_\_\_\_

Do you rent space or booths to independent operators within your shop?  Yes  No

If yes, how many spaces are available for rent? 0

How many spaces are currently being rented? 0

**If one or more spaces are currently rented, please complete the following:**

1	First Name:		Last Name:	
	Phone No.:		Email:	
	Residential Address:			
	State License No.:		License Type:	Exp. Date:
2	First Name:		Last Name:	
	Phone No.:		Email:	
	Residential Address:			
	State License No.:		License Type:	Exp. Date:
3	First Name:		Last Name:	
	Phone No.:		Email:	
	Residential Address:			
	State License No.:		License Type:	Exp. Date:
4	First Name:		Last Name:	
	Phone No.:		Email:	
	Residential Address:			
	State License No.:		License Type:	Exp. Date:
5	First Name:		Last Name:	
	Phone No.:		Email:	
	Residential Address:			
	State License No.:		License Type:	Exp. Date:

**\*If no spaces are currently being rented, keep a copy of this form and return promptly after one or more spaces are rented.**



City of Menifee  
**Statement of Operations**  
 Business License Division

29844 Haun Road  
 Menifee, CA 92586  
 P: 951-672-6777  
 eagullar@cityofmenifee.us

Provide a written statement outlining the nature of the business to be conducted within the stated location. Your response should give a detailed description of the proposed use. Include any storage needs, days and hours of operation, type of services being rendered and any information relating to the business:

Establishment Name: Happy Seven fj C.M.B.L.#: \_\_\_\_\_

Proposed Business Address: 27701 Scott Rd Ste 204 Menifee CA 92584

Any vehicles being used?  Yes  No If yes, are they also used for personal use?  Yes  No

Number of Employees: 2 Will employees be present at the business location?  Yes  No

Detailed Description: seven days a week. 10:00am - 10:00pm

Two employees. One car.

**Department(s) Clearance - For Office Use Only**

**Zoning Review (All Business Types)**

Proposed Business Zone: CDC Business Type allowed in this zone:  Approved  Denied

Assessor's Parcel Number: 384-180-038 Additional Permits required by Planning?  Yes  No

Reviewed/Approved By: [Signature] Date: 7/24/22 PN21-0374 Cup already approved

**Engineering - NPDES Review (Commercial and Home-Based Businesses)**

Is this business subject to NPDES inspections?  Yes  No If so, priority type:  High  Medium  Low

Is this business subject to SB 205?  Yes  No What is the Primary SIC Code for this business type? \_\_\_\_\_

NPDES Fees (if applicable): \$ \_\_\_\_\_ Estimated Inspection year (if applicable): \_\_\_\_\_

Reviewed/Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Building and Safety Review (Commercial Businesses)**

Is this business subject to a new Certificate of Occupancy?  Yes  No

Is a copy of the Certificate of Occupancy attached (if applicable)?  Yes  No  Other \_\_\_\_\_

Reviewed/Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

[Signature]  
 Signature of Owner or Authorized Representative

7/26/2022  
 Date