



City of Menifee
BUSINESS LICENSE APPLICATION
Apply online at businesslicenses.cityofmenifee.us

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

verified livenesscan - Fang.

Business Entity Information – (All fields required)

1	Business Name (DBA): <u>Happy Seven #5</u>		
2	Corporate Business Name: <u>YiHai Ace Inc</u>		
3	Business Address: <u>27701 Scott rd ste 204, menifee, CA 92584</u>		
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: <u>858-308-5755</u>	Alternate Phone: [REDACTED]	<input type="checkbox"/> Fax <input checked="" type="checkbox"/> Cell <input type="checkbox"/> Other
7	Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Liability Corp. <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	CA Entity/File #:	
8	Location Type: <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Home Based/Occupation <input type="checkbox"/> Industrial <input type="checkbox"/> Other		
9	Email: [REDACTED]	Website:	
10	SIC Code (REQUIRED): <u>72990201</u>	Resale No.: (if applicable)	<input checked="" type="checkbox"/> Federal Employer ID No.: [REDACTED]
11	State License No.: (if applicable) <u>Cert # 60272</u>	License Type: <u>massage</u>	Exp. Date: <u>09/17/2022</u>
12	Detailed description of business: (Including any future operations) <u>Provides customers personal health services such as</u>		
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 <u>baby massage</u> 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: <u>Fang Kai</u>	Last Name: <u>Jiang</u>		
	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: [REDACTED]	Date of Birth: [REDACTED]	DL#: [REDACTED]	Phone Number: [REDACTED]

Emergency Contact Information

15	Name: <u>Qin Kang</u>	Phone Number: [REDACTED]
	Address: [REDACTED]	

Authorized Representative Contact Information

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

Business Operations Information

- 17
- Does your business sell to the general public? ☒ 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 [SB1383 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

The Department of Rehabilitation:
www.dor.ca.gov

The California Commission on Disability Access:
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		
Payment Date: _____ <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>	Base Fee 100-3250	\$ 32.50
	State CASp Fee 100-2296	\$ 4.00
	Zoning Fee 100-3251	\$ 40.00
	NPDES FEE 100-3263	\$
	Penalty 100-3851	\$
	Total Amount Due	\$ 76.50

Signature of Owner or Authorized Representative

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)

- ☒ Individual ☐ Married Couple ☐ Trust ☐ Corporation ☐ General Partnership
☐ A Limited Partnership ☐ Co-partners ☐ Joint Venture ☐ Limited Liability Company ☐ Limited Liability Partnership
☐ An Unincorporated Association - other than a partnership ☐ 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) *fj*
(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 *J. Syeda*, Deputy

California USA 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 M/C
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.

120667

Rev 08/29/2017
21235F78522810401



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 info@camtc.org (916) 669-5336



CALIFORNIA
MASSAGE THERAPY
COUNCIL

CERTIFIED
MASSAGE
THERAPIST

Fang Kai Jiang
Cert = 60272

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 info@camtc.org (916) 669-5336

California ^{USA}

COMMERCIAL
DRIVER LICENSE



DL [REDACTED]

EXP [REDACTED]

LN JIANG

FN FANGKAI

DOB [REDACTED]

RSTR NONE

CLASS A

LIMITED-TERM

END NONE



CLASS: A - Veh, Comb of Veh, No M/C
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
212967852320301



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 f3 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 f3 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 Cup already approved PN21-0374

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