BUSINESS LICENSE APPLICATION REFERRAL

Hearing matter

File

"O"
ORIGINAL COPY

Treasurer and Tax Collector
County of Los Angeles
P.O. Box 54970
222 N. Grand Ave., Room 490
Los Angeles, CA 90012

KIND OF BUSINESS: BILLIARD ROOM/PUBLIC EATING/COIN PHONO

ADDRESS OF BUSINESS: 5825 ALLSTON STREET LOS ANGELES, CA

OWNER OF BUSINESS: MARIA MUNIZ

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: L.A. CASCADA

MAILING ADDRESS: SAME AS BUSINESS

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS A APPLICATION FOR: NEW LICENSE X RENEWAL ____

Post-it® Fax Note 7671	Date 5/10	# of pages ▶ 1
To FRANK HAYNES	From J. GONZALES	
Co./Dept. TREASURER/TAX Coll.	Co. LAC B/S - ELA	
Phone # 213-633-5427	Phone # 323-260-3450	
Fax # ~~626 45~~	Fax # 323-260-4422	

	RECOMMENDATION: APPROVED	APPROVED WITH CONDITIONS (*SEE BELOW)	DENIED	DATE	SIGNATURE
___ 1. Risk Mgmt. 3RD 3-27-02 2ND 9-12-01					
X 2. Bldg. & Safety	OK			5-8-02	[illegible]
X 3. Treasurer-Tax Collector 3RD 3-27-02 X 2ND 9-12-01	OK			6/8/01	
___ 4. Fire Department 3RD 3-27-02 X 2ND 9-12-01					
___ 5. Public Health X FINGER PRINTS					
___ 6. Sheriff 2ND 9-12-01 X 3RD 3-27-02			✓	3/6/02	
___ 7. Business License Commission					
___ 8. Weights and Measures X					
___ 9. Regional Planning Commission	OK			5/24/01	
___ 10. Animal Care & Control					
___ 11. Public Works - EPD					

Conditions:

BASIC LICENSE NO.: ____ DATE 05/31/01 IDENTIFICATION NUMBER 127375

File

BUSINESS LICENSE APPLICATION REFERRAL

HEARING MATTER
REVISED NEW OWNERSHIP CHANGE

"R"
REFERRAL COPY
For Recommendation of Interested Departments

Treasurer and Tax Collector
County of Los Angeles
P.O. Box 54970
222 N. Grand Ave., Room 490
Los Angeles, CA 90012

KIND OF BUSINESS BILLIARD ROOM , PUBLIC EATING , COIN GAME, COIN PHONO

ADDRESS OF BUSINESS 5825 ALLSTON ST LOS ANGELES CA 90022 TELEPHONE # (323) 88709374

OWNER OF BUSINESS MARIA MUNIZ CAL. DR. LIC. # N9949395

NAME OF PERSON FINGERPRINTED SAME AS ABOVE

FICTITIOUS NAME LA CASCADA

MAILING ADDRESS SAME AS ABOVE

DATE THAT YOU STARTED BUSINESS W/G

PREVIOUS OWNER'S NAME, IF KNOWN

THIS IS A APPLICATION FOR: NEW LICENSE XXXX RENEWAL

	RECOMMENDATION			DATE	SIGNATURE
	APPROVED	APPROVED WITH CONDITIONS (*SEE BELOW)	DENIED		
1. Risk Mgmt.					
XXX 2. Bldg. & Safety	X			4-12-00	[illegible]
XXX 3. Treasurer-Tax Collector					
XXX 4. Fire Department					
XXX 5. Public Health					
XXX 6. Sheriff					
XXX 7. Business License Commission					
[redacted] 8. Weights and Measures					
XXX 9. Regional Planning Commission					
10. Animal Care & Control					

Conditions:

BASIC LICENSE NO. DATE 03/24/00 F.F. IDENTIFICATION NUMBER 122840

76B910 (Rev. 1/98)