



February 3, 2009

HONORABLE MAYOR AND CITY COUNCIL
City of Long Beach
California

RECOMMENDATION:

Receive the supporting documentation into the record, conclude the hearing and grant the permit, with or without conditions, or deny the permit on the application of Northside LLC, DBA Total Fighting Alliance, 1250 Bellflower Blvd., for a permit for Boxing/Wrestling/Mixed Martial Arts. (District 3)

DISCUSSION

The Long Beach Municipal Code (LBMC) requires an application be filed and a hearing be held before the City Council whenever this type of activity is requested and before a permit is granted or denied.

The LBMC also requires that the City Council make a finding that the conduct of the business will comport with the public health, safety, morals and welfare, and if this is so, they may authorize the Director of Financial Management to issue the permit.

Attached for your review is the application from Northside LLC, DBA Total Fighting Alliance. Also attached are reports from City departments that conducted investigations in accordance with the LBMC. The following summarizes their findings:

- The Police Department recommends that the permit for Boxing/Wrestling/Mixed Martial Arts be approved subject to conditions.
- The Fire Department recommends that the permit for Boxing/Wrestling/Mixed Martial Arts be approved subject to conditions.
- The Health and Human Services Department finds that the building/location meets department requirements for the proposed use with the condition that the establishment remain in compliance with the Long Beach Noise Ordinance (LBMC Chapter 8.80).

- The Development Services Department has no comments regarding this application, as the proposed activities are to be held at the Walter Pyramid on the California State University Long Beach campus, a State entity and not within the jurisdiction of the Planning Bureau.

In the event that any of the recommended conditions attached to any permit or licenses are in conflict, the permittee shall adhere to the strictest of the applicable conditions.

This matter was reviewed by Deputy City Attorney Cristyl Meyers on January 12, 2009.

TIMING CONSIDERATIONS

The hearing date of February 3, 2008, has been posted on the event location, and the applicant has been notified by mail.

FISCAL IMPACT

The following fees were collected with the application: Building Review \$20 and Zoning Review \$14 (Development Services Department) and Police Investigation \$1,272 (Police Department).

The following fees will be collected if the application is approved: Business License \$309.77 and Regulatory \$1,272 (Financial Management Department).

SUGGESTED ACTION:

Approve the recommendation.

Respectfully submitted,



LORI ANN FARRELL
DIRECTOR OF FINANCIAL MANAGEMENT/CFO

LAF: ES: JEM
K:\Exec\Council Letters\Commercial Services\Hearing Letters\02-03-09 ccl - Total Fighting Alliance - TFA.doc

ATTACHMENTS

APPROVED:



PATRICK H. WEST
CITY MANAGER



CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT

333 WEST OCEAN BOULEVARD • LONG BEACH, CALIFORNIA 90802

SUMMARY OF APPLICATION FOR BUSINESS PERMIT

Attached for your review and action is an application for Northside LLC, DBA Total Fighting Alliance. Also attached are reports from various departments stating their recommended disposition of the subject application. These are summarized as follows:

SUBMITTED FOR CITY COUNCIL ACTION

	<u>Without Concern</u>	<u>With Conditions</u>	<u>With Concerns</u>
Police Department		X	
Fire Prevention Bureau		X	
Health and Human Services Department/Noise Control		X	
Long Beach Development Services	X		

Questions concerning the above may be directed to the following:

Police Department, Chief of Police	570-7301
Fire Department, Fire Prevention Bureau	570-2500
Health and Human Services Department, Noise Control	570-4130
Long Beach Development Services.....	570-6623

Compiled by: Department of Financial Management
Business Relations Bureau



CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT

333 West Ocean Boulevard • Long Beach, CA 90802 • (562) 570-6211 • Fax (562) 570-6180

FIVE YEAR HISTORY OF ESTABLISHMENT 1250 Bellflower Blvd.

Northside LLC
DBA Total Fighting Alliance
Lic# 20851580
11/08 – Pending City Council approval

Boxing/Wrestling/Mixed Martial Arts

1250 Bellflower Blvd. Total Fighting Alliance





CITY OF LONG BEACH BUSINESS LICENSE APPLICATION
 Fourth Floor, City Hall
 333 W. Ocean Boulevard, Long Beach, CA 90802

www.longbeach.gov
 (562) 570-6211

GENERAL INFORMATION						
OWNER'S NAME (or corporate name, partnership name, or partners) Northside LLC			DRIVER'S LICENSE NUMBER	STATE	SOCIAL SECURITY NUMBER	
BUSINESS NAME (D.B.A.) Total Fighting Alliance			TYPE OF BUSINESS (Be specific) Sports Promotion MMA		HOME OCCUPATION <input type="checkbox"/>	
BUSINESS ADDRESS 360 30th Street Hermosa Beach CA 90254			CITY	STATE	ZIP	AREA CODE/TELEPHONE 310 374-2194
BILLING ADDRESS (if different) 5660 E Pacific Coast Highway unit C Long Beach CA 90814			CITY	STATE	ZIP	AREA CODE/TELEPHONE
RESIDENCE ADDRESS (if different)			CITY	STATE	ZIP	AREA CODE/TELEPHONE

LIST OF PRINCIPAL OFFICERS' OR PARTNERS' NAMES AND RESIDENTIAL ADDRESSES (IF MORE, PLEASE ATTACH A LIST)			TITLE	% OWNERSHIP
Hal Rasmussen			Managing Director	50
Todd Meacham			CEO	50
<input checked="" type="checkbox"/> New Business <input type="checkbox"/> Address Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Secondary License <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLP <input checked="" type="checkbox"/> LLC				

BUSINESS OPERATIONS INFORMATION						
START DATE 11/5/08	NO. OF EMPLOYEES 2	NO. OF VEHICLES	FEDERAL TAX ID. NUMBER	SALES TAX (SELLER'S PERMIT) NUMBER		
Does your business have a Calif State Lic? <input type="checkbox"/> Y <input type="checkbox"/> N			STATE LICENSE NUMBER	CLASSIFICATION(S)	RENEWAL DATE	

FOOD/ALCOHOL/TOBACCO/ENTERTAINMENT	SERVICES/UNDERWRITING
Do you plan to sell or serve food? (including pre-packaged) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If serving food, how many seats?: _____ Do you plan to sell wholesale food? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Do you plan to sell or serve alcoholic beverages? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, ABC License number: _____ Does your business involve amusement machines, video games, vending machines, jukebox and/or pool tables? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N How many: _____ Type: _____ Owner: _____ Do you plan to sell tobacco products or tobacco paraphernalia? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Will you have: <input type="checkbox"/> Music <input type="checkbox"/> Dancing <input type="checkbox"/> Performers <input type="checkbox"/> Adult Entertainment	Will you offer massage, tanning, body-wrap, escort or other similar personal services? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Will you provide a towing service? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Will you engage in fund raising? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Will you deal in coins, stamps, firearms, jewels, or second-hand property? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
BUILDING AND EJECTA INFORMATION	
Property Owner's Name: CSULB Business sq. ft.: _____ Warehouse on site? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Do you: <input type="checkbox"/> Own or <input checked="" type="checkbox"/> Rent/Lease your business property?	
Does your business require construction and/or remodeling? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
HAZARDOUS MATERIALS/MEDICAL WASTE	
Will you use, store, or transport chemicals (new or waste state)? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Will you manage or produce bio-hazardous materials or waste? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

ACKNOWLEDGMENT
 I understand that before I can operate my business in Long Beach, my establishment must comply with applicable City departmental laws and regulations completely and obtain a business license or I will be in violation of L. B. M. C., Section 3.80. I declare, under penalty of perjury, that I am authorized to complete this application. To the best of my knowledge and belief, the provided information and statements are true and correct.

• **SIGN** and return this statement with your remittance. • Make checks payable to **City of Long Beach**

OWNER(S) OR AUTHORIZED AGENT		
Signature Hal Rasmussen	Date 11/2/08	PRINT NAME/TITLE Hal Rasmussen Managing Partner
Signature _____	Date _____	PRINT NAME/TITLE _____

DO NOT WRITE BELOW THIS LINE						
Inspection(s): <input type="checkbox"/> Bldg <input type="checkbox"/> Fire <input type="checkbox"/> Health <input type="checkbox"/> HazMat <input type="checkbox"/> PD <input type="checkbox"/> Other Basic Tax \$ _____ Employees # _____ @ \$ _____ = Vehicles # _____ @ \$ _____ = Other # _____ @ \$ _____ = PIA _____ PIA Employees # _____ @ \$ _____ = Regulatory Investigation _____ Misc. Fees _____ Sub Total _____ Zoning _____ Building Review _____ Total \$ 1300	Prev Use: _____ Exp Date: _____ Prev Lic: _____ Exp Date: _____ District: 20 CR# 20509 SIC: 7999 Entered by: 9/10/08 Date: _____ BU 20851580	Zoning Review <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A By: _____ Date: _____ <input type="checkbox"/> New construction <input type="checkbox"/> Reuse Zone: _____ Comments: _____				

NOTE: THIS IS NOT A BUSINESS LICENSE: DO NOT OPERATE UNTIL A VALID LICENSE HAS BEEN ISSUED THIS INFORMATION IS AVAILABLE IN AN ALTERNATIVE FORMAT BY CONTACTING (562) 570-6211



OFFICE USE ONLY

Accepted By: Planer Date: 11/6/08
Zoning Approval By: _____ Date: _____

APPLICATION FOR BOXING/WRESTLING PERMIT

(Please Print All Information - Incomplete Applications Will Not Be Accepted)

Applicant's Name (Legal Ownership Structure): Northside LLC
Business Name (DBA): Total Fighting Alliance Business Phone: 310 374-2194
Business Site Address: ~~9156 E Pacific Coast Highway~~ Long Beach CA 90814
Date Business Proposes To Open: November 15, 2008 1250 Bellflower Blvd
Days & Time Premises Are Open For Inspection: M-F 8-5

Proposed Use(s):

Boxing Professional Amateur Mock
Wrestling Professional Amateur Mock

Explain briefly the proposed use of the rooms within the building:

Sporting Event Mixed Martial Arts

Contact Person(s) Name (authorized agent, manager, etc.): Mark Edrington

Contact Person(s) Phone Number: (562) 985-5661

Type of Organization:

Corporation Partnership Individual Unincorporated Association or Club
 Trust LLC Other, explain: _____

OFFICE USE ONLY

Building Fire Health (Check Inspecting Department) Date Received: _____
 Building/Location meets Department Requirements for the proposed use.
 Building/Location meets Department Requirements for the proposed use subject to the following conditions:

 Building/Location does not meet Department requirements for the proposed use.
Inspection Completed On (date): _____ By: _____

POLICE DEPARTMENT

Police Department finds no for basis for denial Police Department finds basis for denial
 Police Department finds no for basis for denial with conditions

Conditions or Basis for Denial: _____

By: _____ Title: _____ Date: _____

GENERAL APPLICATION (ALL APPLICANTS)

Principal place of business (if other than the address listed on page 1): _____

Fictitious business names(s) or dba(s) used: Total Fighting Alliance
TFA

Place and date of filing fictitious business name statement: 10/6/05 Los Angeles, CA

County(ies) in which fictitious name statement is (are) filed: Los Angeles

Names and address of all agents and employees authorized to negotiate or otherwise represent individual in connection with any transaction with the City of Long Beach:

Hal Pasmussen [REDACTED]

Name and address of person (agent) authorized to accept service of process in California:

same as above

State whether you are licensed by any governmental agency to engage in any business. If so, list each such license held, the city in which held, and expiration date thereof:

California State Athletic Commission Mixed Martial Arts Promoters
license

Is this applicant a subsidiary of a present corporation or business?
If yes, explain:

YES NO

How long has the corporation or business been in operation? 3 years

Is the location: Owned? Rented/Leased?

If Rented/Leased, state the name and address of property owners:

Name: _____

Address: _____

IF APPLYING AS A PARTNERSHIP

Check One Box:

General Partnership

Limited Partnership

LLC (Limited Liability Co.)

Name of Partnership:

Northside LLC DBA Total Fighting Alliance

Percentage of Partnership

Name and residence addresses of *General Partners*:

Interest:

<u>Hal Rasmussen</u>	<u>[REDACTED]</u>	<u>50</u> %
<u>Todd Meacham</u>	<u>[REDACTED]</u>	<u>50</u> %
_____	_____	_____ %
_____	_____	_____ %

Names and residence addresses of *Limited Partners*:

Interest:

_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

Place and date of filing Articles or Certificate of Partnership or Limited Partnership:

Sacramento, CA 8/11/05

Please Note:

Attach certified copies of *Articles of Partnership* or *Limited Partnership*, or other written evidence of partnership status and all amendments thereto this application.

IF APPLYING AS A PARTNERSHIP

PRINCIPAL PARTNER I

Name: Hal Rasmussen Title: Managing Partner
Residence Address: [REDACTED] Phone: [REDACTED]
Business Address: [REDACTED] Phone: [REDACTED]
Race: [REDACTED] Sex: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED] Height: [REDACTED] Weight: [REDACTED]
Date of Birth (mm/dd/yyyy): [REDACTED] Place of Birth: [REDACTED]
Driver's License Number: [REDACTED] Issuing State: [REDACTED]

PRINCIPAL PARTNER II

Name: Todd Meacham Title: CEO
Residence Address: [REDACTED] Phone: [REDACTED]
Business Address: [REDACTED] Phone: [REDACTED]
Race: [REDACTED] Sex: [REDACTED] Hair: [REDACTED] Eyes: [REDACTED] Height: [REDACTED] Weight: [REDACTED]
Date of Birth (mm/dd/yyyy): [REDACTED] Place of Birth: [REDACTED]
Driver's License Number: [REDACTED] Issuing State: [REDACTED]

PRINCIPAL PARTNER III

Name: _____ Title: _____
Residence Address: _____ Phone: _____
Business Address: _____ Phone: _____
Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height _____ Weight: _____
Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____
Driver's License Number: _____ Issuing State: _____

PRINCIPAL PARTNER IV

Name: _____ Title: _____
Residence Address: _____ Phone: _____
Business Address: _____ Phone: _____
Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height _____ Weight: _____
Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____
Driver's License Number: _____ Issuing State: _____

GENERAL OPERATING CONDITIONS – COMPLETE EACH QUESTION

ALCOHOL/FOOD/ADDITIONAL BUSINESSES

Please note: We have nothing to do with beer/wine sales

1. Will liquor be sold or consumed on the premises? YES NO
a. If Yes, complete the following box:

Check one box to indicate License Type

Alcohol Beverage Control License No. _____

Premises Type: (Club (restaurant) or Commercial (store))

- On sale beer All Alcohol sales are handled thru CSULB
On sale beer and wine _____
On sale distilled spirits _____

2. Is a bonafide-eating place provided on the premises? (Bonafide eating place means a place which is regularly used for serving meals for compensation, which has suitable kitchen facilities containing conveniences for cooking an assortment of foods for ordinary meals other than fast foods, sandwiches or salads. The kitchen must contain proper refrigeration for food and must comply with all applicable regulations of the Health and Human Services Department.)

YES NO

- a. If yes, list types of food sold: _____
b. If no, list any products (such as snacks sold): _____

3. Are non-alcoholic beverages sold? YES NO

4. How many tables for seating? _____

5. Are other types of businesses conducted on the premises? YES NO

- a. If yes, list type(s): _____

6. Are pool tables provided? YES NO

- a. If yes, indicate number: _____

7. Is there a license for the pool table? YES NO

- a. If yes, license number: _____

8. Are amusement machine(s) and/or jukebox(es) provided? YES NO

- a. If yes, indicate number and type: _____ Amusement Machines _____ Jukebox(es)

9. Is there a license for the amusement machine(s) and/or jukebox(es)? YES NO

- a. If yes, decal number(s): _____

10. Owner of machine(s) and/or jukebox(es):
Name: _____
Address: _____
Telephone No. () _____

GENERAL OPERATING CONDITIONS (CONT.) - COMPLETE EACH QUESTION

SECURITY

11. Will security officers be provided? YES NO

a. If yes, number of security officers: 48

12. Is any other type of security provided? YES NO

a. If yes, describe type of security: 6 Police Officers & 7 Door Guards
provided by CSULB

Days and hours security officers or other security will be provided (fill out completely):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of						3:30 PM	
Security						10:30 PM	

13. Will a private security firm be used? YES NO

a. If yes, provide the following information of the contracted security firm:

Name: CSULB Walter Pyramid City Business License No.: -

Address: _____ Telephone No.: ()

ADMISSION and/or MEMBERSHIP FEES CHARGED

14. Will minors be allowed on the premises? YES NO

15. Will the premises be open to the general public? YES NO

16. Will an admission fee be charged? YES NO

a. If yes, fee schedule: \$25 - \$175

17. Is there a private area for exclusive use of members and their guests only? YES NO

a. If yes, types of membership fees: _____

18. Will guests of members pay an admission fee or other charges? YES NO

a. If yes, describe the fee schedule and other charges: _____

GENERAL OPERATING CONDITIONS (CONT.) – COMPLETE EACH QUESTION

HOURS OF OPERATION

Establishment hours of operation by day (fill out completely):

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open						5:00 PM	
Close						approx 10:30 PM	

PROXIMITY OF BUSINESSES AND RESIDENCES

19. Are there surrounding businesses?

YES NO

a. What type? _____

20. Are there surrounding residences?

YES NO

a. Approximately how close? _____

PARKING FACILITIES AND ARRANGEMENTS

21. Is parking available?

YES NO

a. If no, what is the street address of the off-premises parking facility? _____

b. Describe the business arrangement made with owner of the parking facility if not part of business premises.
(Please attach a copy of parking contract or deed restriction) _____

controlled by CSULB

c. Days and hours parking facility will be available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From						All Day	
To							

d. How many individual parking spaces (approximately)? _____

END OF GENERAL OPERATING CONDITIONS SECTION – PLEASE CONTINUE TO NEXT SECTION

BOXING/WRESTLING FACILITY AND ACTIVITY

Boxing

Wrestling

Martial Arts/Other

Business Name: Total Fighting Alliance Business Address: _____

Does the Proposed Activity have:

Outdoor Boxing/Wrestling? Y N

Mock Boxing/Wrestling as defined by LBMC Section 5.24.150? Y N

Adult Entertainment as defined by LBMC Section 21.15.110? Y N

Adult Entertainment as defined by LBMC Section 5.72.115 (B)? Y N

Permitted or licensed by the State Athletic Commission? Y N
If yes, please attach copy.

Permitted or licensed by other Committees/Associations? Y N
If yes, please attach copy/explain below.

Any other type of activity not listed above? Y N

If yes, briefly describe the activity. Mixed Martial Arts

Boxing Ring? Y N

Stage? Y N

If yes, provide dimensions and type of material of boxing ring. L _____ X W _____ = _____ sq ft.

If yes, provide dimensions and type of material of stage. L _____ W _____ H _____

Describe floor material and surface type: Hardwood / Concrete covered

Schedule of boxing/wrestling activity. Please provide days of the week and time of day. If boxing/wrestling is not provided the same days and times every week, please provide a detailed schedule of specific dates and times of boxing/wrestling. Attach an additional sheet if necessary: **(Fill Out Completely)**

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Type							
Start Time							
End Time							

AK
 2008 November 15
 2009 Jan 30, March 21, April 18, May 9, June 20, June 27, July 11
 July 18, July 25, May 30
 Doors open 5pm till 11pm

RELEASE FORM

The undersigned, on behalf of (owner('s)) Northside LLC, hereby authorizes the City of Long Beach, by and through its appropriate officers, agents and employees to verify and confirm the information contained in this application, and to conduct such other investigations as may be reasonably required by the City of Long Beach, its officers, agents and employees for the purpose of determining the capability, fitness and capacity of:

(DBA) Total Fighting Alliance

to obtain the (entertainment type) Boxing/Wrestling permit/license.

The applicant by signing this application consents service of any notice required or provided for by the laws, rules, regulations, or ordinances of the City of Long Beach upon the person at the address designated in this application as the business address, will constitute sufficient and legal notice. Any change in the person or the address listed in the application may be made only in writing to the Director of Financial Management.

The applicant consents and agrees full compliance will be made with all applicable State laws and City ordinances governing the conduct of the particular type of business activity for which a business license or permit is requested. **The applicant by signing this application understands any incomplete or false information may constitute grounds for denial.**

I swear under penalty of perjury I have read the forgoing application and all information and statements made by the undersigned/applicant regarding this applicant are true and correct.

Hal Rasmeissen Managing Partner 11/3/08
(SIGNATURE OR AUTHORIZED (TITLE) (DATE)
AGENT)

[REDACTED] CA
DRIVER'S LICENSE OR ID CARD STATE
NUMBER

Storia Garcia CSR III 11/6/08
ACCEPTED BY (CITY STAFF) TITLE DATE



State of California
Kevin Shelley
Secretary of State

File # 200522810044

LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

AUG 11 2005

A \$70.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME (End the name with the words "Limited Liability Company," "Ltd. Liability Co.," or the abbreviations "LLC" or "L.L.C.")

1. NAME OF LIMITED LIABILITY COMPANY

NORTHSIDE LLC

PURPOSE (The following statement is required by statute and may not be altered.)

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

INITIAL AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both Items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 3 must be completed (leave Item 4 blank).)

3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS

Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE

CA

MANAGEMENT (Check only one)

5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

ONE MANAGER

MORE THAN ONE MANAGER

ALL LIMITED LIABILITY COMPANY MEMBER(S)

ADDITIONAL INFORMATION

6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

EXECUTION

7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE OF ORGANIZER

AUGUST 11, 2005

DATE

Eric Ransom

TYPE OR PRINT NAME OF ORGANIZER

RETURN TO (Enter the name and the address of the person or firm to whom a copy of the filed document should be returned.)

8. NAME

FIRM

ADDRESS

CITY/STATE/ZIP

LLC-1 (REV 12/2004)

APPROVED BY SECRETARY OF STATE



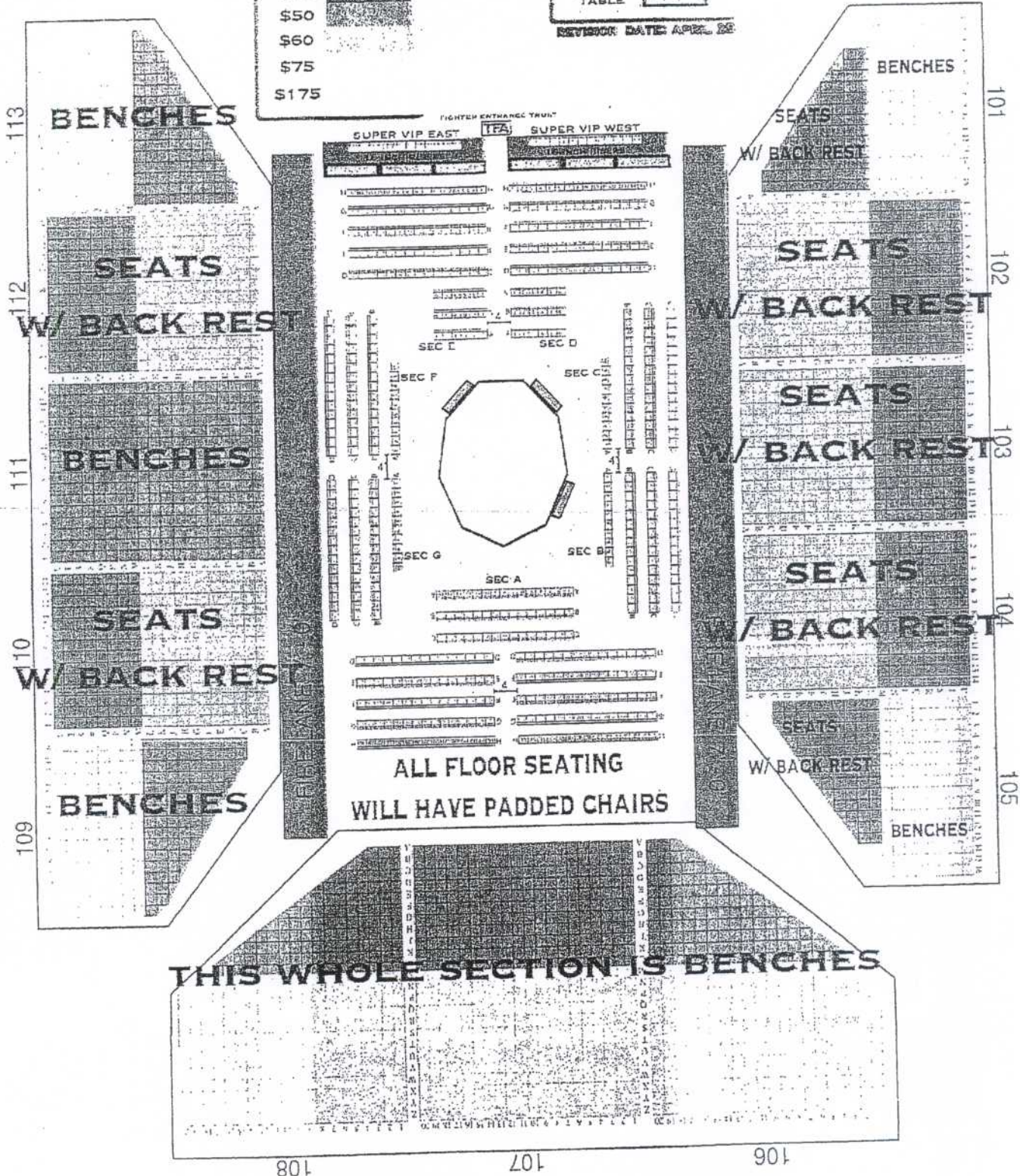
TICKET PRICING

- \$25
- \$40
- \$50
- \$60
- \$75
- \$175

KEY

- RISER
- TABLE

REVISION DATE: APRIL 22





OFFICE USE ONLY

Accepted By: [Signature] Date: 11/6/08
 Zoning Approval By: _____ Date: _____

APPLICATION FOR BOXING/WRESTLING PERMIT

(Please Print All Information - Incomplete Applications Will Not Be Accepted)

Applicant's Name (Legal Ownership Structure): Northside LLC
 Business Name (DBA): Total Fighting Alliance Business Phone: 810 374-2194
 Business Site Address: Rt 5660 E Pacific Coast Highway unit C Long Beach CA 90814
 Date Business Proposes To Open: November 15, 2008
 Days & Time Premises Are Open For Inspection: M-F 8-5

Proposed Use(s):

Boxing Professional Amateur Mock
 Wrestling Professional Amateur Mock

Explain briefly the proposed use of the rooms within the building:

Sporting Event Mixed Martial Arts

Contact Person(s) Name (authorized agent, manager, etc.): Mark Ednington
 Contact Person(s) Phone Number: (562) 985-5661

Type of Organization:

Corporation Partnership Individual Unincorporated Association or Club
 Trust LLC Other, explain: _____

OFFICE USE ONLY

Building Fire Health (Check Inspecting Department) Date Received: _____
 Building/Location meets Department Requirements for the proposed use.
 Building/Location meets Department Requirements for the proposed use subject to the following conditions:

 Building/Location does not meet Department requirements for the proposed use.
 Inspection Completed On (date): _____ By: _____

POLICE DEPARTMENT

Police Department finds no for basis for denial Police Department finds basis for denial
 Police Department finds no for basis for denial with conditions

Conditions or Basis for Denial: _____

By: [Signature: Anthony W Batts] Title: CHIEF OF POLICE Date: 12.10.08



Date: December 17, 2008
To: Pamela Horgan, Manager, Commercial Services Bureau
From: Anthony W. Batts, Chief of Police *AWB*
Subject: **APPLICATION FOR BOXING/WRESTLING/MIXED MARTIAL ARTS PERMIT FOR TOTAL FIGHTING ALLIANCE FOR EVENTS TO BE HELD AT 1250 BELLFLOWER BOULEVARD**

In response to your request for a recommendation regarding the above named permit application for Boxing/Wrestling/Mixed Martial Arts, the Police Department recommends **approval**, subject to the following ten (10) conditions of operation:

Total Fighting Alliance is owned and operated by Hal Rasmussen and Todd Meacham, and is licensed by the California State Athletic Commission to hold Mixed Martial Arts events. The business is based in Hermosa Beach, California and has been in business for approximately three years. The California State Athletic Commission will sanction and approve any and all Mixed Martial Arts events held by Total Fighting Alliance, and all events will be held at the Walter Pyramid, California State University Long Beach.

CONDITIONS OF OPERATION

- 1) The operation of the establishment shall be limited to those activities and elements expressly indicated on the permit application and approved by the City Council. Any change in the operation, which exceeds the conditions of the approved permit, will require that a new permit application be submitted to the City Council for their review and approval.
- 2) This permit is approved for events to be held only at the Walter Pyramid, California State University at Long Beach. A new application must be filed by Total Fighting Alliance for any event held at any other location, not less than 90 days prior to the event and must be approved prior to holding any such event.
- 3) The California State Athletic Commission shall have jurisdiction over all professional and amateur boxing, professional and amateur kickboxing, all forms and combinations of full contact martial arts contests, including mixed martial arts, and matches or exhibitions conducted, held, or given within California. (California Business & Professions Code § 18640)
- 4) All professional mixed martial arts competitions shall be conducted in accordance with the Rules and regulations set fourth by the California State Athletic Commission.

APPLICATION FOR BOXING/WRESTLING/MIXED MARTIAL ARTS PERMIT
FOR TOTAL FIGHTING ALLIANCE FOR EVENTS TO BE HELD AT
1250 BELLFLOWER BOULEVARD

- 5) All participating members, competitors, coaches, assistant coaches, matchmakers, officials, and physicians, must be licensed with the California State Athletic Commission.
- 6) Security shall be necessary to prevent violation of law and any other disturbances arising out of or in connection with any mixed martial arts event. The permittee shall be responsible for ensuring that adequate security is provided at any event. Security guards shall take reasonable measures to ensure that exiting spectators and competitors walk directly to their vehicles, and not loiter in the parking lot or immediate area. The attire of each security guard shall indicate the guard's affiliation by means of a pin, shirt, or other clearly visible form of identification.
- 7) Total Fighting Alliance, its promoters, or agents, shall not distribute any advertising matter, such as signs, posters, or promotional cards, in or upon any public property, or in or on any vehicle in any such place in the City. Distribution of any advertising matter upon private property shall adhere to the following guidelines: By placing the same matter in a receptacle, clip, or other device designed or intended to receive advertising matter. The permittee shall keep all promoter contracts, including names, addresses and phone numbers, on file at all times, and must be available for inspection at anytime.
- 8) All promoters must have or obtain a City of Long Beach Business License prior to conducting activities governed by this permit. The permittee shall be responsible for all activities at the location, including those conducted by promoters. The permittee must also supply any hired promoter with a copy of the approved permit, which shall include a copy of the approved conditions of operation.
- 9) Although alcohol sales are provided by the California State University Long Beach, alcohol sales are regulated by the CSULB Police Department. If any incident or violation is found to be attributable to the sales of alcohol, then alcohol sales may be restricted or forbidden for future events.
- 10) The permittee shall maintain full compliance with all applicable laws, ordinances and stated conditions. In the event of a conflict between the requirements of this permit and any applicable law or ordinance, the more stringent regulation shall apply.



OFFICE USE ONLY

Accepted By: [Signature] Date: 11/6/08
 Zoning Approval By: _____ Date: _____

APPLICATION FOR BOXING/WRESTLING PERMIT

(Please Print All Information - Incomplete Applications Will Not Be Accepted)

Applicant's Name (Legal Ownership Structure): Northside LLC
 Business Name (DBA): Total Fighting Alliance Business Phone: 810 374-2194
 Business Site Address: ~~41560 E Pacific Coast Highway~~ Long Beach CA 90814
 Date Business Proposes To Open: November 15, 2008 1250 Bellflower Blvd
 Days & Time Premises Are Open For Inspection: M-F 8-5

Proposed Use(s):

Boxing Professional Amateur Mock
 Wrestling Professional Amateur Mock

Explain briefly the proposed use of the rooms within the building:

Sporting Event Mixed Martial Arts

Contact Person(s) Name (authorized agent, manager, etc.): Mark Edrington

Contact Person(s) Phone Number: (562) 985-5661

Type of Organization:

Corporation Partnership Individual Unincorporated Association or Club
 Trust LLC Other, explain: _____

OFFICE USE ONLY

Building Fire Health (Check Inspecting Department) Date Received: _____

Building/Location meets Department Requirements for the proposed use.

Building/Location meets Department Requirements for the proposed use subject to the following conditions:

ACTIVATE "911" LBPD EMS RESPONSE IN THE EVENT OF AN INJURY/ILLNESS TO PARTICIPANT AND/OR SPECTATOR.

Building/Location does not meet Department requirements for the proposed use.

Inspection Completed On (date): 01-12-08 By: X. ESPINO, CAPTAIN, F.P.

POLICE DEPARTMENT

Police Department finds no for basis for denial Police Department finds basis for denial
 Police Department finds no for basis for denial with conditions

Conditions or Basis for Denial: _____

By: _____ Title: _____ Date: _____



CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

100 W BROADWAY STE 400 | LONG BEACH, CA 90802 | 562-570-6513 FAX 562-570-6930

ENVIRONMENTAL HEALTH
NOISE OFFICE

DEPARTMENT OF HEALTH AND HUMAN SERVICES ENTERTAINMENT PERMIT APPLICATION REQUIREMENTS

Date: Nov 6, 2008

Name of Business (DBA): Total Fighting Alliance

Name of Business Owner: ~~Northside LLC~~ Northside LLC

Business Address: 1250 Bellflower Blvd, LB
~~5610 E Pacific Coast Highway Unit C~~
Long Beach, CA 90814

Dear New Business Owners:

The Entertainment establishment must abide by the Long Beach Municipal Code Noise Ordinance, Chapter 8.80.

You must make sure that the noise generating inside your business is not impacting adjacent residences.

If loud music is to be played as part of the entertainment permit, you must also post a sign in the customer area in a conspicuous location that states:

Warning: Sound Levels Within May Cause Permanent Hearing Impairment.

I understand that in order to provide Entertainment, my establishment must comply with the Long Beach Noise Ordinance (LBMC Chapter 8.80)

Owner or Authorized Agent Signature(s) *Paul Johnson*

Title Director of Operations

Phone # 310 753 0977

FAX # 310 376 1869



OFFICE USE ONLY

Accepted By: Mark Edmington Date: 11/6/08
 Zoning Approval By: _____ Date: _____

APPLICATION FOR BOXING/WRESTLING PERMIT

(Please Print All Information - Incomplete Applications Will Not Be Accepted)

Applicant's Name (Legal Ownership Structure): Northside LLC
 Business Name (DBA): Total Fighting Alliance Business Phone: 310 374-2194
 Business Site Address: ~~44566 E Pacific Coast Highway Unit C~~ Long Beach CA 90814
 Date Business Proposes To Open: November 15, 2008 1250 Bellflower Blvd
 Days & Time Premises Are Open For Inspection: M-F 8-5

Proposed Use(s):

Boxing Professional Amateur Mock
 Wrestling Professional Amateur Mock

Explain briefly the proposed use of the rooms within the building:

Sporting Event Mixed Martial Arts

Contact Person(s) Name (authorized agent, manager, etc.): Mark Edmington
 Contact Person(s) Phone Number: (562) 905-5661

Type of Organization:

Corporation Partnership Individual Unincorporated Association or Club
 Trust LLC Other, explain: _____

OFFICE USE ONLY

Building Fire Health (Check Inspecting Department) Date Received: 12-18-8
 Building/Location meets Department Requirements for the proposed use. LMM
 Building/Location meets Department Requirements for the proposed use subject to the following conditions:

 Building/Location does not meet Department requirements for the proposed use.
 Inspection Completed On (date): _____ By: _____

POLICE DEPARTMENT

Police Department finds no for basis for denial Police Department finds basis for denial
 Police Department finds no for basis for denial with conditions

Conditions or Basis for Denial: _____
 By: _____ Title: _____ Date: _____



Date: November 10, 2008
To: Richard I. Bartlett, Business Services Officer, Commercial Services Bureau
From: Derek Burnham, Current Planning Officer 
Subject: REVIEW OF ENTERTAINMENT LICENSE REQUEST

Site Address: Walter Pyramid at CSULB
1250 N. Bellflower Blvd
Long Beach, CA 90840

Applicant: Northside LLC
DBA Total Fighting Alliance
5660 E. Pacific Coast Hwy, Unit C

Zoning District: I (Institutional District)

Proposed Use: Amateur Boxing Competition

The Community Design and Development Division of the Department of Development Services has the following comments:

The applicant is seeking to obtain an entertainment permit for an mixed martial arts sporting event to be held at the Walter Pyramid on the California State University Long Beach campus.

As a state entity, proposed activities and uses on the University campus are not within the jurisdiction of the Planning Bureau. Consequently, the Planning Bureau has no comments regarding this application.

If you have any questions regarding this response, please call Angie Zetterquist, Planner, at (562) 570-6553.