



CITY OF LONG BEACH BUSINESS LICENSE APPLICATION

Fourth Floor, City Hall

333 W. Ocean Boulevard, Long Beach, CA 90802

BBU > 160549

www.longbeach.gov

LBBIZ@LongBeach.gov

(562) 570-6211

GENERAL INFORMATION

GENERAL INFORMATION form fields including Business Name (Enaid's Way, Inc.), Business Address (710 W. Willow Street), and Officer Information (Dimitresse Yancey, President).

BUSINESS OPERATIONS INFORMATION

BUSINESS OPERATIONS INFORMATION form fields including Start Date (12/27/13), No. of Employees (4), and Federal Tax ID Number (27-5552134).

FOOD/ALCOHOL/TOBACCO/ENTERTAINMENT

FOOD/ALCOHOL/TOBACCO/ENTERTAINMENT form fields including checkboxes for food service, alcohol, and entertainment, and license number 539443.

BUILDING AND/OR GEAR INFORMATION

BUILDING AND/OR GEAR INFORMATION form fields including Property Owner's Name (Mackey Family Trust) and Business sq. ft. (3,000).

HAZARDOUS MATERIALS/MEDICAL WASTE

HAZARDOUS MATERIALS/MEDICAL WASTE form fields including checkboxes for hazardous materials and medical waste.

ACKNOWLEDGMENT TO BE COMPLETED BY SOLE OWNER, PRINCIPAL OFFICERS, MEMBERS OR PARTNERS

ACKNOWLEDGMENT TO BE COMPLETED BY SOLE OWNER, PRINCIPAL OFFICERS, MEMBERS OR PARTNERS form fields including Signature and Date.

Summary table with columns for Inspection(s), Basic Tax, Employees, Vehicles, Other, PIA, Regulatory Investigation, Misc. Fees, Sub Total, Zoning, Building Review, Total, and various permit numbers and dates.

Zoning Review form fields including checkboxes for Zoning Review, By (signature), Date (12/27/2013), and Comments (9505-01).



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GENERAL INFORMATION

Owner/Entity Name: Enalds Way Inc. Driver's License No: C3124534 State: CA Social Security No: 568043655 Home Occupation: [] Y [X] N
Business Name (D.B.A): Miko's Sports Lounge Type of Business: 2 pool tables juke box EMAIL: Dede.Yancey@yahoo.com
Business Address: 710 W Willow Street City: Long Beach State: CA ZIP: 90806 Area Code/Telephone: (562)492-9138
Billing Address: Same City: State: ZIP: Area Code/Telephone:
Residence Address: Same City: State: ZIP: Area Code/Telephone:
List of Principal Officers: Damitresse Yancey Title: President % Ownership: 100

New Business [X] Address Change [] Ownership Change [] Secondary License [] Sole Owner [] Partnership [] Corporation [X] L.L.P. [] L.L.C. []

BUSINESS OPERATIONS INFORMATION

Start Date: 12/27/13 No. of Employees: 4 No. of Vehicles: 0 Federal Tax ID Number: 27-5552134 Sales & Use Tax (Seller's Permit) No: 102-489462
Does your business have a California State License? [] Y [X] N License No: Classification(s): Renewal Date:
Have you ever had a business license/permit revoked or suspended? [] Y [X] N License Permit No: Issuing Agency: Classification & Date of Suspension/Revocation:

FOOD/ALCOHOL/TOBACCO/ENTERTAINMENT

Do you plan to sell or serve food? [X] Y [] N If serving food, how many seats?: Conditions Included: (If yes, please attach to application)
Do you plan to sell or serve alcoholic beverages? [X] Y [] N
JC License number: 539443 Type: 48
Does your business have amusement machines, video games, vending machines, jukebox and or pool tables? [X] Y [] N How many: 2 Type: juke box (1) Owner: me
Do you plan to sell tobacco products/paraphernalia? [] Y [X] N
Do you plan to operate a Smoking Lounge? [] Y [X] N
Will you deal with, use, store or transport Medical Marijuana? [] Y [X] N
Will you have: [X] Music [X] Dancing [X] Performers [] Adult Entertainment?

SERVICES/FUND RAISING

Will you offer massage, tanning, herbal therapy, escort or any other services that improve the health or well being of another? [] Y [X] N
Will you engage in fund raising? [] Y [X] N
Will you deal in coins, firearms, jewels or second-hand property? [] Y [X] N
Will you perform Parking Management? If so, please attach a detailed list of all activities? [] Y [X] N

BUILDING AND FACILITY INFORMATION

Property Owner's Name: Mackey Family Trust Business sq. ft.: 3000 Warehouse on site? [] Y [X] N
Do you: [] Own or [X] Rent/Lease your business property?

HAZARDOUS MATERIALS/MEDICAL WASTE

Will you manage or produce bio-hazardous materials or waste? [] Y [X] N
Will you use, store, or transport chemicals (new or waste state)? [] Y [X] N

ACKNOWLEDGMENT TO BE COMPLETED BY SOLE OWNER, PRINCIPAL OFFICERS, MEMBERS OR PARTNERS

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 I must obtain a business license and all necessary Federal State and local permits or I will be in violation of L. B. M. C. Chapter 3.80. I declare that I am authorized to complete this application and that the information and statements provided are true and correct. SIGN and return this statement with your remittance. Make checks payable to City of Long Beach.

Signature: [Signature] Date: 12/27/13 PRINT NAME/TITLE: Damitresse Yancey, President

Inspection(s): [] Bldg [] Fire [] Health [] HazMat [] PD [X] Other Approval of 2133610
Basic Tax: []
Employees: # @ \$ =
Vehicles: # @ \$ =
Other: # 2 @ \$ 2440 = 244.04
PIA: Pool Tables
PIA Employees: # @ \$ =
Regulatory Investigation:
Misc. Fees: 1.00
Sub Total: 16.00
Zoning: CA 12/27/13
Building Review: 22.00
Total: \$ 288.84
Prev Use: Bar Exp. Date: 4/17/13
Prev Lic:
Exp Date:
District: 30
CRT: 300505
SIC: 7999
NAICS:
Entered by: OP
Date: 12/27/13
BU: 21338620
Zoning Review: [X] Y [] N [] N/A
By: [Signature]
Date: 12/27/2013
New construction [] Reuse [X]
Zone: CCA
Comments: maximum 3 pool tables.



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GENERAL INFORMATION

Owner/Entity Name: Enaid's Way Inc; Business Name: Miko's Sports Lounge; Business Address: 710 W. Willow Street; Driver's License No: C3124534; State: CA; Social Security No: 568 043655; Home Occupation: [] Y [X] N; Type of Business: Juke box (1); Email: Dede.Yancey@yahoo.com; City: Long Beach; State: CA; ZIP: 90806; Area Code/Telephone: (562) 492-9138; Principal Officer: Damiressse Yancey, Title: President, % Ownership: 100; License Type: [] New Business [] Address Change [] Ownership Change [] Secondary License [] Sole Owner [] Partnership [X] Corporation [] LLP [] LLC.

BUSINESS OPERATIONS INFORMATION

Start Date: 12-27-13; No. of Employees: 4; No. of Vehicles: 0; Federal Tax ID Number: 27-5552134; Sales & Use Tax (Seller's Permit) No: 102-489462; State License: [] Y [X] N; License/Permit No.: []; Issuing Agency: []; Classification & Date of Suspension/Revocation: [] Y [X] N.

FOOD/ALCOHOL/TOBACCO/ENTERTAINMENT

Do you plan to sell or serve food? [X] Y [] N; If serving food, how many seats?: TBD; Do you plan to sell or serve alcoholic beverages? [X] Y [] N; BC License number: 539443 Type: 48; Conditions Included: (If yes, please attach to application) [X] Y [] N; Does your business have amusement machines, video games, vending machines, jukebox and/or pool tables? [X] Y [] N; How many: 1 Type: Juke box Owner: M; Do you plan to sell tobacco products/paraphernalia? [] Y [X] N; Do you plan to operate a Smoking Lounge? [] Y [X] N; Will you deal with, use, store or transport Medical Marijuana? [] Y [X] N; Will you have [] Music [] Dancing [] Performers [] Adult Entertainment? Will you use, store, or transport chemicals (new or waste state)? [] Y [X] N.

SERVICES/FUND RAISING

Will you offer massage, tanning, herbal therapy, escort or any other services that improve the health or well being of another? [] Y [X] N; Will you engage in fund raising? [] Y [X] N; Will you deal in coins, firearms, jewels or second-hand property? [] Y [X] N; Will you perform Parking Management? If so, please attach a detailed list of all activities? [] Y [X] N.

BUILDING AND ZONING INFORMATION

Property Owner's Name: Mackey Family TRUST; Business sq. ft.: 3000; Warehouse on site? [] Y [X] N; Do you: [] Own or [] Rent/Lease your business property?

HAZARDOUS MATERIALS/MEDICAL WASTE

Will you manage or produce bio-hazardous materials or waste? [] Y [X] N.

ACKNOWLEDGEMENT TO BE COMPLETED BY SOLE OWNER, PRINCIPAL OFFICERS, MEMBERS OR PARTNERS

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 I must obtain a business license and all necessary Federal State and local permits or I will be in violation of L. B. M. C. Chapter 3.80. I declare that I am authorized to complete this application and that the information and statements provided are true and correct. SIGN and return this statement with your remittance. Make checks payable to City of Long Beach.

Signature: D. Yancey Date: 12-27-13 PRINT NAME/TITLE: Damiressse Yancey, President

DO NOT WRITE BELOW THIS LINE; Inspection(s): [] Bldg [] Fire [] Health [] HazMat [] PD [] Other approach of 2133610; Basic Tax: []; Employees: # @ \$ =; Vehicles: # @ \$ =; Other: # @ \$ =; PIA: # @ \$ =; PIA Employees: # @ \$ =; Regulatory Investigation: # @ \$ =; Misc. Fees: DEC 27 2013 ADA 1.00; Sub Total: 16.00; Zoning: 16.00; Building Review: 16.00; Total: \$ 121.40; Entered by: CP Date: 12/27/13 BU: 21328630

Zoning Review: (Y) N N/A; By: [Signature] Date: 12/27/2013; New construction: [X] Reuse; Zone: CCA; Comments: Juke box

State and Local Tax Account Verification

Permit Number 102489462 is Valid

Owner Name: ENAID'S WAY, INC.
Business Name: MIKO'S SPORTS LOUNGE
Address: 710 W WILLOW ST
LONG BEACH
CA

Start Date: 12/02/2013

Seller's permit verification is available to help you determine if a seller's permit account number included on your customer's resale certificate is currently valid. As a seller, you are responsible for ensuring the resale certificate is properly completed. Please refer to

X797 BC99ACAL BC0123 BUS LIC INSPECTIONS - INQUIRY 01/07/14 08:17
TC: BI FUNCTION: I SYSTEM: BU ACCOUNT: 21338610
SEARCH: KEY: ENAID'S WAY INC PR:
STATUS: PACTIVE START DATE: 12 27 13 SIC CODE: 005813 H/O: N
NEW CODE: A3 NEW OWNER CLOSED CODE:
INSP CONTACT: EXP:
DBA NAME: MIKE'S SPORTS LOUNGE
TYPE OF BUS: 100503 BAR/TAVERN/LOUNGE PRODUCT: BAR
ALC: Y SQFT => BLDG: PUB: HAZ/QTY: N EPA: N
HSE# FRA D STREET NAME TYPE S UNIT
BUS ADDR: 00710 W WILLOW ST
CITY: LONG BEACH ST: CA ZIP: 90806 BUS PH: 562 492 9138

DEPT: BUILDING ==> APPR/REJ INSP REQ: INSP CMP:
DEPT: HLTH/FIRE ==> APPR/REJ COND START: COND EXP:

PREV USE: PREV EXP:

REMARKS: BAR
OTHER= ABC LIC W/ COND, WHEN ACTIVE CLEAR ACCTS 21338620 &21338630

REFERRALS => BUILDING: C FIRE: Y HEALTH: Y HAZ: N POLICE: Y OTHER: N
NBR OF => EMPS: 4 VNDNG MCHNS: SQ FT: UNITS: VEHS:

APPROVED BY 

DATE 2/25/14