



City of Long Beach
Business Services Division
333 W. Ocean Boulevard, 4th Floor
Long Beach, CA 90802

Website: www.longbeach.gov/finance/business_license
Phone: (562) 570-6211 Fax: (562) 499-1097 Email: LBBIZ@longbeach.gov

CONDITIONAL BUSINESS LICENSE

This is a Conditional Business License, which is valid for a maximum of 180 days from date of application in accordance to Long Beach Municipal Code (LBMC) 3.80.421.1(B).

Application Date: 12/27/2013

Expiration: 06/24/2014

To: Enaid's Way Inc.

(Business Owner)

DBA: Miko's Sports Lounge

For: Bar/Juke Box (1)/Pool Tables(2)

(Business Type)

Account No.: 21338610

At 710 W Willow Street

(Location)

In the City of Long Beach.

Conditions of Operation: Must adhere to all applicable Federal, State and Local laws;

1.) Must have at least two (2) No Loitering signs posted at all times

2.) Must keep rear doors closed except in the case of an emergency or to allow for a delivery

3.) The establishment shall remain in compliance with all applicable sections of the Long Beach Noise Ordinance (LBMC Chapter 8.80).

This is **NOT** your permanent business license. Prior to the issuance of your permanent business license, you must make certain corrections or obtain specific permit/approvals from the following City Departments:

☐ Planning and Building

☐ Health Department

☐ Fire Department

☒ Police Department

Comment Failure to comply with LBMC, and/or additional conditions may result in denial of a business license.

Please be sure to review the correction notices issued by the individual City Inspectors from the above-mentioned departments and make all the necessary corrections prior to or by the date indicated on the correction notice. Failure to make the necessary corrections by the expiration date will result in the denial of your Business License Application and you will have to stop operations immediately.

I have read and understand the above requirements and conditions of operation:

Applicant's Signature: D. Vance

Date: 3/28/14

Purchasing and Business
Services Manager: Garon McDonald

Date: 3/26/2014

City Official: [Signature]

Date: 3/26/2014

Attachment(s):

This Conditional Business License MUST be posted at your place of business so that it is clearly visible to the public.

CITY OF LONG BEACH
BUSINESS LICENSE
ACCOUNT: BU21338610 OWNERSHIP NON-TRANSFERABLE DATE: 12/24/14
LICENSE EXPIRES ON 12/27/15

THE LICENSEE NAMED BELOW IS AUTHORIZED TO OPERATE THE FOLLOWING TYPE OF
BUSINESS: BAR/TAVERN/LOUNGE DBA: MIKO'S SPORTS LOUNGE
LOCATED AT: 710 W WILLOW ST

ENAIID'S WAY INC
710 W WILLOW ST
LONG BEACH CA 90806

AUTHORIZED BY JOHN GROSS
DIRECTOR OF FIN MGMT

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X711 BC15ULPV BC0125 EXTRA MISCELLANEOUS NOTE-INQUIRY 06/16/15 09:44
TC: XN FUNCTION: I SYSTEM: BU ACCOUNT: 21338610
SEARCH: KEY: ENAID'S WAY INC PR:
3/25/14 ISSUED COND LIC FOR 12/27/13 - 6/24/14 WITH COND AGREED TO BY BUS O
1.) MUST HAVE AT LEAST TWO (2) NO LOITERING SIGNS POSTED AT ALL TIMES
2.) MUST KEET REAR DOORS CLOSED EXCEPT IN THE CASE OF AN EMERGENCY OR TO ALLOW
FOR A DELIVERY/BJY
06/24/14 DURING THE COND LIC PERIOD BUS LIC DID NOT RECEIVE A RECOMMENDATION
FROM PD OR PETE RONCA IN NUISANCE ABATEMENT TO DENY THE LIC. BUS LIC ALSO
MONITORED THE BUS TO ENSURE COMPLIANCE AND DID NOT FIND ANY VIOLATIONS THAT
WOULD CUASE A DENIAL. ISSUED LIC/BJY

01/17/14 FIRE OK PER TONY/BJY
03/04/14 HEALTH OK PER SIGNOFF SHEET ATTCHED TO APP/AXW



CITY OF LONG BEACH
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF ENVIRONMENTAL HEALTH
2525 Grand Avenue, Room 220, Long Beach, CA 90815
Telephone (562) 570-4132 Fax (562) 570-4038

Owner/Operator/PIC	FOOD PROGRAM OFFICIAL INSPECTION REPORT	Inspection Date 2/25/14	Time In 1030	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Facility Name/DBA Mitos Sports Lounge	Site Address 710 W. Willow St.			

During an inspection of the premises at the above address, the following violation(s) were noted which require correction within the time indicated:

OBSERVATIONS AND CORRECTIVE ACTIONS

- Approved
- 1) Remove liquor from office space or remove carpet
→ Facility needs area by storage racks for inventory
 - 2) Submit 3 sets of plans if kitchen will
be installed or equipment added
 - 3) Provide one Certified Food Manager at Facility
if potentially hazardous foods will be served/used
at Facility, e.g., milk.

Note: Facility has no full sized warewashing sink,
so no large pan/utensils can be used at Facility

SIGNING FOR RECEIPT OF THE ABOVE NOTICE IS NOT AN ADMISSION OF THE FACTS OF THE VIOLATIONS SET FORTH THEREIN.

[Signature]
Received By

[Signature]
Reinspection Date
(on or after date)

[Signature]
Representative

Employee #	P.E. #	CT	DT
12	1165		
Service	Permit License #		
6			
Certified Employee	Cert. No.	Exp. Date	

A \$ 205.00* fee is charged when violations noted during an inspection are not corrected prior to the re-inspection date. A re-inspection will occur on or after:

[Signature]
*Fee is subject to change