

2175 Cherry Avenue • Signal Hill, CA 90755-3799

Chapter 8.16 of the Signal Hill Municipal Code.					
Select one: New Application Renewal Application					
Select type: Home for the Aged Mental Institution Private Day School Day Nursery Private Boarding School/Children's Boarding Home					
Business Name: Cole Vocational Services					
Business Address: 2798 Junipero Ave Signal Hill, CA 90	0755 Busine	ess Phone: <u>(562)</u> 912-734	10		
On-Site Contact Name: Summer Nguyen		Contact Phone:			
Applicant Name: Summer Nguyen		_ Applicant Phone!			
Name/Address/Phone of Partners/Officers/CEO:					
Emergency Contact: Summer Nguyen Emergency Phone: Emergency Email: summer.nguyen@sevitahealth.com Describe Business Operation: Day Program for adults with disabilities					
Person/Title Responsible: Program Director					
Investigation Fee based on number of accommodations:					
☐ 1 − 10 children/persons: \$10.00	□ 51 – 1	00 children/persons: \$75.0	0		
☐ 11 – 25 children/persons: \$20.00	☐ 101 or	101 or more children/persons: \$100.00			
26 – 50 children/ persons: \$40.00					
Summer Nguyen hereby affirm that the st	atements made	in this application are true	and correct.		
du Nan	Program Dire	ector 10/9/25			
Applicant Signature	Title	Date			
	و من المنافع الله المنافع الله الله الله الله الله الله الله الل	ن خان خان خان خان خان خان خان خان خان خا	***		
For office use only:	Finance code: 100-32-4632				

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Application for a permit to operate an Institutional Business in the City of Signal Hill, California, pursuant to Chapter 8.16 of the Signal Hill Municipal Code.

Chapter 8.16 of the Signal	Hill Mun	nicipal Code.		
Select one: New Application Renewal Application				
Select type: ■Home for the Aged ☐ Mental Institution ☐ Private Day School ☐ Day Nursery ☐ Private Boarding School/Children's Boarding Home				
Business Name: Courtyard Care Center	-			
Business Address: 1880 Dawson Ave.		_ Business Phone: (562)494-5188		
		Contact Phone:		
Applicant Name: Courtyard Care Center		Applicant Phone:		
Name/Address/Phone of Partners/Officers/CEO:			_	
			_	
Emergency Contact: Fernan Tolentino	Emerge	gency Phone:		
Emergency Email: ftolentino@courtyardcarecenter.com				
Describe Business Operation: Long-term and short-term r	ehabilit	itation		
			_	
Person/Title Responsible: Fernan Tolentino/Administrator				
Investigation Fee based on number of accommodations:				
☐ 1 – 10 children/persons: \$10.00		51 - 100 children/persons: \$75.00		
☐ 11 – 25 children/persons: \$20.00		101 or more children/persons: \$100.00		
☐ 26 – 50 children/ persons: \$40.00		•		
Courtyard Care Center hereby affirm that the statements made in this application are true and correct.				
	Adminis	istrator 10/29/2025		
Applicant Signature	Title	Date	_	
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For office use only:	**************************************			



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Select one: New Application Renewal Application	1		
Select type: ☐Home for the Aged ☐ Mental Institution ☐ ☐Private Boarding School/Children's Boardi			
Business Name: Dungarvin California, LLC			
Business Address: 695 East 7th Street, Signal Hill, CA	8 90755 Business Pho	ne: (562) 270 - 6416	
On-Site Contact Name: Juan Zepeda	Contact Phon	e:	
Applicant Name: <u>Jesse Hansen</u>	Applicant Pho	one:	
Name/Address/Phone of Partners/Officers/CEO: Lori Kre	ess, CEO, Emily Sheev	el, CFO,	
1444 Northland Drive, Suite 200, Mendota Heighs M			
Emergency Contact: Jesse Hansen	Emergency Phone:		
Emergency Email: jhansen@dungarvin.com			
Describe Business Operation: Day program assisting individ	lual with daily living skills,	accessing community activities,	
skill development, and employment training. Program offers a mo	orning session (8a-1p) and a	an afternoon session (2p-6p) M-F.	
Person/Title Responsible: Jesse Hansen - State Director	or		
Investigation Fee based on number of accommodations:			
☐ 1 – 10 children/persons: \$10.00	■ 51 – 100 children/persons: \$75.00		
☐ 11 – 25 children/persons: \$20.00	☐ 101 or more c	101 or more children/persons: \$100.00	
☐ 26 – 50 children/ persons: \$40.00			
Jesse Hansen hereby affirm that the s	tatements made in this a	pplication are true and correct.	
2//-	State Director	10/17/2025	
Applicant Signature	Title	Date	
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	Chapter 8.16 of the Signa	ai Hili Municipal Code.	
Select one: New Applicatio	n Renewal Application	1	
Select type: ☐ Home for the Aged ☐ Mental Institution ☐ Private Day School ■ Day Nursery ☐ Private Boarding School/Children's Boarding Home			
Business Name: Long Beach	Community Improvement	League	
Business Name: 2399 Cali	iornia Avenue, Signal Hill, (CA 90755 Business Phone:	562-989-5766
On-Site Contact Name: Jan B	lair	Contact Phone:	
Dr. Farah N	laz Khaleghi	Applicant Phone:	
Name/Address/Phone of Part	ners/Officers/CEO: Dr. Far	rah Naz Khaleghi, CEO	
2222 Olive Avenue, Long B	each, CA 90806		
Emergency Contact: Lois Th		Emergency Phone:	
flebologhi	a hall ord		
Emergency Email: IRrialegini Describe Business Operation	State Subsidized Child Car	re Center, Preschool (ages 2 to	5)& After School Programs
(ages 6 to 13) for low incom	ne children		
(ages o to 15) for low incom	ura Sidney Site Director		
Person/Title Responsible: La	and oldricy, one proceeds		
Investigation Fee based on n		. ☐ 51 – 100 children/	(nersons: \$75.00
☐ 1 – 10 children/person			ren/persons: \$100.00
☐ 11 – 25 children/pers		■ 101 or more critic	rempersons. \$100.00
☐ 26 – 50 children/ pers	ons: \$40.00		
Dr. Farah Naz Khaleghi	hereby affirm that the	statements made in this appl	ication are true and correct.
Farahnaz Khaleghi	Digitally signed by Farahnaz Khaleghi Date: 2025.10.30 12:35:19 -07'00'	Executive Director	10/30/2025
Applicant Signature		Title	Date
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Application for a permit to operate an Institutional Business in the Chapter 8.16 of the Signal Hill Mur	
Select one: New Application Renewal Application	
Select type: ☐Home for the Aged ☐ Mental Institution ☐ Private ☐Private Boarding School/Children's Boarding Home	
Business Name: Unlimited Quest Long Beach	
Business Address: 3350 Olive Ave., Signal Hill, CA 90755	Business Phone: (562) 595-0730
On-Site Contact Name: Alexis Duran	Contact Phone:
Applicant Name: Alexis Duran	Applicant Phone
Name/Address/Phone of Partners/Officers/CEO: Philip Kaufman,	CEO
6600 France Ave. S. Ste 350, Edina, Minnesota, 55435	
Emergency Contact: Alexis Duran Emerg	ency Phone:
Emergency Email: alexis.duran@sevitahealth.com	
Describe Business Operation: This is a day program for adults w	vith disabilities that specializes in working
with individuals that has behaviors.	
Person/Title Responsible: Alexis Duran, Day Program Manager	
Investigation Fee based on number of accommodations:	
☐ 1 – 10 children/persons: \$10.00 ☐	51 – 100 children/persons: \$75.00
☐ 11 – 25 children/persons: \$20.00 ☐	101 or more children/persons: \$100.00
■ 26 – 50 children/ persons: \$40.00	
Alexis Duran hereby affirm that the statements	s made in this application are true and correct.
-	rogram Manager 10/23/2025
Applicant Signature Title	Date
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