

## 2175 Cherry Avenue • Signal Hill, CA 90755-3799

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 Mul	nicipal Code.
Select one: New Application Renewal Application	
Select type: ☐ Home for the Aged ☐ Mental Institution ☐ Private ☐ Private Boarding School/Children's Boarding Home	
Business Name: Cole Vocational Services Signal Hill	
Business Address: 2798 Junipero Avenue, Signal Hill, CA 90755	Business Phone: 562-912-7340
On-Site Contact Name: Aniece Johnson	Contact Phone: 310-308-2676
Applicant Name: The Mentor Network ( Ca Mentor )	Applicant Phone: 909-483-2505 ext. 7377
Name/Address/Phone of Partners/Officers/CEO: Tammi Castillo/ 9166 Anaheim Place, Suite 200 Rancho Cucamonga, CA 917	30
Emergency Contact: Bernice Bailey Emerg	ency Phone: 562-544-8275
Emergency Email: Bernice.Rosborough-Bailey@sevitahealth.co	m
Describe Business Operation: Day program	
Person/Title Responsible: Aniece Johnson - 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	
The Mentor Network (Ca Mentor) hereby affirm that the statements  Office Mentor Mentor (Ca Mentor)	
Applicant Signature Title	Date
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Select one: ☐New Application ☐ Renewal Application			
Select type: ☐Home for the Aged ☐ Mental Institution ☐ ☐Private Boarding School/Children's Boarding		Day School ☐ Day	y Nursery
Business Name: Courtyard Care Center			
Business Address: 1880 Dawson Ave.		Business Phone:	(562) 494-5188
On-Site Contact Name: Jonah Bagsic		Contact Phone: (	562) 494-5188
Applicant Name: Courtyard Care Center		Applicant Phone:	(562) 494-5188
Name/Address/Phone of Partners/Officers/CEO:			
Emergency Contact: Jonah Bagsic	_Emerg	ency Phone: (310	9) 938-3789
Emergency Email: jbagsic@courtyardcarecenter.com			
Describe Business Operation: Long-term and short-tern	n rehab	ilitation	
Person/Title Responsible: Jonah Bagsic/Administrator			
Investigation Fee based on number of accommodations:			
☐ 1 – 10 children/persons: \$10.00		51 – 100 children/ <sub> </sub>	persons: \$75.00
☐ 11 – 25 children/persons: \$20.00		101 or more childr	en/persons: \$100.00
☐ 26 – 50 children/ persons: \$40.00			
Courtyard Care Center hereby affirm that the sta	tements	made in this appli	cation are true and correc
	Admin	istrator	9/17/2024
Applicant Signature	Title		Date
*************	*****	******	******

Finance code: <u>100-32-4632</u>

For office use only:



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Chapter 8.16 of the	Signal Hill Municipal Code.		
Select one: New Application Renewal Applic	cation		
Select type: Home for the Aged Mental Institut	ion ☐ Private Day School ☐ □ loarding Home∑Day Program f	Day Nursery or Developmentally Disable	d Adul
Business Name: Dungarvin California, LLC Business Address: 695 East 7th Street, Signal Hill	CA 90755 Rusings Phon	o. (562) 270 - 6416	
	Business Phon	(562) 270 - 6416	
On-Site Contact Name: Juan Zepeda	Contact Phone	(707) 528-9155	—
Applicant Name: Jesse Hansen	Applicant Phon	e: (707) 528-9155	
Name/Address/Phone of Partners/Officers/CEO: Lo	ori Kress, CEO, Emily Sheeve	1, 0,0	
1444 Northland Drive, Suite 200, Mendota Heigh	s MN 55120, 651-699-0206	07) 500 0455	
Emergency Contact: Jesse Hansen	Emergency Phone: <u>(7</u>	07) 528-9155	
Emergency Email: jhansen@dungarvin.com			
Describe Business Operation: Day program assisting skill development, and employment training. Program offer	individual with daily living skills, a s a morning session (8a-1p) and a	accessing community activity afternoon session (2p-6p) N	Λ-F.
Person/Title Responsible:			
Investigation Fee based on number of accommodate	tions:		
☐ 1 – 10 children/persons: \$10.00	■ 51 – 100 childre	en/persons: \$75.00	
11 – 25 children/persons: \$20.00	☐ 101 or more ch	ildren/persons: \$100.00	
26 – 50 children/ persons: \$40.00			
Jesse Hansen hereby affirm tha	t the statements made in this ap	oplication are true and cor	rect.
7/30	State Director	9/23/2024	
Applicant Signature	Title	Date	
- the same			
*************************	*****	******	
For office use only:	Finance code: 100-32-4632		



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Select one: New Applicat	ion Renewal Application	on	
	Aged  Mental Institution ding School/Children's Board	☐ Private Day School 團 Da ding Home	y Nursery
Business Name: Long Beach	h Community Improvemen	nt League	
Business Address: 2399 Ca	llifornia Avenue, Signal Hill,	CA 90755 Business Phone:	562-951-3500
On-Site Contact Name: Laur	ra Sidney	Contact Phone:	562-989-5766
Applicant Name: Dr. Farah	Naz Khaleghi	Applicant Phone:	
Name/Address/Phone of Pa 2222 Olive Avenue, Long I		rah Naz Khaleghi, Executiv 2-951-3500	e Director
Emergency Contact: Laura	Sidney	Emergency Phone: 562	-989-5766
Emergency Email: Isidney@	glbcil.org		
Describe Business Operation	n: subsidized child care ce	nter, preschool, and after s	chool program
for low income children ago	es 2 to 13, year round, Mo	nday -Friday, 7 a.m. to 6 p.	m.
Person/Title Responsible: La	aura Sidney, Site Director		
Investigation Fee based on r	number of accommodations:		
☐ 1 – 10 children/perso	ns: \$10.00	☐ 51 – 100 children/	persons: \$75.00
☐ 11 – 25 children/pers	ons: \$20.00	101 or more childs	en/persons: \$100.00
☐ 26 – 50 children/ pers	sons: \$40.00		·
Dr. Farah Naz Khaleghi	hereby affirm that the	statements made in this appli	cation are true and correct
Farahnaz Khaleghi	Oigitally signed by Farahnez Khaloghi Date: 2024 09 10 16:49:13 07:001	Executive Director	9/10/2024
Applicant Signature		Title	Date



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Select type: ☐Home for the Aged ☐ Mental Institution ■ Private Day School ☐ Day Nursery ☐Private Boarding School/Children's Boarding Home				
Business Name: Unlimited Quest				
Business Address: 3350 Olive Ave., Signal Hill CA 90	755 Business Phone: (562) 595-0730			
On-Site Contact Name: Josephine Santos/Alexis Nishi				
Applicant Name: National Mentor, INC.	Applicant Phone: (909) 648-7334			
Name/Address/Phone of Partners/Officers/CEO: 9166 /	Anaheim Place #200, Rancho Cucamonga CA 91730			
Emergency Contact: Josephine Santos/Alexis Nishimo				
Emergency Email: Josephine.Santos@sevitahealth.co	om / Alexis.Nishimoto@sevitahealth.com			
Describe Business Operation: Adult Day Services				
Person/Title Responsible: Josephine Santos - Day pr	ogram 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				
·				
National Mentor, INC. hereby affirm that the	statements made in this application are true and correct.			
45	• • • • • • • • • • • • • • • • • • • •			
- Pr	Day Program Manager 12/096/2024			
Applicant Signature	Title Date			
*************	***********			
For office use only:	Finance code: <u>100-32-4632</u>			