



CITY OF SIGNAL HILL

2175 Cherry Avenue • Signal Hill, CA 90755-3799

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

Business Type: Adult Day Servicing-Serving Adults W/ Disabilities Code Section: 8.16
Business Name: Cole Vocational Services On-Site Contact: Erin Welch / Program director
Address: 2788 Judgers Ave Signal Hill, CA 90807 Name: Erin Welch
Telephone: (562) 912-7340 Telephone: (562) 912-7340
Type of Organization: Adult day program for developmentally disabled individuals
Applicant: Cole Vocational Services Address: 2788 Judgers Ave, Signal Hill, CA 90807
Name, Business Address, Telephone Number of Partners/Officers/CEO: _____

9166 Anaheim Place Suite Rancho Cucamonga, CA 91730

Executive Director Tammi Castillo (909) 483-2505

Number of Accommodations: 30
Emergency Contact: Erin Welch / Program director
Telephone (including area code): (562) 761-5285
Email Address: Erin.Welch@sevitahhealth.com
Describe Business Operation: Adult day program for developmentally disabled individuals
Person/Title Responsible: Tammi Castillo Executive Director (909) 566-8332

I, Tammi Castillo hereby affirm that the statements made in this application are true and correct.

Tammi Castillo Executive Director 12/20/2021
Applicant signature Title Date

* For office use only: Investigation Fee \$100 \$100.00

Finance code: 100-32-4632

Health Department Inspection Date: _____

LAC Fire Department Inspection Date: _____

Permit Expiration Date: _____



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

Business Type: Skilled Nursing Facility Code Section: 8.16
Business Name: Courtyard Care Center On-Site Contact: Jonah Baggic
Address: 1880 Dawson Ave. Signal Hill, CA 90755 Name: Jonah Baggic
Telephone: (562) 494-5188 Telephone: (562) 810-5215
Type of Organization: S Corporation
Applicant: Courtyard Care Center Address: _____
Name, Business Address, Telephone Number of Partners/Officers/CEO: _____

Number of Accommodations: 59
Emergency Contact: Jonah Baggic
Telephone (including area code): (562) 494-5188
Email Address: JBAGGIC@COURTYARDCARECENTER.COM
Describe Business Operation: Long-term & Short-term Rehabilitation
Person/Title Responsible: Jonah Baggic / Administrator

I, Jonah Baggic hereby affirm that the statements made in this application are true and correct.

<u>[Signature]</u>	<u>Administrator</u>	<u>10/13/21</u>
Applicant signature	Title	Date

* For office use only: Investigation Fee \$100 X

Finance code: 100-32-4632

Health Department Inspection Date: _____

LAC Fire Department Inspection Date: _____

Permit Expiration Date: _____



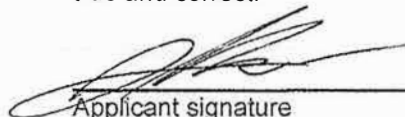
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pursuant to Chapter 8.16 of the Signal Hill Municipal Code.

Business Type: Adult Day Program Code Section: 8.16
Business Name: Dungarvin CA LLC On-Site Contact: Ollie Martin
Address: 695 E 27th, Street Signal Hill CA 90755 Name: Ollie Martin
Telephone: (562) 270-6416 ext 4181 Telephone: _____
Type of Organization: Limited Liability Corporation
Applicant: Dungarvin CA LLC Address: 19300 S Hamilton Ave Ste 140
Gardena CA 90248
Name, Business Address, Telephone Number of Partners/Officers/CEO: _____
Tim Madden, CEO, 1444 Northland Drive, Suite 200, Mendota Heights MN 55120, 651-699-0206
Joe Regescheid, CFO, 1444 Northland Drive, Suite 200, Mendota Heights MN 55120, 651-699-0206
Number of Accommodations: Please See Attached Letter
Emergency Contact: Jesse Hansen, Dungarvin State Director
Telephone (including area code): (707) 528-9655
Email Address: jhansen@dungarvin.com
Describe Business Operation: Please See Attached Letter
Person/Title Responsible: Jesse Hansen, Dungarvin State Director

I, Jesse Hansen hereby affirm that the statements made in this application are true and correct.


Applicant signature

State Director
Title

10/22/2025
Date

* For office use only: Investigation Fee \$100 _____

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

Business Type: Child Development Center Code Section: 8.16
Business Name: Long Beach Community Improvement League On-Site Contact: Laura Sidney
Address: 2399 California Avenue, Suite A, Signal Hill, CA 90765 Name: Laura Sidney
Telephone: 562-951-3500 Telephone: 562-989-5766
Type of Organization: Non-profit, Social and Civic Service Organization
Applicant: Long Beach Community Improvement League Address: 2222 Olive Avenue, Long Beach, CA 90806
Name, Business Address, Telephone Number of Partners/Officers/CEO: CEO: Dr. Farah Naz Khaleghi
Officers: Mr. Ahmed Saafir (Board Chair), Ms. Colleen Bentley Treasurer), IMs. Terri McAdams (Secretary)
2222 Olive Avenue, Long Beach, CA 90806, Tel: 562-951-3500 & 562-426-8897
Number of Accommodations: 141
Emergency Contact: Laura Sidney
Telephone (including area code): 562-989-5766
Email Address: lsidney@lbcil.org
Describe Business Operation: Providing child care and development for ages 2-5 and before/after school care for 6-13 years old
year-round, M-F, 7 a.m. to 6 p.m. Programs and services are subsidized by California Department
of Education and Department of Social Services.
Person/Title Responsible: Dr. Farah Naz Khaleghi, Executive Director/CEO

I Farah Naz Khaleghi hereby affirm that the statements made in this application are true and correct.

Farah Naz Khaleghi

Executive Director, October 12, 2021

Applicant signature

Title

Date

* For office use only: Investigation Fee \$100 X

Finance code: 100-32-4632

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Business Type: Adult Day Service- Serving adults w/ disabilities Code Section: 8.16
Business Name: Unlimited Quest On-Site Contact: _____
Address: 3350 Olive Ave. Signal Hill, CA 90755 Name: Josephine Santos
Telephone: 562-595-0730 Telephone: 818-913-6382
Type of Organization: Corporation
Applicant: Unlimited Quest Address: 9166 Anaheim Place Suite 200
Name, Business Address, Telephone Number of Partners/Officers/CEO: Rancho Cucamonga, CA 91730
Unlimited Quest, Inc. - 9166 Anaheim Place Suite 200 Rancho Cucamonga, CA 91730
Tammi Castillo 909-483-2505
Number of Accommodations: _____
Emergency Contact: Ryan Rieger - Area Director
Telephone (including area code): 5 627 615285
Email Address: Ryan.Rieger@TheMentorNetwork.com
Describe Business Operation: _____
Person/Title Responsible: Josephine Santos - Program Director

I, Tammi Castillo hereby affirm that the statements made in this application are true and correct.

Tammi Castillo Executive Director 10/27/2021
Applicant signature Title Date

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