



# Renewal Invoice

**CITY OF SAINT PAUL**

Check this box if making any name, mailing address or phone # corrections. Please write the changes on this form. If your business license address is changing, please request a new business license application

Department of Safety and Inspections  
 375 Jackson Street, Suite 220  
 Saint Paul, MN 55101-1806  
 PHONE: (651) 266-8989  
 FAX: (651) 266-9124  
 An Equal Opportunity Employer

May 17, 2011

**MARIA L MCCONACHIE**  
 5653 44TH AVE S  
 MINNEAPOLIS MN 55417

**Invoice # : 743579**

Invoice Due Date : Upon Receipt

Account Balance: \$135.00

**Pay this Amount: \$135.00**

HOME PHONE: 763-458-0650 BUSINESS PHONE: 651-698-5000

Transaction Description	Transaction Total
Inv: 719467 100000371 Massage Practitioner Expires: 01/15/2011 @ 2145 FORD PKWY	90.00
Inv: 729538 Late Fee 7-30 days late (10%)	9.00
Inv: 732086 Late Fee 31-60 days late (10%)	9.00
Inv: 735068 Late Fee 61-90 days late (10%)	9.00
Inv: 739952 Late Fee 91-120 days late (10%)	9.00
Late Fee 121+ days late (10%)	9.00
Requirements	<b>Invoice Amount Due: \$135.00</b>

Your account is overdue. Please mail payment today!!

\* Submit insurance certificate showing coverage of \$1,000,000 general liability and \$1,000,000 professional liability; with the City of Saint Paul named as an additional insured and a 30-day notice of cancellation. Insurance certificate forms must be made out in the name that the license is in an show a policy number. The license expiration date will run concurrent with the insurance expiration date.

\* Submit proof of affiliation from a City of Saint Paul licensed therapeutic massage center (commercial or home location); or, state licensed health facility (ie. physician's office, chiropractor's office, nursing home,...). All centers must be located within the City of Saint Paul.

\* LICENSES ARE NOT TRANSFERABLE from person to person, nor from place to place, nor a transfer of stock in a corporate licensee, nor of shares or interests in a partnership or other legal entity, pursuant to City of Saint Paul Legislative Code 310.11.

\* You must notify DSI by applying for a new massage practitioner license if you plan to move and/or relocate affiliation sites.

Please Give Us Your Email Address: \_\_\_\_\_

Please Return this invoice with your payment!