



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
St. Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

August 1, 2011

Sarah A Larson
35006 Hanna Road
Cohasset, MN 55721

RE: Massage Practitioner License

Dear Sarah A Larson:

Our records indicate that your Massage Practitioner License is delinquent. If you have changed your place of employment please note that **your license is not transferable to another site.**

For your convenience, a copy of the current invoice and a return envelope is enclosed. If you are no longer working within the City of Saint Paul please advise our office of that information in writing.

Please note that **your total bill is \$126.00** which includes late fees. This payment must be received in this office by August 22, 2011 or we will submit your unpaid account to the City Attorney's office for adverse action against your license. **Please remember you must include the requested information on the bottom of the renewal invoice at the time of payment.**

If you have questions regarding this notice, please contact DSI at 651-266-8989.

Sincerely,

Patricia McGinn

Office Manager



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

August 30, 2011

SARAH A LARSON
 CONTACT: SARAH LARSON
 35006 HANNA ROAD
 COHASSET MN 55721

HOME PHONE: 651-253-5936

Invoice # : 757288
 Invoice Due Date : Upon Receipt
 Account Balance: \$135.00
Pay this Amount: \$135.00

Transaction Description	Transaction Total
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Inv: 743414 100002048 Massage Practitioner Expires: 04/30/2011 @ 50 CRETIN AVE S	90.00
Inv: 743593 Late Fee 7-30 days late (10%)	9.00
Inv: 744968 Late Fee 31-60 days late (10%)	9.00
Inv: 749193 Late Fee 61-90 days late (10%)	9.00
Inv: 752947 Late Fee 91-120 days late (10%)	9.00
Late Fee 121+ days late (10%)	9.00

Requirements	Invoice Amount Due: \$135.00
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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!