



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

March 30, 2012

Megan Lynn Iversen
Contact: Megan L Iversen
1000 16th Avenue North #2
South St. Paul, MN 55075

RE: Massage Practitioner License

Dear Megan Lynn Iversen:

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** which includes late fees. This payment must be received in this office by **April 20, 2012** 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,

Maxine Linston

Office Assistant



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

March 29, 2012

MEGAN LYNN IVERSEN
 CONTACT: MEGAN L IVERSEN
 1000 16TH AVE N # 2
 SOUTH ST PAUL MN 55075

Invoice #: 801540

Invoice Due Date : Upon Receipt

Account Balance: \$126.00

Pay this Amount: \$126.00

HOME PHONE: 952-201-2232 BUSINESS PHONE: 651-699-5619

Transaction Description

Transaction Total

Inv: 772469 110000758 Massage Practitioner Expires: 12/29/2011 @ 1821 ST CLAIR AVE	90.00
Inv: 784152 Late Fee 7-30 days late (10%)	9.00
Inv: 791746 Late Fee 31-60 days late (10%)	9.00
Inv: 798053 Late Fee 61-90 days late (10%)	9.00
Late Fee 91-120 days late (10%)	9.00

Requirements

Invoice Amount Due: \$126.00

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 and 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, or 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!