



Request for City Attorney's Office Action
From the Department of Safety and Inspections

Date: 8/01/2018

To: Kris Schweinler

Prepared by: Jeff Fischbach

Licensee Name & Number: Tamara Jean Hillis / ID # 20180000375

Adverse License Action Requested:

<u>Type of Violation:</u>	<u>Requested Penalty:</u>
<input type="checkbox"/> First Violation	_____
<input type="checkbox"/> Second Violation (Within 12 Months)	_____
<input type="checkbox"/> Third Violation (Within 18 Months)	_____
<input type="checkbox"/> Fourth Violation (Within 24 Months)	_____
<input checked="" type="checkbox"/> Application Denial	_____
<input type="checkbox"/> Renewal Revocation/Suspension	_____

Cause for Action:

Brief Description: Failed to provide completed/notarized Personal Affidavit Forms to allow DSI to conduct record check

<input type="checkbox"/> Ordinance Violations	Ordinance Number(s): _____
<input type="checkbox"/> License Condition Violations	License Type: _____
	Condition Number(s): _____

Supporting Documentation:

- Law Enforcement Data
- Driver's License Data
- License/Permit
- Photograph(s)
- Inspector Report(s)
- Other Letter dated 6/21/2018



CITY OF SAINT PAUL

375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806

Telephone: 651-266-9090
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

June 21, 2018

Tamara Jean Hillis
2700 Humboldt Ave #203
Minneapolis, MN 55408

Re: Pending Massage Practitioner License Application ID# 20180000375

Dear Applicant:

The above referenced license application you submitted has been in a pending status since 01/26/2018. At this time, your license has not yet been issued and remains in a status of pending. So that DSI may continue processing this application, **please complete the following actions by 07/17/2018**:

1. **Complete and return the enclosed Personal Affidavit Form.** Please note, you must include your full name (including full middle name) and the Personal Affidavit Form **must be signed in front of a Notary Public** or in front of a DSI Inspector after presentation of a valid form of photo identification (e.g., driver license, State issued identification card, etc.).

Alternatively, if you never established operation within the City, you may complete and return the enclosed Request to Withdraw / Request for Refund form. This would not prevent you from resubmitting a new application at a later date.

DSI must receive the above referenced additional information or a written request to withdraw your application by **07/17/2018**, or the license application request will be referred to the City Attorney for denial.

If you have any questions regarding this matter, I may be contacted at 651-266-9106.

Sincerely,

Jeffrey Fischbach,
DSI Inspector III

c. Barb McMonigal-St. Dennis, DSI Environmental Health Specialist

Disclaimer: This letter is not an indication that your application will be granted. This letter is intended simply as notice of the ongoing process or your pending application.