



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

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

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

January 25, 2011

Jessica S Pearo
2817 Roosevelt St NE
St. Anthony Village, MN 55418

RE: Massage Practitioner

To Whom It May Concern:

Our records indicate that your Massage Practitioner license is delinquent. For your convenience, a copy of the current invoice and a return envelope are enclosed.

Please note that **your total bill is \$126.00** which includes late fees. This payment must be received in this office by February 8, 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,

Natasha Murphy

Natasha Murphy
Office Assistant
Department of Safety and Inspections



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

January 24, 2011

JESSICA S PEARO
 2817 ROOSEVELT ST NE
 ST ANTHONY VILLAGE MN 55418

Invoice # : 729414

Invoice Due Date : Upon Receipt

Account Balance: \$126.00

Pay this Amount: \$126.00

HOME PHONE: 612-385-0199 BUSINESS PHONE: 651-228-9327

| Transaction Description | Transaction Total |
|-------------------------|-------------------|
|-------------------------|-------------------|

| | |
|---|-------|
| Inv: 701682 090004568 Massage Practitioner Expires: 10/23/2010 @ 165 WESTERN AVE N | 90.00 |
| Inv: 716232 Late Fee 7-30 days late (10%) | 9.00 |
| Inv: 721467 Late Fee 31-60 days late (10%) | 9.00 |
| Inv: 726131 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 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!