

Licensee: TAMARA JEAN HILLIS

DBA: TAMARA JEAN HILLIS

License #: 20180000375

8/2/18 To CAO failed to complete application KS


08/01/2018 No response to orders submit PA, to KS for CA adverse action. JWF

06/21/2018 Orders return PA for RC, 07/17/2018 response date. JWF

 License Query

Address Licensee Contact License Cardholder

Licensee Name: TAMARA JEAN HILLIS
DBA: TAMARA JEAN HILLIS
Sales Tax Id:

Find Now
OK
Cancel
New Search
Help


SEARCH WINDOW

New Group... New Temp Grp... Copy Group... Add License... Properties...

License #	Tag #	Licensee Name	DBA	License Type	Status
180000375	0	TAMARA JEAN HILLIS	TAMARA JEAN HILLIS	Massage Practitioner	Pending



Licensee: TAMARA JEAN HILLIS
 DBA: TAMARA JEAN HILLIS

License | Licensee | Lic. Types | Insurance | Bond | Requirements

Property
 Licensee
 Unofficial
 Street #: 762
 Street Name: CLEVELAND
 Street Type: AVE Direction: S
 Unit Ind: Unit #:
 City: ST PAUL
 State: MN Zip: 55116
 Ward: 3
 Dist Council: 15

Project Facilitator: ZANGS, LAWRENCE (LARRY)

Adverse Action Comments

License Group Comments:
 8/2/18 To CAO failed to complete application KS
 08/01/2018 No response to orders submit PA, to KS for
 CA adverse action. JWF
 06/21/2018 Orders return PA for RC, 07/17/2018
 response date. JWF

Licensee: TAMARA JEAN HILLIS Licensee
 DBA: TAMARA JEAN HILLIS Comments:
 Sales Tax Id: ***** Bus Phone: () -

License Type	Class	Effective	Expiration	Conditions	License Fee
Massage Practitioner	R	01/26/2018	12/26/2018	N	\$95.00
Total:					\$95.00

License # 180000375

Save Changes to History

Licensee: TAMARA JEAN HILLIS
 DBA: TAMARA JEAN HILLIS

License	Licensee	Lic. Types	Insurance	Bond	Requirements																		
Licensee Name: TAMARA JEAN HILLIS <input type="button" value="Browse..."/>																							
DBA: TAMARA JEAN HILLIS																							
Sales Tax Id: ***** Non-Profit: <input type="checkbox"/> Worker's Comp: 00/00/0000 <input type="button" value="Properties..."/>																							
AA Contract Rec'd: 00/00/0000 AA Training Rec'd: 00/00/0000																							
AA Fee Collected: 00/00/0000 Discount Rec'd: <input type="checkbox"/>																							
Other Agency Licenses			Financial Hold Reasons																				
<table border="1"> <thead> <tr> <th>Other Licensing Agency Name / License Type</th> <th>License #</th> <th>Expiration</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Other Licensing Agency Name / License Type	License #	Expiration				<table border="1"> <thead> <tr> <th>Reason</th> <th>Active</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Reason	Active	Date									
Other Licensing Agency Name / License Type	License #	Expiration																					
Reason	Active	Date																					
Contacts for this Licensee																							
Addr. Type	Active	Inactive	Last Name	First Name	Title																		
Business	01/29/2018	00/00/0000	GREAT METROPOLITAN BACKRUB																				
Mail To	01/26/2018	00/00/0000	HILLIS	TAMARA JEA																			
<input type="button" value="Background Check Required"/> <input type="checkbox"/> <input type="button" value="Contact Properties..."/>																							
<table border="1"> <tr> <td colspan="3">Mail License To:</td> </tr> <tr> <td><input checked="" type="radio"/></td> <td>Mail To Contact</td> <td> </td> </tr> <tr> <td><input type="radio"/></td> <td>License Address</td> <td> </td> </tr> <tr> <td colspan="3">Mail Invoice To:</td> </tr> <tr> <td><input checked="" type="radio"/></td> <td>Mail To Contact</td> <td> </td> </tr> <tr> <td><input type="radio"/></td> <td>License Address</td> <td> </td> </tr> </table>						Mail License To:			<input checked="" type="radio"/>	Mail To Contact		<input type="radio"/>	License Address		Mail Invoice To:			<input checked="" type="radio"/>	Mail To Contact		<input type="radio"/>	License Address	
Mail License To:																							
<input checked="" type="radio"/>	Mail To Contact																						
<input type="radio"/>	License Address																						
Mail Invoice To:																							
<input checked="" type="radio"/>	Mail To Contact																						
<input type="radio"/>	License Address																						

License # 180000375

Properties for Licensee Contact

Name | Address | Phone | Email | Groups

Street #: 2700
Street Name: HUMBOLDT
Street Pre Direct: <All>
Street Type: AVE
Street Post Direct: <All>
Unit #: #203
Unit Abbrev:
P.O. Box #:
City: MINNEAPOLIS
State: MN
Country: U.S.A.
Zip Code: 55408
Zip+4:

Inter Office Address:

Browse

Override Formatted Address for Mailing
US Post Formatted Address:

Last Upload: 01/01/1997

OK

Cancel

Help

Save Changes to History

Licensee: TAMARA JEAN HILLIS
 DBA: TAMARA JEAN HILLIS

License Type:

OK	Requirement	Approval	Approved By	Conditions
<input checked="" type="checkbox"/>	Tax ID or Social Security Number	01/29/2018 LAB		N
<input checked="" type="checkbox"/>	General Liability Insurance	01/26/2018 LAB		N
<input checked="" type="checkbox"/>	Professional Liability Insurance	01/26/2018 LAB		N
	Record Check	00/00/0000		N
<input checked="" type="checkbox"/>	Insurance - City of Saint Paul Additional Insured	01/29/2018 LAB		N
<input checked="" type="checkbox"/>	Insurance - 30 day notice of cancellation	01/26/2018 LAB		N
<input checked="" type="checkbox"/>	Proof of Cert or successful completion of exam	03/08/2018 BAMS		N

License Group Conditions:

License Type Requirement Comments:

03/06/2018 Rec'd lic applic. for Env H review. Photo copy of a Certificate for Tamara J Hillis, as a MT, completing 626 hours in Therapeutic Massage, granted on 06/07/2001. School noted as Accredited by the Accrediting Commission of Career Schools and Colleges of Technology (ACCSCCT). BAMS 02/02/18 Left message that I need a personal affidavit notarized or signed in office. RIH

License #