



CITY OF SAINT PAUL

Mayor Melvin Carter

Civil Division

400 City Hall

15 West Kellogg Blvd.

Saint Paul, Minnesota 55102

Telephone: 651 266-8710

Facsimile: 651 298-5619

September 17, 2020

NOTICE OF INTENT TO DENY LICENSE

Kao Vang
329 Point Douglas Road N.
Saint Paul, MN 55106

RE: Massage Practitioner license application submitted by Kao Vang for the premises located at 2140 Ford Parkway in Saint Paul
License ID #20190001182

Dear Applicant:

The Department of Safety and Inspections (DSI) will recommend denial of the Massage Practitioner license application submitted by Kao Vang for the premises located at 2140 Ford Parkway in Saint Paul. The basis for the recommendation is as follows:

On March 29, 2019, you submitted an application for a Massage Practitioner license to the Department of Safety and Inspections (DSI). During a routine record check as part of the application process, DSI discovered that you had been convicted on January 15, 2020, of a Gambling Violation in Anoka County (Minn. Stat. § 609.76.3(4)).

On January 15, 2020, you were placed on the Diversion Supervision Program and Supervised Probation for a term of five (5) years.

Saint Paul Legislative Code § 414.04 (a) states the basis for adverse action: “*It shall be grounds for denial of the application or for revocation or suspension of the license if the applicant or licensee is not complying with or has a history of violations of the laws and ordinances that apply to public health, safety and morals.*”

At this time, you have four (4) options to proceed:

1. If you do not contest the imposition of the proposed adverse action, you may do nothing. If I have not heard from you by **October 2, 2020**. I will presume that you have chosen not to contest the proposed adverse action, and the matter will be placed on the City Council agenda for approval of the proposed remedy.
2. If you wish to admit the facts but you contest the penalty, you may have a public hearing before the Saint Paul City Council. You will need to send me a letter with a statement admitting to the facts and requesting a public hearing no later than **October 2, 2020**. The matter will then be scheduled before the City Council to determine whether to deny your Massage Practitioner license. You will have an opportunity to appear before the Council and make a statement on your own behalf.
3. If you dispute the facts outlined above, you may request a hearing before an Administrative Law Judge (ALJ). I will need to receive your letter no later than **October 2, 2020**. At that hearing both you and the City will appear and present witnesses, evidence and cross-examine each other's witnesses. After receipt of the ALJ's report (usually within 30 days), a public hearing will need to be scheduled. At that time, the City Council will decide whether to adopt, modify or reject the ALJ's report and recommendation.

Please note: If you choose an administrative hearing, the Department of Safety and Inspections reserves the right to request that City Council impose the costs of the administrative hearing per Saint Paul Legislative Code § 310.05 (k).

4. You may withdraw your license application. Send a written statement to that effect to the Department of Safety and Inspections (DSI), 375 Jackson Street, Ste. 220, St. Paul, Minnesota 55101-1806 no later than **October 2, 2020**. Information should be directed to the attention of Eric Hudak. Any request for a refund of the license application fee must also be made in writing to the Department of Safety and Inspections.

If you have not contacted me by October 2, 2020, I will assume that you are not contesting the denial of your Massage Practitioner license. In that case, the matter will be placed on the City Council Consent Agenda for approval of the recommended penalty.

If you have questions about these options, please feel free to contact me at 651-266-8710.

Sincerely,



Therese Skarda
Assistant City Attorney

cc: Kao Vang, Massage Envy, 2140 Ford Parkway, St. Paul, MN 55116



RECEIPT FOR LICENSE APPLICATION

CITY OF SAINT PAUL

Department of Safety & Inspections

375 Jackson Street, Suite 220

Saint Paul, MN 55101-1806

Phone: 651-266-8989 Fax: 651-266-9124

www.stpaul.gov/dsi

Date Receipt Printed: May 07, 2019

License ID: 20190001182

Ex. 5-3-2020

Received From:

KAO VANG
2140 FORD PKWY
ST PAUL MN 55116

Total Due on this application \$95.00

Other Fees Owed \$0.00

Account Total Amount Due \$95.00

Amount Paid \$95.00

Outstanding Account Balance Due \$0.00

In application for:

Massage Practitioner (1)

Application Date	License Status	License Fee	Amount Paid	Balance on This License
Apr 26, 2019	Pending	\$95.00	\$95.00	\$0.00

Conditions:

There are no conditions placed on this license at this time.

Project Facilitator:

LAWRENCE (LARRY) Z. (651) 266-9083

Inspector(s):

KRISTINA (KRIS) S. License Inspector (651) 266-9110

PETER (PETE) K. Environmental Inspector (651) 266-9133

Unmet Requirements:

Record Check

Proof of Cert or successful completion of exam

* 5/13/19 @ 4:39pm need additional education information: hours completed, transcript

* 5/28/19 called again about schooling: transcript, hours and licensure/ accreditation.

This is not a License to operate

NOTICE - The license(s) you have applied for may require you to pay an additional Environmental Health Change of Ownership fee or Environmental Health Plan Review/Remodeling fee. If any of these fees are required, a separate invoice for the amount due will be sent to you.



**MESSAGE PRACTITIONER
LICENSE APPLICATION**

THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC
PLEASE TYPE OR PRINT IN INK

CITY OF SAINT PAUL
Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
(651) 266-8989 Fax (651) 266-9124
Web: www.stpaul.gov/dsi

APPLICANT INFORMATION

Name and Title: KAD VANG
First Middle (Maiden) Last Title

Home Address: 329 POINE DOUGLAS RD N ST. PAUL MN 55106
Street (#, Name, Type Direction) City State Zip+4

Mail to Address: _____
(if different than home address) Street (#, Name, Type, Direction) City State Zip+4

Primary Phone: (612) 469-0504 Alternative Phone: ()

Email Address: KADVANG.MASSAGE@GMAIL.COM Date of Birth: 11 / 24 / 1992

Driver's License State/#: A671065003114 Expiration Date: 11.24.2021

Name of company and address or address you will be based from : MASSAGE ENVY - HIGHLAND VILLAGE
2140 FORD PKWY, ST. PAUL MN 55116

APPLICATION REQUIREMENTS

- One of the following:
 - o Proof of a valid Saint Paul Massage Practitioner License in the past 5 years.
 - o Proof of the ability to have been licensed as a Massage Practitioner in the City of Saint Paul based the successful completion of national certification examination(s) in therapeutic massage and bodywork as previously stipulated in Saint Paul Ordinance.
 - o Successful completion of postsecondary course of study that included 500 contact hours at an accredited or licensed school.
- Certificate of insurance with general liability of \$1,000,000, and professional liability of \$1,000,000. The City of Saint Paul must be listed as an additional insured, and 30 days notice of cancellation is required.
- Required fee

ORDINANCE REQUIREMENTS

To review all applicable license requirements, the CITY OF SAINT PAUL LEGISLATIVE CODE is available online at www.stpaul.gov and www.municode.com. Information on the license types is contained in the Chapters listed below, otherwise, you may contact the Department of Safety and Inspections to request more detail.

Chapter 414 - Therapeutic Massage Practitioners

[Signature]
Applicant Signature (REQUIRED)

3-29-19
Date

Cost, payable at the time of application: \$95.00 (license fee for a period of one year).
Payment by cash, check payable to the "City of Saint Paul," or approved credit card will be accepted.

Revised June 2017

9-51





CITY OF SAINT PAUL

Department of Safety and Inspections

375 Jackson Street, Suite 220

Saint Paul, Minnesota 55101

Phone: 651-266-8989

Fax: 651-266-9124

Web: www.stpaul.gov/dsi

Personal Affidavit

Personal Information

Full Name: KAO VANG
 (First) (Middle) (Last)

Previous Name(s): _____
 (Include maiden name, also known as (AKA's), "aliases".)

Current Address: 329 POINT DOUGLAS RD ST. PAUL MN 55106
 (Number & Street) (City) (State) (Zip)

Home Phone: (651) 771-0395 Cell Phone: (612) 469-0504

Date of Birth: 11/24/1992 Drivers License: MN A671065003114
 (MM/DD/YYYY) (State) (License Number)

(Past 5 years)	Company	Title	Dates Employed
	<u>MASSAGE ENVY</u>	<u>MASSAGE THERAPY</u>	<u>10/2013</u>
	<u>MASSAGE RETREAT</u>	<u>MASSAGE THERAPY</u>	<u>9/2015</u>
	<u>MYSTIC LAKE CASINO</u>	<u>BLACK JACK DEALER</u>	<u>10/2016</u>

(Past 5 years)	Address	City	State	Zip
	<u>925 EAST CO RD E SUITE 160</u>	<u>VADNAIS HEIGHTS</u>	<u>MN</u>	<u>55127</u>
	<u>7060 VALLEY CREEK PLAZA</u>	<u>WOODBURY</u>	<u>MN</u>	<u>55125</u>
	<u>2400 MYSTIC LAKE BLVD NW</u>	<u>PRIOR LAKE</u>	<u>MN</u>	<u>55372</u>

Date	State	Conviction(s)

Ownership:

(Check all that apply.)

Sole Owner Partner Officer Member (LLC Only) Other - Specify _____

General Partner Director Financier/Lender Stockholder _____%

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief.

CONSENT TO BACKGROUND CHECK

I hereby consent to and authorize the Saint Paul Police Department and the Department of Safety and Inspections (DSI) to use the information I have provided to check criminal histories, and driving records, and warrant information; and for the Police Department to provide these records to DSI and its City Attorney to determine my eligibility for a Class N License. I understand that the information contained in the criminal background investigation is not public, except that it may be conveyed to other law enforcement or licensing agencies. This consent expires one year from the date below.

Applicant Signature: [Signature] Date: 4/11/19

Subscribed and affirmed before me in the county of Ramsey, State of Minnesota

this 1 day of April, 2019.

Notary Signature: [Signature]

Commission Expiration: JANUARY 31, 2024



Certificate of Insurance

OCCURRENCE COVERAGE ABMP In-Dues Liability Program

ABMP MAILING ADDRESS:

Associated Bodywork & Massage Professionals
25188 Genesee Trail Road
Suite 200
Golden, CO 80401

MASTER POLICY HOLDER

Allied Professionals Insurance RPG
AGENT/BROKER
Allied Professionals Insurance Services

ISSUED BY:

Allied Professionals Insurance Company, A
Risk Retention Group, Inc.

POLICY #: API-ABMP-19

LIABILITY LIMITS

(per member)

COMMERCIAL GENERAL LIABILITY

ANNUAL AGGREGATE	\$6,000,000
PER OCCURRENCE LIMIT	\$2,000,000
PRODUCTS-COMP/OP	included
PROFESSIONAL LIABILITY	included
GENERAL LIABILITY	included
FIRE LIABILITY LIMIT	\$100,000

To verify information, contact ABMP. Tel: 303-674-8478 Fax: 303-674-0859

This Policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group. Coverage is afforded to person(s) named herein as Named Insureds according to the terms and conditions of the Policy to which this Certificate refers, subject to limitation by any applicable state licensing laws. No other rights or conditions, except as specifically stated herein, are granted or inferred.

COVERAGES

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED ABOVE HAS BEEN ISSUED TO THE INSURED NAMED BELOW. THE INSURED ACTIVE DATE LISTED BELOW APPLIES ONLY TO ELEMENTS OF COVERAGE CONTINUOUSLY IN PLACE SINCE THE INCEPTION OF THE NAMED INSURED'S POLICY. CHANGES TO COVERAGE ARE EFFECTIVE RETROACTIVELY ONLY TO THE DATE THE CHANGE WAS MADE. REPORT IN WRITING WITHIN 48 HOURS ANY & ALL CLAIMS, OR INCIDENTS THAT YOU BELIEVE MAY RESULT IN A CLAIM, EVEN IF GROUNDLESS.

This Certificate, along with the Policy to which it refers, is valid evidence of coverage extended to the Certificate Holder listed below.

ADDITIONAL INSURED:

(with inception date)

Massage Envy-Savage	May 04, 2019
Massage Envy-Minnetonka	May 04, 2019
Massage Envy-Eden Prairie	May 04, 2019
Massage Envy Spa-7-Hi	May 04, 2019
ME Highland, Inc. dba Massage Envy-Highland Village	May 04, 2019
City of Saint Paul DSI 375 Jackson St , #220 Saint Paul, MN 55101-1006	

Coverage is extended subject to all terms and conditions of the Policy.

CERTIFICATE HOLDER

(Active Registered Members are on file with the ABMP Membership Director.)

Member/Named Insured:	Kao Vang
Membership I.D. #:	1059160
Member/Policy Term Active:	May-04-2019
Member/Policy Term Expires:	May-03-2020
Total Member Cost:	\$ 199 (ABMP Membership, including Member Liability Coverage)

Pluh 87

Authorized Representative

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice for non-payment or 90 days written notice for any other reason to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

TO: STQ-00016371 20200826 08:57:43 3925003FF3
FROM: CHS-MQ-13144562 20200826 08:57:43 39250024EA
ORI/MN0620900.FBI/T97A8J063.PUR/Q.ATN/GRAUPMAN DSI SPPD0620900

THIS QUERY HAS BEEN RECEIVED AND IS BEING PROCESSED.

TO: STQ-00016372 20200826 08:57:43 3925003FF4
FROM: CHS-MQ-13144563 20200826 08:57:43 39250024EA
QR.MNIII0000.MN0620900.*39250024EA.TXT
ATN/

***** CRIMINAL HISTORY RECORD *****

Data As Of 2020-08-26

Triple I Status MN Only

***** Introduction *****

This rap sheet was produced in response to the following request:

FBI Number T97A8J063
Request Id
Purpose Code Q
Attention GRAUPMAN DSI SPPD0620900

The information in this rap sheet is subject to the following caveats:

This record is provided in response to your request. Use of the information contained in this record is governed by state and federal law.

Notice to Users: GunPermit Codes = "D - Disqualified", "X - Unknown"

***** IDENTIFICATION *****

Subject Name(s)

Vang, Kao

Subject Description

FBI Number T97A8J063 State Id Number MN19BF5515 (MN)

Social Security Number [REDACTED] Driver's License Number A671065003114 (MN) A-671-065-003-114 (MN)

Sex Male Race Asian

Height 5'07" Weight 180 Date of Birth 1992-11-24

Hair Color Black Eye Color Brown

Blood Type Unknown

Place of Birth Michigan Citizenship United States (2019-02-15)

Caution Information Firearms Disqualified Status D-

Caution Unavailable

***** CRIMINAL HISTORY *****

==== Cycle 1

Earliest Event Date 2019-02-15 Incident Date 2019-02-09

Arrest Date 2019-02-15 Arresting Agency MN0020000 Anoka County Sheriff Andover Subject's Name Offender Id Number 843960 Arrest Type Adult Charge 1 Charge Tracking Number 19038692 Statute Gambling-Other Related Acts-Instructs Others to Violate (609.76.7 MN)

Severity Felony
Disposition (2019-02-15; PCA - Probable Cause Arrest)
Charging Agency MN0020000 Anoka County Sheriff Andover
Charge 2
Charge Tracking Number 19038692
Statute Theft-Acts Constituting Theft (609.52.2(a)
MN)

Severity Felony
Disposition (2019-02-15; PCA - Probable Cause Arrest)
Charging Agency MN0020000 Anoka County Sheriff Andover

Court Disposition (Cycle 1)
Court Case Number 02CR195384
Final Disposition Date 2020-01-15
Court Agency MN002015J Anoka County District Court Anoka
Charge 1
Charge Tracking Number 19038692
Statute Gambling-Other Related Acts-Cheating-
Manipulate Device to Affect Outcome (609.76.3(4) MN)
State Offense Code G1N05
Severity Felony
Inchoate Charge Accomplice
Disposition (Charge Plea: Guilty 2020-01-15;
DIVER-501-Diversion)
Charge 2
Charge Tracking Number 19038692
Statute Theft-Take/Use/Transfer Movable Prop-No
Consent (609.52.2(a) (1) MN)
State Offense Code TT991
Severity Felony
Inchoate Charge Accomplice
Disposition (2020-01-15; DISMISS-305-Dismissed)

Sentencing (Cycle 1)
Sentence Date 2020-01-15
Sentencing Agency MN002015J Anoka County District Court Anoka
Court Case Number 02CR195384
Charge 1
Charge Tracking Number 19038692
Statute Gambling-Other Related Acts-Cheating-
Manipulate Device to Affect Outcome (609.76.3(4) MN)
Severity Unknown
probation 5Y to 5Y
Sentence 5Y Probation
Sentence 5Y Intensive Supervision program Diversion

Sentence Community work service
Sentence Pay restitution
Sentence No same or similar
Sentence Remain law-abiding
Sentence Follow all Conditions set forth in the
Probation Agreement
Sentence Report to Agent as directed
Sentence No trespassing
Sentence Conditions, other

***** INDEX OF AGENCIES *****

Agency Anoka County Sheriff; MN0020000;
Agency Telephone (763) 324-5000
Agency Facsimile (763) 422-7503
Address 13301 Hanson Blvd NW
Andover, MN 55304

Agency Anoka County District Court; MN002015J;
Agency Facsimile (763) 422-6919
Address 325 E Main St
Anoka, MN 55303

END OF RECORD

TO: STQ-00016373 20200826 08:57:43 3925003FF5
FROM: CHS-MQ-13144564 20200826 08:57:43 39250024EA
ORI/MN0620900.FBI/T97A8J063.PUR/Q.ATN/GRAUPMAN DSI SPPD0620900

ALL THE RECORDS MATCHING THIS QUERY ARE SINGLE SOURCED. THIS QUERY
WILL NOT BE SENT TO THE FBI.

STATE OF MINNESOTA)
) ss.

AFFIDAVIT OF SERVICE BY U.S. MAIL

COUNTY OF RAMSEY)

Shawn McDonald, being first duly sworn, deposes and says that on the 17th day of September, he served the attached **NOTICE OF INTENT TO DENY LICENSE** and a correct copy thereof in an envelope addressed as follows:

Kao Vang
329 Point Douglas Road N.
Saint Paul, MN 55106

(which is the last known address of said person) depositing the same, with postage prepaid, in the United States mail at St. Paul, Minnesota.



Shawn McDonald

Subscribed and sworn to before me
This 17th day of September 2020


Notary Public