



CITY OF SAINT PAUL

Christopher B. Coleman, Mayor

Civil Division

400 City Hall

15 West Kellogg Blvd.

Saint Paul, Minnesota 55102

Telephone: 651 266-8710

Facsimile: 651 298-5619

February 28, 2017

NOTICE OF INTENT TO SUSPEND LICENSE

Douglas Jackson
Jackson Medical Equipment, Inc.
982 Thomas Avenue
St. Paul, MN 55104-2638

RE: Rental of Hospital Equipment license held by Jackson Medical Equipment, Inc. d/b/a Jackson Medical Equipment, Inc. for the premises located at 982 Thomas Avenue in Saint Paul
License ID #: 0024150

Dear Licensee:

The Department of Safety and Inspections will recommend suspension of the Rental of Hospital Equipment license held by Jackson Medical Equipment, Inc. d/b/a Jackson Medical Equipment, Inc. for the premises located at 982 Thomas Avenue in Saint Paul. The recommendation is based on the following information:

On January 12, 2017, you were sent a LETTER and RENEWAL INVOICE from the Department of Safety and Inspections stating your Rental of Hospital Equipment license expired on December 31, 2016 and you owed delinquent license and late fees. Your Alarm Permit (Renew) fee was also delinquent.

You were also required to submit the following information with your license fee payment:

- **A vehicle license number required if transporting food or goods**
- **A completed questionnaire regarding the Alarm Permit located on the invoice**
- **A completed Certificate of Compliance Minnesota Workers' Compensation Law form (attached)**

You were given until February 2, 2017, to pay the delinquent license and late fees and submit any required information. As of today's date neither has been received.

In addition to the suspension of your Rental of Hospital Equipment license, per Saint Paul Legislative Code § 310.05 (m) (2), the licensing office will also recommend a \$500.00 matrix penalty for failure to submit required information to maintain your license.

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 **Friday, March 10, 2017**, 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. You can pay the delinquent license and late fees and submit the required information. **If this is your choice, you need to contact the Department of Safety and Inspections (651) 266-8989 to determine the total amount due.** You may then send in the payment and information directly to DSI at 375 Jackson Street, Ste. 220, St. Paul, Minnesota 55101-1806 no later than **Friday, March 10, 2017**. A self-addressed envelope is enclosed for your convenience. Payment of the delinquent license and late fees and submission of the required information will be considered a waiver of the hearing to which you are entitled.
3. If you wish to admit the facts but 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 the facts and requesting a public hearing. I will need to receive your letter by **Friday, March 10, 2017**. The matter will then be scheduled before the City Council to determine whether to suspend your Rental of Hospital Equipment license and impose the \$500.00 matrix penalty. You will have an opportunity to appear before the Council and make a statement on your own behalf.
4. If you no longer wish to do business in the City of Saint Paul, you will need to send a written statement to that effect to the Department of Safety and Inspections, at 375 Jackson Street, Ste. 220, St. Paul, Minnesota 55101-1806 no later than **Friday, March 10, 2017**. Information should be directed to the attention of Eric Hudak.

If you have not contacted me by Friday, March 10, 2017, I will assume that you do not contest the suspension of your Rental of Hospital Equipment license and imposition of a \$500.00 matrix penalty. 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 266-8710.

Sincerely,



Therese Skarda
Assistant City Attorney

Cc: Douglas Jackson, 2070 Birch, White Bear Lake, MN 55110-4306

STATE OF MINNESOTA)
) ss.

AFFIDAVIT OF SERVICE BY U.S. MAIL

COUNTY OF RAMSEY)

Julie Kraus, being first duly sworn, deposes and says that on the 28th day of February she served the attached **NOTICE OF INTENT TO SUSPEND LICENSE** and a correct copy thereof in an envelope addressed as follows:

Douglas Jackson
Jackson Medical Equipment, Inc.
982 Thomas Avenue
St. Paul, MN 55104-2638

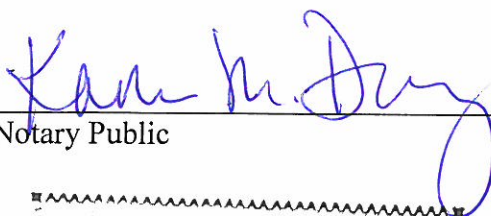
Douglas Jackson
2070 Birch
White Bear Lake, MN 55110-4306

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



Julie Kraus

Subscribed and sworn to before me
this 28th day of February, 2017



Notary Public

