



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

November 8, 2011

### NOTICE OF INTENT TO SUSPEND LICENSE

Susan J. Larson  
C/o Wellspring Therapeutic Massage  
1563 Como Avenue  
St. Paul, MN 55108

RE: Massage Practitioner license held by Susan J. Larson d/b/a Susan J. Larson for the premises located at 1563 Como Avenue in Saint Paul  
License ID #20070003361

Dear Ms. Larson:

The Department of Safety and Inspections (DSI) has recommended suspension of the Massage Practitioner license held by Susan J. Larson d/b/a Susan J. Larson for the premises located at 1563 Como Avenue in Saint Paul. The basis for the recommendation is as follows:

**On September 29, 2011, you were sent a letter and RENEWAL INVOICE from the Department of Safety and Inspections (DSI) stating that your Massage Practitioner license expired as of June 30, 2011. You now owe \$126.00 in delinquent license and late fees. You were also asked to submit the following information: 1) current certificates of General and Professional Liability insurance with a 30 day notice of cancellation and naming the City of Saint Paul as additional insured and 2) Proof of Affiliation.**

**You were given until October 20, 2011, to pay the license and late fees and submit the requested information. As of today's date neither has been received.**

In addition to the suspension of your Massage Practitioner 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 insurance information in order to maintain your license.

At this time, you have three options on how to proceed:

1. You can pay the delinquent license and late fees and submit the requested information. If this is your choice, you should send the payment and information directly to the Department of Safety and Inspections, at 375 Jackson Street, Ste. 220, St. Paul, Minnesota 55101-1806 no later than **Friday, November 18, 2011**. Information should be directed to the attention of Christine Rozek. A self-addressed envelope is enclosed for your convenience. Payment of the delinquent license and late fees and submission of the requested information will be considered to be a waiver of the hearing to which you are entitled.

2. 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. We will need to receive your letter by **Friday, November 18, 2011**. The matter will then be scheduled before the City Council for a public hearing to determine whether to suspend your 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.
  
3. 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, November 18, 2011**. Information should be directed to the attention of Christine Rozek.

**If you have not contacted me by Friday, November 18, 2011, I will assume that you do not contest the suspension of your license and imposition of the \$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,



Kyle Lundgren  
Assistant City Attorney

cc: Christine Rozek, Deputy Director of DSI  
Susan J. Larson, 760 Tatum Street, St. Paul, MN 55104

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 8th day of November she served the attached the **NOTICE OF INTENT TO SUSPEND LICENSE** and correct copy thereof in an envelope addressed as follows:

Susan J. Larson  
C/o Wellspring Therapeutic Massage  
1563 Como Avenue  
St. Paul, MN 55108

Susan J. Larson  
760 Tatum Street  
St. Paul, MN 55104

(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  
Julie Kraus

Subscribed and sworn to before me  
this 8th day of November, 2011

Rita M. Bossard  
Notary Public

