

CITY OF SAINT PAUL

Christopher B. Coleman, Mayor

Civil Division

400 City Hall

Telephone: 651 266-8710 Facsimile: 651 298-5619

15 West Kellogg Blvd.

Saint Paul, Minnesota 55102

May 20, 2015

NOTICE OF INTENT TO SUSPEND LICENSE

Christina M. Latvala C/o Sister Rosalind Massage 621 Cleveland Avenue South St. Paul, MN 55116

RE: Massage Practitioner license held by Christina M. Latvala for the premises located at 621 Cleveland Avenue

South in Saint Paul.

License ID #: 20140003557

Dear Ms. Latvala:

The Department of Safety and Inspections (DSI) has recommended adverse action against the Massage Practitioner license held by Christina M. Latvala for the premises located at 621 Cleveland Avenue South in Saint Paul. The basis for the recommendation is as follows:

On March 31, 2015, you were sent a letter by electronic mail from the Department of Safety and Inspections (DSI) stating that it was your FINAL NOTICE and requesting that you provide current certificates of General Liability and Professional Liability insurance in the amount of \$1,000,000.00 each.

The insurance certificates would also need to show the following information: 1) effective dates from of March 5, 2015 to March 5, 2016 with no lapse in coverage; 2) list the City of Saint Paul as additional insured and 3) include a 30-day notice of cancellation to the certificate holder.

You were given until April 10, 2015 to provide the required insurance information listed above. As today's date it has not be 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 the required information in order 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 **Monday**, **June 1**, **2015**, I will presume that you have chosen not to contest the proposed adverse, and the matter will be placed on the City Council Agenda for approval of the proposed remedy.

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- You can submit the required insurance information listed above. If this is your choice, you should send the information directly to the Department of Safety and Inspections, at 375 Jackson Street, Ste. 220, St. Paul, Minnesota 55101-1806 no later than Monday, June 1, 2015. A self-addressed envelope is enclosed for your convenience. Submission of the required insurance information will be considered to be a waiver of the hearing to which you are entitled.
- 3. 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. I will need to receive your letter by **Monday**, **June 1**, **2015**. The matter will then be scheduled before the City Council for a public hearing to determine whether to suspend your Massage Practitioner 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 **Monday**, **June 1**, **2015**. Information should be directed to the attention of Dan Niziolek.

If you have not contacted me or DSI by Monday, June 1, 2015, I will assume that you do not contest the suspension of your Massage Practitioner 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,

Assistant City Attorney

cc: Dan Niziolek, Deputy Director of DSI

Christina M. Latvala, 3539 Central Avenue NE, Minneapolis, MN 55418

) ss.

AFFIDAVIT OF SERVICE BY U.S. MAIL

COUNTY OF RAMSEY)

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

Christina M. Latvala C/o Sister Rosalind Massage 621 Cleveland Avenue South Saint Paul, MN 55116

Christina M. Latvala 3539 Central Avenue NE Minneapolis, MN 55418

(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 20th day of May, 2015

Notary Public

