OFFICE OF THE CITY ATTORNEY

Samuel J. Clark, City Attorney



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 16, 2017

NOTICE OF INTENT TO SUSPEND LICENSE

Jay Cascalenda, Owner Fit Body Boot Camp 375 Jackson Street, Suite 230 St. Paul, MN 55101

RE:

Health/Sport Club license held by JM Cascalenda, LLC d/b/a Fit Body Boot Camp for the premises

located at 375 Jackson Street, Ste. 230 in Saint Paul

License ID #: 20150000912

Dear Licensee:

The Department of Safety and Inspections will recommend suspension of the Health/Sport Club license held by JM Cascalenda, LLC d/b/a Fit Body Boot Camp for the premises located at 375 Jackson Street, Ste. 230 in Saint Paul. The recommendation is based on the following information:

On April 13, 2017, you were sent a LETTER with a RENEWAL INVOICE from the Department of Safety and Inspections stating your Health/Sport Club license expired as of April 5, 2017 and you owed delinquent license and late fees. Along with your license and late fee payments you were asked to submit a completed Certificate of Compliance Minnesota Workers' Compensation Law form.

You were given until May 4, 2017 to pay the delinquent license and late fees and submit the required information. As of today's date neither has been received.

In addition to the suspension of your Health/Sport Club 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:

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, May 26, 2017, I will presume that you have chosen not to contest the proposed adverse
action, and the matter will be placed on the next available City Council Agenda for approval of the proposed
remedy.

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- 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 and send the payment and information directly to DSI at 375 Jackson Street, Ste. 220, St. Paul, Minnesota 55101-1806 no later than Friday, May 26, 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 <u>admit</u> 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**, **May 26**, **2017**. The matter will then be scheduled before City Council to determine whether to suspend your Health/Sport Club 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 complete and return the enclosed REQUEST TO CANCEL LICENSE with the CITY OF SAINT PAUL to the Department of Safety and Inspections, at 375 Jackson Street, Ste. 220, St. Paul, Minnesota 55101-1806 no later than Friday, May 26, 2017.

If you have not contacted me by Friday, May 26, 2017, I will assume that you do not contest the suspension of your Health/Sport Club license and imposition of a \$500.00 matrix penalty. In that case, the matter will be placed on the next available 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

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Cc:

Jim Cascalenda, 350 Sibley Street, St. Paul, MN 55101

Enc.

Certificate of Compliance Minnesota Workers' Compensation Law form REQUEST TO CANCEL LICENSE with the CITY OF SAINT PAUL

) ss.

AFFIDAVIT OF SERVICE BY U.S. MAIL

COUNTY OF RAMSEY)

Julie Kraus, being first duly sworn, deposes and says that on the 16th day of May she served the attached **NOTICE OF INTENT TO SUSPEND LICENSE** and a correct copy thereof in an envelope addressed as follows:

Jay Cascalenda, Owner Fit Body Boot Camp 375 Jackson Street, Suite 230 St. Paul, MN 55101

Jim Cascalenda 350 Sibley Street St. Paul, MN 55101

(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 16th day of May, 2017

Notary Public

