

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 266-2264
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>04 BAC 045</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>05091219 BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>80-30030</u>

<u>2607 POST RD.</u>	<u>STEVENS POINT, WI</u>	<u>54481</u>
Street	City	Zip
<u>FRIDAY</u>	<u>5/13/05</u>	<u>2:00 PM.</u>
Day of Week	Date	Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

ESTABLISHMENTS SHALL PROVIDE SAFE & SECURE AREAS FOR STORING
CLEANING & DISINFECTING EQUIP. POISONOUS SUBSTANCES STORED IN PUBLIC
AREAS SHALL BE LOCKED IN A CABINET OR CLOSET.

In violation of Section BC 3.01(6) of Wis. Stats. OR Wis. Adm. Code
Douglas M. Austin CONSUMER PROTECTION INVESTIGATOR 5/16/05
Signature of Investigative Staff Title Date

Signature of Licensee OR Establishment Owner Date

Pursuant to Wis. Stat. § 454.15(3), the licensing authority is authorized to impose a forfeiture in lieu of or in addition to other disciplinary action against your license.

PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE AND COSTS IN THE AMOUNT OF \$ 130.00 BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF REGULATION AND LICENSING, DIVISION OF ENFORCEMENT, 1400 EAST WASHINGTON AVENUE, P.O. BOX 8935, MADISON, WI 53708. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE PLUS COSTS, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.

Wisconsin Department of Regulation & Licensing

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>04 BAC 045</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>050912 15 BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # <u>80-30030</u>	OR <input checked="" type="checkbox"/> Establishment Name <u>LESPERIENZA VITA BELLA</u> License # <u>80-30030</u>

<u>2607 POST RD.</u> Street	<u>STEVENS POINT, WI</u> City	<u>54481</u> Zip
<u>FRIDAY</u> Day of Week	<u>5/13/05</u> Date	<u>2:00 PM.</u> Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

AN ESTABLISHMENT MUST POST A LIST OF COST OF SERVICES IN A CONSPICUOUS PLACE OR DISPLAY A SIGN WHICH STATES "ALL ESTABLISHMENT PATRONS HAVE THE RIGHT TO BE INFORMED OF THE COST OF SERVICES BEFORE THE SERVICES ARE PROVIDED."

In violation of Section BC 2.05 (2) of Wis. Stats. OR Wis. Adm. Code

Danilo M. Austin
Signature of Investigative Staff Title Date

Signature of Licensee OR Establishment Owner Date

Pursuant to Wis. Stat. § 454.15(3), the licensing authority is authorized to impose a forfeiture in lieu of or in addition to other disciplinary action against your license.

PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE AND COSTS IN THE AMOUNT OF \$ 30 BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF REGULATION AND LICENSING, DIVISION OF ENFORCEMENT, 1400 EAST WASHINGTON AVENUE, P.O. BOX 8935, MADISON, WI 53708. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE PLUS COSTS, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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Don Austin 9-12-05

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>04 BAC 045</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>05091212 BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>80-30030</u>

2607 POST RD. STEVENS POINT, WI 54481
Street City Zip
FRIDAY 5/13/05 2:00 pm.
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

CLIPPER BLADES, RAZORS, SCISSORS, TWEEZERS & ALL OTHER CUTTING
INSTRUMENTS NOT CONTAMINATED BY CONTACT W/BLOOD SHALL BE CLEANED
& DISINFECTED PRIOR TO USE.

In violation of Section BC 4.02 (2) of Wis. Stats. OR Wis. Adm. Code
Douglas M. [Signature] INVESTIGATOR 5/18/05
Signature of Investigative Staff Title Date

Signature of Licensee OR Establishment Owner Date

Pursuant to Wis. Stat. § 454.15(3), the licensing authority is authorized to impose a forfeiture in lieu of or in addition to other disciplinary action against your license.

PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE AND COSTS IN THE AMOUNT OF \$ 130.00 BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF REGULATION AND LICENSING, DIVISION OF ENFORCEMENT, 1400 EAST WASHINGTON AVENUE, P.O. BOX 8935, MADISON, WI 53708. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE PLUS COSTS, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

CITATION

DOE CASE FILE # 04 BAC 045

FINAL DECISION AND ORDER

LS # 05091212 BAC

Individual Credential Holder Name

License # _____

OR

Establishment Name

License # 80-30030

WISPERIENZA VITA BELLA

2607 POST RD.

Street

STEVENS POINT, WI

City

54481

Zip

FRIDAY

Day of Week

5/13/05

Date

2:00 pm

Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

EMERY BOARDS & OTHER CONTACT EQUIPMENT THAT CAN NOT BE
CLEANED WITH SOAP & WATER SHALL BE DISPOSED OF FOLLOWING
EACH USE.

In violation of

Section BC 4.10(2)

of

Wis. Stats.

OR

Wis. Adm. Code

D. [Signature]
Signature of Investigative Staff

INVESTIGATOR

Title

5/16/05

Date

Signature of

Licensee

OR

Establishment Owner

Date

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<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>90-30030</u>

2607 POST RD. STEVENS POINT, WI 54481
Street City Zip

FRIDAY 5/13/05 2:00 pm.
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

BC 4.01(1)
ALL AREAS OF AN ESTABLISHMENT & THE EQUIPMENT, TOOLS & IMPLEMENTS
USED BY LICENSEES FOR SERVICES IN AN ESTABLISHMENT SHALL BE MAINTAINED IN
A CLEAN, SANITARY & SAFE CONDITION. CLEAN & DISINFECTED CONTACT EQUIPMENT
SHALL BE PLACED IN ONE OR MORE COVERED CONTAINERS.

In violation of Section BC 4.01 (2) of Wis. Stats. OR Wis. Adm. Code
Douglas M. [Signature] INVESTIGATOR 5/16/05
Signature of Investigative Staff Title Date

Signature of Licensee OR Establishment Owner Date

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