

# 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](mailto:web@drl.state.wi.us)  
Website: <http://drl.wi.gov>

FILE COPY

## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>06 BAC 081</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>07020511BAC</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>85-4061</u>	OR <input checked="" type="checkbox"/> Establishment Name License # <u>71-1927</u>

1035 PLEASANT ST. SUITE A, BELOIT WI 53511  
Street City Zip  
WEDNESDAY 11/15/2006 11:00 a.m.  
Day of Week Date Time

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

PEDICURE BASINS NOT CLEAN WITH UNKNOWN ACCUMULATED MATERIAL  
IN FILTER SCREEN & IN DRAIN

In violation of Section BC 3.01(1) of  Wis. Stats. OR  Wis. Adm. Code  
Douglas M. Austin INVESTIGATOR 11/21/2006  
Signature of Investigative Staff Title Date  
[Signature]  Licensee OR  Establishment Owner 12/11/06  
Signature of 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.

Jeanie M. Bush  
2-507

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## BARBERING AND COSMETOLOGY EXAMINING BOARD

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<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>85-4061</u>	OR	<input checked="" type="checkbox"/> Establishment Name License # <u>71-1927</u>

1035 PLEASANT ST., SUITE A, BLOIT, WI 53511  
Street City Zip

WEDNESDAY 11/15/2006 11:00 am  
Day of Week Date Time

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

POISONOUS SUBSTANCES STORED IN PUBLIC AREAS (IN CABINETS  
OR ABLE TO BE LOCKED  
UNDER SINK IN MAIN ROOM), BUT CABINETS NOT LOCKED AS REQUIRED.

In violation of Section Bc 3.01(6) of  Wis. Stats. OR  Wis. Adm. Code

D. [Signature] INVESTIGATOR 11/21/2006  
Signature of Investigative Staff Title Date

[Signature]  Licensee OR  Establishment Owner 12/11/06  
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.

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Jeannie M. Bueck  
2-5-07

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## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

FILE COPY

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>06 BAC 081</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>07020511 BAC</u>
<u>KEVIN TRAN</u> <input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>85-4061</u>	<u>DREAM NAILS</u> <input checked="" type="checkbox"/> Establishment Name License # <u>71-1927</u>

1035 PLEASANT ST., SUITE A, BELLEVILLE, WI 53511  
Street City Zip

WEDNESDAY 11/15/2006 11:00 AM  
Day of Week Date Time

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

WORKSTATION TOPS NOT CLEAN. NAIL DUST WAS FOUND ON THE WORKSTATION TOPS. TOPS NOT BEING WIPE DOWN & DISINFECTED AFTER EACH PATRON.

In violation of Section BC 4.01(1) of  Wis. Stats. OR  Wis. Adm. Code

[Signature] INVESTIGATOR 11/21/2006  
Signature of Investigative Staff Title Date

[Signature]  Licensee OR  Establishment Owner 12/11/06  
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.

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[Signature]  
2-5-07

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FILE COPY

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>06 BAC 081</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>070205 (1 BAC)</u>
<u>KEVIN TRAN</u> <input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>85-4061</u>	<u>DREAM NAILS</u> <input checked="" type="checkbox"/> Establishment Name License # <u>71-1927</u>

1035 PLEASANT ST., SUITE A, BELLOIT, WI 53511  
Street City Zip

WEDNESDAY 11/15/2006 11:00 a.m.  
Day of Week Date Time

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

USING AN STERILIZER THAT IS NOT APPROVED FOR USE IN  
THE STATE OF WISCONSIN. STERILIZER USED IS OF THE  
INFARED TYPE.

In violation of Section BC 4.03 (1) of  Wis. Stats. OR  Wis. Adm. Code

[Signature] INVESTIGATOR 11/21/2006  
Signature of Investigative Staff Title Date

[Signature]  Licensee OR  Establishment Owner 12/11/06  
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.

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Jessie M. Bauer  
2-5-07

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<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>85-4061</u>	OR	<input checked="" type="checkbox"/> Establishment Name License # <u>71-1927</u>

Street 1035 PLEASANT ST., SUITE A, City BELoit, WI 53511 Zip \_\_\_\_\_  
Day of Week WEDNESDAY Date 11/15/2006 Time 11:00 am,

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.  
REUSE OF NON REUSABLE EQUIPMENT SUCH AS BUFFERS &  
EMERY BOARDS.

In violation of Section 4.10 (4) of  Wis. Stats. OR  Wis. Adm. Code  
Signature of Investigative Staff [Signature] Title INVESTIGATOR Date 11/21/2006  
Signature of  Licensee OR  Establishment Owner Date 12/11/06

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[Signature]  
2-5-07