

# 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 type="checkbox"/> CITATION DOE CASE FILE # <u>07BAC 096</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>07091033BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>20348</u>

224 E. BELoit RD ORFORDVILLE WI 53576  
Street City Zip

WEDNESDAY May 2, 2007 1:45 pm  
Day of Week Date Time

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

Establishment counters have debris & hair in wax/manicure area. Floors need sweeping

In violation of Section BC 3.01 (1) of  Wis. Stats. OR  Wis. Adm. Code  
Candace (Bledow) Consumer Protection Investigator III 5/2/07  
Signature of Investigative Staff Title Date

Sonyal Stephen  
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.

#2683 (8/04)  
Ch. 454, Stats.

Jeanette M Bush  
9-10-07

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<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>20348</u>

224 E. BELoit RD OBERDOWNE WI 535-76  
Street City Zip

WEDNESDAY 5/2/07 1:45 PM  
Day of Week Date Time

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

Poisonous substances (toilet bowl cleaner) kept in unlocked cabinet in public area (toilet room).

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

Candace A. Deedow Consumer Protection Investigator III 5/2/07  
Signature of Investigative Staff Title Date

Sonyal Stephen  
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 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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