

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

☒ CITATION DOE CASE FILE # <u>04 BAC 059</u>	☐ FINAL DECISION AND ORDER LS # <u>05091211 BAC</u> <u>BEST NAILS</u>
☐ Individual Credential Holder Name License # _____	OR ☒ Establishment Name License # <u>71-2227</u>

Street 1201 3RD CT. STE E-30 City STEVENS POINT, WI Zip _____
Day of Week FRIDAY Date 5/13/05 Time 12:15 pm.
~~STEVENS POINT, WI~~

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

MANICURE INSTRUMENTS THAT CAN NOT BE CLEANED &
DISINFECTED SHALL BE DISPOSED OF AFTER EACH USE.

In violation of Section BC 4.10(2) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Signature of Investigative Staff Douglas M. [Signature] Title INVESTIGATOR Date 5/18/05

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.

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

Wisconsin Department of Regulation & Licensing

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Madison, WI 53708-8935

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

☒ CITATION DOE CASE FILE # <u>04 BAC 059</u>	☐ FINAL DECISION AND ORDER LS # <u>05091211 BAC</u>
☐ Individual Credential Holder Name License # _____	OR ☒ Establishment Name License # <u>BEST NAILS</u> <u>71-2227</u>

Street 1201 3rd CT. STE E-30 City STEVENS POINT, WI Zip 54481
Day of Week FRIDAY Date 5/13/05 Time 12:15 pm

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

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

In violation of Section BC 4.01(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Signature of Investigative Staff Douglas M. [Signature] Title INVESTIGATOR Date 5/18/05

Signature of ☐ Licensee OR ☐ Establishment Owner Date

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

☒ CITATION

DOE CASE FILE # 14 BAC 059

☐ FINAL DECISION AND ORDER

LS # 050912 BAC

☐ Individual Credential Holder Name
License # _____

OR

☒ Establishment Name
License # BEST NAILS
71-2227

1201 3RD CT. STE E-30
Street

STEVENS POINT, WI
City

54481
Zip

FRIDAY
Day of Week

5/13/05
Date

12:15pm.
Time

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

ESTABLISHMENT SHALL PROVIDE SAFE & SECURE AREA FOR STORING
CLEANING & DISINFECTING EQUIP. POISONOUS SUBSTANCES STORED IN
PUBLIC AREAS (BATHROOMS) SHALL BE LOCKED IN A CABINET OR CLOSET.

In violation of

Section BC 3.01 (6)

of

☐ Wis. Stats.

OR

☒ Wis. Adm. Code

Tracy M. [Signature]
Signature of Investigative Staff

INVESTIGATOR
Title

5/18/05
Date

Signature of

☐ Licensee

OR

☐ Establishment Owner

Date

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[Signature]
9-12-05