

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

FILE COPY

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

LS0512077BAC

<input checked="" type="checkbox"/> CITATION	<input type="checkbox"/> FINAL DECISION AND ORDER
DOE CASE FILE # <u>05 BAC 061</u>	LS # _____
<u>ROSE NAILS</u>	
<input type="checkbox"/> Individual Credential Holder Name	<input checked="" type="checkbox"/> Establishment Name
License # _____	License # <u>085-3808</u>

1830A So. MAIN ST RICE LAKE, WI 54868
 Street City Zip

WEDNESDAY 9/28/05 10:30 am
 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) FAILURE TO MAINTAIN PREMISES/EQUIPMENT IN CLEAN
SAUNITARY CONDITION. (FLOORS DIRTY (NAIL CLIPPINGS) ~~AND~~ PEDICURE FOOT BATH)
WHIRLPOOL, DIRTY, TRASH NOT EMPTIED, FLOOR IN BATHROOM DIRTY, IMPLEMENTS NOT
CLEAN).

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

D. Angler, Clinton CONSUMER PROTECTION INVESTIGATOR 9/28/05
 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.

Jeannie M. Buck

2/5/05

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>05 DAC 061</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # _____
<u>ROSE NAILS</u>	
<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>085-3808</u>

1830 A So. MAIN ST. RICE LAKE, WI 54868
Street City Zip

WEDNESDAY 9/28/05 10:30
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On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

ALL CONTACT CUTTING EQUIPMENT MUST BE CLEANED WITH SOAP & WATER
RINSED & THEN DISINFECTED PRIOR TO USE ON A PATRON. (CLIPPERS & OTHER
CUTTING EQIP. IN DRAWERS HAVE NAIL CLIPPINGS ON THEM, DRAWERS WITH
IMPLEMENTS HAVE MANY NAIL CLIPPINGS IN THEM.

In violation of Section BC 4.02(3) of Wis. Stats. OR Wis. Adm. Code

Kayla M. Hunt INVESTIGATOR 9/28/05
Signature of Investigative Staff Title Date

Signature of Licensee OR Establishment Owner Date

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Jeanie M. Bush 12/5/05

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CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>05 BAC 061</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # _____
<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>085 - 3808</u>

1830A SO. MAIN ST. RICE LAKE, WI 54868
Street City Zip

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

LICENSEE NOT WASHING HANDS W/ SOAP & WATER BETWEEN
PATRONS

In violation of Section BC 4.01(2) of Wis. Stats. OR Wis. Adm. Code

Douglas M. [Signature] CONSUMER PROTECTION INVESTIGATOR 9/28/05
Signature of Investigative Staff Title Date

Signature of Licensee OR Establishment Owner Date

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Jessie M. Buel 10/5/05

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<u>ROSE NAILS</u>	
<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>085 - 3808</u>

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

DISPOSABLE EMERY BOARD USED FOR MULTIPLE PATRONS.
DISPOSABLE CONTACT EQUIP. THAT CANNOT BE CLEANED WITH SOAP &
WATER SHALL BE DISPOSED ~~REPAIR~~ FOLLOWING EACH USE.

In violation of Section BC 4.02 (4) of Wis. Stats. OR Wis. Adm. Code

Douglas M. [Signature] INVESTIGATOR 9/28/05
Signature of Investigative Staff Title Date

Signature of Licensee OR Establishment Owner Date

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PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE AND COSTS IN THE AMOUNT OF \$ 30.00 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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#2683 (8/04)
Ch. 454, Stats.

Committed to Equal Opportunity in Employment and Licensing

Jessie M. Buel
12/5/05