

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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Wisconsin Department of Regulation & Licensing

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

FILE COPY

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>04 BAC 072</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>06060513 BAC</u>
<u>JOOI KOROUS</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>82-82769</u>	OR <input type="checkbox"/> Establishment Name License # _____

<u>7000 GREEN BAY RD.</u> Street	<u>KENOSHA,</u> City	<u>53142</u> Zip
<u>THURSDAY</u> Day of Week	<u>5/26/05</u> Date	<u>10:45 am</u> Time

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

BC 2.08(1) LICENSEES SHALL BE RESPONSIBLE FOR COMPLIANCE
W/SANITATION & SAFETY PRECAUTIONS CONTAINED IN CH BC 4.
BC 4.01(1) ALL AREAS OF ESTABLISHMENT, EQUIP, TOOLS & IMPLEMENTS USED BY
LICENSEES SHALL BE MAINTAINED IN A CLEAN & SANITARY CONDITION.

In violation of Section BC 2.08(1) of Wis. Stats. OR Wis. Adm. Code
Douglas M. Chester CONSUMER PROTECTION INVESTIGATOR 5/31/05
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.

Joanne M. Burt

NAME Jodi Kordus
PROFESSION B/C
LICENSE # 82769-082

RECEIPTING FORM

#2424 (3/03)

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<input type="checkbox"/> Permit	<input type="checkbox"/> Duplicate
<input type="checkbox"/> Codebook	<input type="checkbox"/> Exam Review
<input type="checkbox"/> Copies	<input type="checkbox"/> Exam
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Trn# 92842 06/14/05 12.32p
CHECK

000-COSTS 30.00

000-FORFEITURES 100.00

TOTAL 130.00