

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

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>04 BAC 100</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # _____
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>81-23790</u>	OR <input type="checkbox"/> Establishment Name License # _____

TAMARA KELLERMAN

4551 8TH ST, So, SUITE 104, WISL. RAPIDS, WI 54494
 Street City Zip
THURSDAY 11/10/05 1:00
 Day of Week Date Time

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

MANAGER SHALL POST ALL REQUIRED LICENSES, PERMITS
& NOTICES

In violation of Section Bc 2.07 (2) of Wis. Stats. OR Wis. Adm. Code
Douglas M. Hunter INVESTIGATOR 11/11/05
 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 \$ 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.

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

Jennie M. Buck
2-4-06

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 266-2264
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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 checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>04 BAC 100</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # _____
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>81-23790</u>	<input type="checkbox"/> Establishment Name License # _____

4551 8TH ST. So., SUITE 100, WISC. RAPIDS 54494
Street City Zip

THURSDAY 11/10/05 1:00
Day of Week Date Time

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

"HAIR LEFT IN SHAMPOO BOWLS", SHAMPOO BOWLS & BASINS
SHALL BE DRAINED AFTER EACH USE & KEPT IN A SANITARY &
SAFE CONDITION.

In violation of Section BC 4.01 (5) of Wis. Stats. OR Wis. Adm. Code

Douglas A. Austin INVESTIGATOR 11/10/05
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 \$ 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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Jeanie M. Base
2-6-04

Wisconsin Department of Regulation & Licensing

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CITATION FOR ADMINISTRATIVE FORFEITURE

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<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>81-23790</u>	OR <input type="checkbox"/> Establishment Name License # _____

<u>4551 8TH ST. SO., SUITE 104</u>	<u>WASC RAPIDS</u>	<u>54494</u>
Street	City	Zip
<u>THURSDAY</u>	<u>11/10/05</u>	<u>1:00</u>
Day of Week	Date	Time

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

ALL AREAS OF AN ESTABLISHMENT, AND THE EQUIPMENT, TOOLS
& IMPLEMENTS USED BY LICENSEES FOR SERVICES IN AN
ESTABLISHMENT SHALL BE MAINTAINED IN A CLEAN, SANITARY,
AND A SAFE CONDITION.

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

[Signature] INVESTIGATOR 11/11/05
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.

[Signature]
2-4-06