

# 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](mailto:web@drl.state.wi.us)  
Website: <http://drl.wi.gov>

**EXACT COPY**

## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>04 BAC 072</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>06060514 BAC</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>PAULA CONNER</u> <u>82-72929</u>	OR <input type="checkbox"/> Establishment Name License # _____

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

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

ESTABLISHMENT INCLUDING EQUIPMENT, TOOLS & INSTRUMENTS  
SHALL AT ALL TIMES BE MAINTAINED IN A SANITARY CONDITION.

In violation of Section BC 301(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Douglas M. (M) CONSUMER PROTECTION INVESTIGATOR 6/9/05  
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.

*Jessie M. Bush*

**PAULA J. CONNER**  
**THOMAS W. CONNER**  
7715 15TH AVENUE  
KENOSHA, WI 53143  
262-654-4554

79-7822-2759

3028

Date

*Aug 5, 05*

Pay to the order of:

*Wisconsin Dept. of Reg.* \$ *130.00*  
*One hundred thirty two/100* Dollars

**A M COMMUNITY  
CREDIT UNION**  
6715 GREEN BAY ROAD  
KENOSHA, WI 53142

Memo

*Paula Conner*

⑆ 275978 226 ⑆ 00080969 ⑆ 9 ⑆ 3028

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# Wisconsin Department of Regulation & Licensing

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1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto: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 072</u>  <u>PAULA CONNER</u> <input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>82-72929</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>060605 15B AC</u>  <input type="checkbox"/> Establishment Name License # _____
--	--

7000 GREEN BAY RD. KENOSHA 53142  
Street City Zip  
THURSDAY 5/26/05 10:45 a.m.  
Day of Week Date Time

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

FAILURE TO MAINTAIN SANITARY SHAMPOO BOWLS

In violation of Section BC 4.02 (6) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Douglas M. [Signature] CONSUMER PROTECTION INVESTIGATOR 6/9/05  
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.

Jeannie M. Bush

AULA J. CONNER  
THOMAS W. CONNER  
7715 15TH AVENUE  
KENOSHA, WI 53143  
262-654-4554

79-7822-2759

3009

Date

July 17, 05

Pay to the order of:

Dept. of Rec  
Thirty + 00/100

\$

30.00

Dollars



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CREDIT UNION  
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KENOSHA, WI 53142

Memo

⑆ 275978226⑆ 00080969⑆ 9⑈ 3009

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Trn# 97641 07/20/05 03.01p  
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000-COSTS 30.00

TOTAL 30.00

# Wisconsin Department of Regulation & Licensing

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Madison, WI 53708-8935

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Phone #: (608) 266-2112

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Website: <http://drl.wi.gov>

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## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>04 BAL 072</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>06060516BAC</u>
<u>PAULA CONNER</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>82-72929</u>	OR <input type="checkbox"/> Establishment Name License # _____

7000 GREEN BAY RD. KENOSHA 53142  
Street City Zip  
THURSDAY 5/26/05 10:45 a.m.  
Day of Week Date Time

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

ALL COMBS, BRUSHES, ROLLERS & ANY OTHER CONTACT EQUIPMENT &  
ALL CLIPPER BLADES, RAZORS, SCISSORS & ALL OTHER CUTTING  
INSTRUMENTS SHALL BE THOROUGHLY CLEANED WITH SOAP & WATER &  
THEN DISINFECTED PRIOR TO USE.

In violation of Section BC 4.02(3) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Douglas M. Austin CONSUMER PROTECTION INVESTIGATOR 6/9/05  
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.

Jessie M. Bush

Trn# 107963 10/13/05 11.17.  
CHECK

000-COSTS 30.00

000-FORFEITURES 100.00

TOTAL 130.00

PAULA J. CONNER  
THOMAS W. CONNER  
7715 15TH AVENUE  
KENOSHA, WI 53143  
262-654-4554

79-7822-2759

3086

Oct. 6 2005

Pay to the order of Wisconsin Dept. of Reg. \$130.00  
One hundred thirty and 00/100 Dollars

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CREDIT UNION  
6715 GREEN BAY ROAD  
KENOSHA, WI 53142

Paula Conner

2759782261 00080969 3086