

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>07BAC073</u>	☒ FINAL DECISION AND ORDER LS # <u>07091022BAC</u>
☒ Individual Credential Holder Name License # <u>81-17176</u>	☐ Establishment Name License # _____

Street 705 W. Main St. City Sun Prairie Zip WF
Day of Week Thursday Date 5-3-07 Time 3:40

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

Clean Contact equipment Contaminated
Specifically Clipper guard & blade covered
in hair. 2 of 3 scissors Contaminated
hair Not stored in covered container.

In violation of Section 4.01(7) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Signature of Investigative Staff Investigator Title Investigator Date 5-3-07

Signature of ☒ Licensee OR ☐ Establishment Owner Date

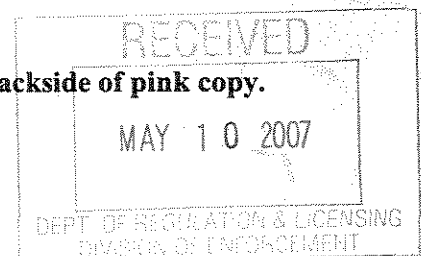
Pursuant to Wis. Stat. § 454.15(3), the licensing authority is authorized to impose a forfeiture in lieu of or in addition to other disciplinary action against your license.

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.

#2683 (8/04)
Ch. 454, Stats.

Committed to Equal Opportunity in Employment and Licensing



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CITATION FOR ADMINISTRATIVE FORFEITURE

☐ CITATION DOE CASE FILE # <u>07BAC073</u>	☒ FINAL DECISION AND ORDER LS # <u>07091022BAC</u>
☒ Individual Credential Holder Name License # <u>81-17176</u> <u>Judith Allen</u>	OR ☐ Establishment Name License # _____

Street 105 W Main St. City Sun Prairie Zip _____
Day of Week Thursday Date 5-3-07 Time 3:45 PM

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

Manager's individual license not posted

In violation of Section 2.07(2) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

Signature of Investigative Staff [Signature] Title Investigator Date 5-3-07

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.

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[Signature]
9-10-07
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