

# 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

<input type="checkbox"/> CITATION DOE CASE FILE # <u>07BAC186</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>07120361BAC</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>85-6342</u>	<input type="checkbox"/> Establishment Name License # _____

2431 Tower Ave Superior, WI  
Street City Zip

Friday 8-24-07 2:00 pm  
Day of Week Date Time

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

ms Tran-Ahn Nguyen stated she owns  
Cristal Nails. She stated she does not  
have an establishment license. ms. Nguyen  
stated she did not know an establishment  
license was required. Establishment open 8 months. Per owner.

In violation of Section 3.01(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Investigator 8-24-07

Signature of Investigative Staff [Signature] Title Investigator Date 8-24-07  
Signature of ☐ Licensee OR ☒ Establishment Owner Date 10-8-07

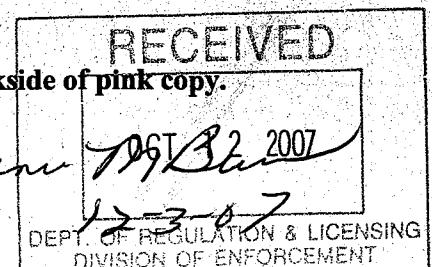
Pursuant to Wis. Stat. § 454.15(3), the licensing authority is authorized to impose a forfeiture in lieu of or in addition to other disciplinary action against your license.

PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE AND COSTS IN THE AMOUNT OF \$ 530.00 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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## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

<input type="checkbox"/> CITATION DOE CASE FILE # <u>07BAC 186</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>07120366BAC</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>85-6342</u>	OR <input type="checkbox"/> Establishment Name License # _____

2431 Tower Ave Superior WI  
Street City Zip  
Friday 8-24-07 2:35 pm  
Day of Week Date Time

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

Both pedispa drains (2 chairs, 4 drains)  
were removed. The interior of the drains  
and inlet/outlet pipes were heavily covered  
with a thick yellowish/greenish substance consist-  
ing of an accumulation of skin particles

In violation of Section 4.01(7) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Kelly Sawleed Investigator 8-24-07  
Signature of Investigative Staff Title Date

[Signature] ☐ Licensee OR ☒ Establishment Owner 10/8/07  
Signature of 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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