

# 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<br>DOE CASE FILE # <u>07BAC177</u>          | <input checked="" type="checkbox"/> FINAL DECISION AND ORDER<br>LS # <u>07120329BAC</u> |
| <input type="checkbox"/> Individual Credential Holder Name<br>License # _____ | OR<br><input type="checkbox"/> Establishment Name<br>License # _____                    |

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day of Week \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In violation of Section 201.11 of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

Signature of Investigative Staff \_\_\_\_\_ Title \_\_\_\_\_ Date 8/27/07

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 \$ \_\_\_\_\_ 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.

*Jeanie M. Buer*  
12-3-07

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|                                                                                                    |                                                                 |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> CITATION<br>DOE CASE FILE # <u>07BAC177</u>                               | <input type="checkbox"/> FINAL DECISION AND ORDER<br>LS # _____ |
| <u>Darcie Paradise owner Fantastic Sams</u>                                                        |                                                                 |
| <input checked="" type="checkbox"/> Individual Credential Holder Name<br>License # <u>81-23323</u> | <input type="checkbox"/> Establishment Name<br>License # _____  |

2119 Coulee Road Madison WI 54016  
Street City Zip  
Monday Tuesday 8/7/07 12:30 p.m.  
Day of Week Date Time

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

0 Poisonous substance (Lysol Disinfectant) was stored  
in the public restroom

In violation of Section 301(6) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Michelle Kasper Investigator 8/7/07  
Signature of Investigative Staff Title Date  
Darcie M. Paradise 8/7/07  
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 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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