

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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Wisconsin Department of Regulation & Licensing

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>07BAC 263</u> <u>DANIELA PAULETTE</u> <u>board</u> <input type="checkbox"/> Individual Credential Holder Name License # _____	OR	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>08020415BAC</u> <u>TWIN'S BEAUTY SALON</u> <input checked="" type="checkbox"/> Establishment Name License # <u>13707</u>
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241 MAIN ST Elroy 53929
Street City Zip
Tuesday 11/20/07 4:30 p
Day of Week Date Time

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

FAILURE TO USE TUBER CUBICIDAL DISINFECTANT ON
CONTACT EQUIPMENT

In violation of Section bsc 4.02 (2) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Causee Obbedey Consumer Protection Int III Nov 20, 2007
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.

Korrie M Bush
2-4-08