

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 # 08 BAC 119

☒ FINAL DECISION AND ORDER

LS # 08090850BAC

☐ Individual Credential Holder Name

OR

☒ Establishment Name

License # _____

License # REGAL NAILS
85-4377

4115 CALUMET AVE.
Street

MANITOWOC
City

54220
Zip

WED.
Day of Week

5/14/08
Date

10:00 am approx
Time

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

AT ONE MANICURE STATION FOUND SEVERAL USED NAILERY BOARDS & BUFFERS STORED IN WORKSTATION DRAWER. AT PEDICURE STATION FOUND SEVERAL USED NAILERY BOARDS & BUFFERS STORED IN A DRAWER OF ROLLAWAY CART. IMPLEMENTS OBVIOUSLY USED MANY TIMES AND NOT DISPOSED OF.

In violation of

Section BC 4.10 (4)

of

☐ Wis. Stats.

OR

☒ Wis. Adm. Code

Douglas M. Austin
Signature of Investigative Staff

INVESTIGATOR
Title

5/14/08
Date

85-4377
Signature of ☒ Licensee

OR

☐ Establishment Owner

5/15/08
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 \$ 280.00 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.

Jerome M. Burt
9-8-08

Wisconsin Department of Regulation & Licensing

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Madison, WI 53708-8935

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Madison, WI 53703

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

☒ CITATION

DOE CASE FILE # 08 BAC 1199

☒ FINAL DECISION AND ORDER

LS # 08090850BAC

☐ Individual Credential Holder Name

OR

☒ Establishment Name

License # _____

License # REGAL NAILS
85-4377

Street

4115 CALUMET AVE

City

MANITOWOC

Zip

54220

Day of Week

WED.

Date

5/14/08

Time

10:00 AM. APPROX.

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

OWNER STATED DISINFECTANT WAS CHANGED ONCE A WEEK.

In violation of Section BC 4.10 (2) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

Signature of Investigative Staff

Douglas M. Austin

Title

INVESTIGATOR

Date

5/14/08

Signature of

☐ Licensee

OR

☐ Establishment Owner

Date

Kelvin Da 85-4377

5/15/08

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Jeanne M. Bush
9-8-08