

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>086AC 039</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>08040726BAC</u>
<u>Joy Plewa</u> <input type="checkbox"/> Individual Credential Holder Name License # _____	<u>A CUT OF JOBS</u> <input checked="" type="checkbox"/> Establishment Name License # <u>19597</u>

<u>3062D E. MILTON AVE</u> Street	<u>ST FRANCIS</u> City	<u>53735</u> Zip
<u>THURSDAY</u> Day of Week	<u>2/14/08</u> Date	<u>11:14 am</u> Time

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

FAILURE TO CHANGE CONTACT DISINFECTANT DAILY
NOTE: CONTACT DISINFECTANT MUST BE TUBER CULICIDAL

In violation of Section BE 4.02(5) of Wis. Stats. OR Wis. Adm. Code

Carla (Harden) Consumer Protection Unit III 2/14/08
Signature of Investigative Staff Title Date

Joy A. Plewa Licensee OR Establishment Owner Feb 20th 2008
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 \$ 13000 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.

Jessie M Bush
4-7-08