

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 checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>08BAC 042</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>08040728BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____ <u>BRADLEY F. ANGELL</u>	OR <input checked="" type="checkbox"/> Establishment Name License # <u>18619</u> <u>ANGELL'S BARBER SHOP</u>

4810 LLOYD ST MILWAUKEE 53208
Street City Zip
WEDNESDAY 2/13/08 11:10 AM
Day of Week Date Time

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

FAILURE TO CHANGE CONTACT DISINFECTANT DAILY.
NOTE: DISINFECTANT MUST BE TUBERCULOCIDAL

In violation of Section bc4.02(5) of Wis. Stats. OR Wis. Adm. Code
Candace (B) Sweden Consumer Protection Div III 2/13/08
Signature of Investigative Staff Title Date
Bradley Angell Licensee OR Establishment Owner 2-17-08
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 \$ 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.

Jeanie M Bush
4-7-08

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>D86AC 042</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>08040728BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____ <u>HADLEY E. ANGELL</u>	OR <input checked="" type="checkbox"/> Establishment Name License # <u>18619</u> <u>ANGELL'S BARBER SHOP</u>

4810 LLOYD ST MILWAUKEE 53208
Street City Zip
WEDNESDAY 2/13/08 11:06 am
Day of Week Date Time

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

CLEAN CONTACT EQUIPMENT (COMBS, SCISSORS, ETC) NOT
STORED IN COVERED CONTAINERS

In violation of Section 604.02(2) of Wis. Stats. OR Wis. Adm. Code
Constance (B) Blawie Consumer Protection Surv III 2/13/08
Signature of Investigative Staff Title Date
Hadley Angell Licensee OR Establishment Owner 2-17-08
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 \$ 1300.00 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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Jeanie M Buck
4-7-08