## WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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Wisconsin Departm Mail To: P.O. Box 8935 Madison, WI 53708-8935 FAX #: (608) 266-2264 Phone #: (608) 266-2112	Madison, W E-Mail: we	shington Avenue
	COSMETOLOGY EXAMINING B R ADMINISTRATIVE FORFEITURI	
DOE CASE FILE # 08 BAC 029	29 LS# <u>08060210</u> BAC COGNOSCENTE	
Individual Credential Holder Name License #	OR Stablishment License # 80-	Name
<u>4639 So. 1087457.</u> Street	<u>GREENTETED</u> City	5323-8 Zip BOMOX
THUCK.	2/14/08	2:00 pm.
Day of Week	Date	Time
On the above stated time, date and location, an in <u>DUMING INSPECTION DWHEN</u> <u>DISINFECTANT (BARBILIDE)</u>	Inga STATED THAT	SHE CHANGES
In violation of Section <u>BC 4.02 (9</u> <u>Douglas m. Austre</u> Signature of Investigative Staff	of $\Box$ Wis. Stats. $1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\ 1 \\$	OR $\square$ Wis. Adm. Code $\frac{2/14/08}{Date}$ Date
	OR Establishment Ow	

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#2683 (8/04) Ch. 454, Stats.

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