

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	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER
DOE CASE FILE # <u>08 PAC 137</u>	LS # <u>08090832 BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input type="checkbox"/> Establishment Name License # <u>14411</u>

6211 22nd AVE Street KENOSHA City 53143 Zip
FRIDAY Day of Week May 23, 2008 Date 1:25 pm Time

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

CONTACT DISINFECTANT NOT TUBERCULOCIDAL. CONTACT DIS-
INFECTANT NOT TUBERCULOCIDAL

In violation of Section bc4.02(5) of Wis. Stats. OR Wis. Adm. Code
Signature of Investigative Staff Maissa Kalduby Title Consumer Protection Investigator III Date May 23, 2008
Signature of Licensee OR Establishment Owner Maissa Kalduby Date 6-11-08

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.

Debbie M. Bear
9-8-08

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CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>08BAC 137</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>08090832 BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>14411</u>

HAIR GALLERY

6211 22nd ST Street KENOSHA City 53143 Zip

FRIDAY Day of Week May 23, 2008 Date 1:29 PM Time

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

CLEAN CONTACT EQUIPMENT IN OPEN CONTAINERS.
HAIR IN WITH CLEAN CONTACT EQUIPMENT

In violation of Section bc 4.01(1) of Wis. Stats. OR Wis. Adm. Code
Candace Obloedow Consumer Protection Investigator III 5/23/08
Signature of Investigative Staff Title Date
Maura Kaldulay 6/11/08
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 \$ 150.00 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
9-8-08