WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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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 OS RAC 106 E-Mail: web@drl.state.wi.us Website: http://drl.wi.gov

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DOE CASE FILE # 08 BAC 10 G IS # 080908 41 BAC		
Kathleen Kwakkel X Individual Credential Holder Name OF License # <u>81-31455</u>	Establishment Name License #	
195, madison St. Street	Waupun City	53963 Zip
Tuesday Day of Week	<u>5-20-09</u> Date	4:25 pm Time
On the above stated time, date and location, an investigation/inspection has disclosed the following violation.		
MS. Kwakkel Stated the disinfectant is		
Changed every Couple of days. Must be		
Changed daily,		
In violation of Section 4,02(5)		Wis. Adm. Code
Signature of Investigative Staff 608-267-521	Investigator 5 Title	<u>5-20-08</u> Date
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 \$_______ BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, <u>TOGETHER WITH THE SIGNED COPY OF THIS FORM</u> 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.

Jeannie M Bush 9-8-08

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

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