

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>08 BAC 119</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>08090850BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>REGAL NAILS</u> <u>85-4377</u>

Street 4115 CALUMET AVE. City MANITOWOC Zip 54220
Day of Week WED. Date 5/14/08 Time 10:00 am approx

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

AT ONE MANICURE STATION FOUND SEVERAL USED JEMERY BOARDS & BUFFERS STORED IN WORKSTATION DRAWER. AT PEDICURE STATION FOUND SEVERAL USED JEMERY BOARDS & BUFFERS STORED IN A DRAWER OF ROLLAWAY CART. IMPLEMENTS OBVIOUSLY USED MANY TIMES AND NOT DISPOSED OF.

In violation of Section BC 4.10 (4) of Wis. Stats. OR Wis. Adm. Code
Signature of Investigative Staff Douglas M. Austin Title INVESTIGATOR Date 5/14/08
Signature of Licensee OR Establishment Owner [Signature] Date 5/15/08

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 \$ 280.00 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.

[Signature]
9-8-08

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>08 BAC 1199</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>08090850BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>REGAL NAILS 85-4377</u>

Street 4115 CALUMET AVE City MANITOWOC Zip 54220

Day of Week WED. Date 5/14/08 Time 10:00 AM. APPROX.

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

OWNER STATED DISINFECTANT WAS CHANGED ONCE A WEEK.

In violation of Section BC 4.10 (2) of Wis. Stats. OR Wis. Adm. Code

Signature of Investigative Staff [Signature] Title INVESTIGATOR Date 5/14/08

Signature of Licensee OR Establishment Owner [Signature] Date 5/15/08

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 \$ 280.00 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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[Signature]
9-8-08