

# WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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# Wisconsin Department of Regulation & Licensing

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## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

*Paid  
WELA*

|                                                                                                  |                                                                                              |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> CITATION<br>DOE CASE FILE # <u>08 BAC 154</u>                           | <input checked="" type="checkbox"/> FINAL DECISION AND ORDER<br>LS # <u>08090876 BAC</u>     |
| <input type="checkbox"/> Individual Credential Holder Name<br>License # <u>Hai N Cao 85-2407</u> | <input checked="" type="checkbox"/> Establishment Name<br>License # <u>Nail Arts 71-1961</u> |

17355 W Bluemound Rd Wauwatosa 53045  
Street City Zip  
Wednesday 06/11/08 6:40 pm  
Day of Week Date Time

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

They have 10 Pedicure bowls. I checked 5  
of them & 3 had debris in the drain  
jet pumps

In violation of Section BC 4.02 (1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
[Signature] Investigator 06/11/08  
Signature of Investigative Staff Title Date  
[Signature] 06-11-08  
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 \$ 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.

*Jeannie M. Bush*  
*9-8-08*