

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 BAE 145</u> | <input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>08090881BAC</u> | |
| <input type="checkbox"/> Individual Credential Holder Name License # _____ | OR | <input checked="" type="checkbox"/> Establishment Name License # <u>22616</u> |

105 MAIN ST Street FORESTVILLE City 54213 Zip
Thursday Day of Week June 19, 2008 Date 2:51 pm Time

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

FAILURE TO PROPERLY STORE CONTACT EQUIPMENT

In violation of Section BC4.02(4) of Wis. Stats. OR Wis. Adm. Code
Candace (Bleedow) Consumer Protection Investigator IV Signature of Investigative Staff Title 6/19/08 Date
Linda Rachelit Signature of Licensee OR Establishment Owner 6-23-08 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 \$ 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.

Marnie M. Bush
9-8-08

Wisconsin Department of Regulation & Licensing

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Madison, WI 53708-8935

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>08 BAC 165</u> | <input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>08090881BAC</u> | |
| <input type="checkbox"/> Individual Credential Holder Name License # _____ | OR | <input checked="" type="checkbox"/> Establishment Name License # <u>22614</u> |

105 MAIN ST Street FORESTVILLE City 54213 Zip

Thursday Day of Week June 19, 2008 Date 2:48 pm Time

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

FAILURE TO USE TUBERCULOCIDAL CONTACT DISINFECTANT
AND FAILURE TO CHANGE DAILY

In violation of Section bc 4.02 (5) of Wis. Stats. OR Wis. Adm. Code
Candace (B) Bloodaw Signature of Investigative Staff Consumer Protection Investigator III Title 6/19/08 Date
Linda Rachelit Signature of Licensee OR Establishment Owner 6-23-08 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.

Jannine M. Bush
9-8-08