

# WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>08BAC181</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>08110329 BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>27719</u>

325 MAIN ST Street CADOTT City 54727 Zip  
FRIDAY Day of Week AUGUST 29, 2008 Date 10:02 am Time

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

FAILURE TO CHANGE CONTACT DISINFECTANT DAILY.  
CONTACT DISINFECTANT MUST BE TUBERCULOCIDAL.

In violation of Section PC 4.02 (5) of  Wis. Stats. OR  Wis. Adm. Code  
Candace (Bloodon) Cavanaugh Protection Investigator III Signature of Investigative Staff Title Date 8/29/08  
Elizabeth Bush Signature of  Licensee OR  Establishment Owner Date 8/29/08

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 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, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.

Jessie M Bush  
11-3-08