

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 214</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>08110344BAC</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>81-25678</u>	OR <input type="checkbox"/> Establishment Name License # _____

304 HENRIETTA AVE Street CRIVITZ City 54114 Zip
WEDNESDAY Day of Week 7/14/08 Date 11:00 AM APPROX Time

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

ALL AREAS & IMPLEMENTS NOT BEING MAINTAINED IN A CLEAN & SANITARY CONDITION, LOOSE CLIPPED HAIR FOUND IN DRAWERS WHERE "CLEAN" IMPLEMENTS STORED, AND ONE WORKSTATION HAD A TOWEL ON TOP OF WORKSTATION WHERE IMPLEMENTS WERE PLACED TO BE USED ON PATRONS, TOWEL WAS CONTAMINATED WITH MUCH HAIR.

In violation of Section BC 4.01 (i) of Wis. Stats. OR Wis. Adm. Code

Douglas M. Austin Signature of Investigative Staff INVESTIGATOR Title 7/25/08 Date

Randall Schuda Signature of Licensee OR Establishment Owner 8-5-08 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.

PAID 8/14/08
mm

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

Jessie M. Beach
11-3-08

Wisconsin Department of Regulation & Licensing

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CITATION FOR ADMINISTRATIVE FORFEITURE

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<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>81-25678</u>	OR <input type="checkbox"/> Establishment Name License # _____
<u>PAMELA SCHROEDER</u>	<u>STYLES PLUS</u>

304 HENRIETTA AVE, CRIVITZ 54114
Street City Zip
WEDNESDAY 7/16/08 11:00 a.m. Approx
Day of Week Date Time

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

MANICURE IMPLEMENTS, (EMERY BOARDS + BUFFERS) WERE BEING
USED FOR UP TO THREE (3) CUSTOMERS BEFORE BEING DISPOSED OF.
MANAGER STATED MANICURE IMPLEMENTS WERE SPRAYED WITH
ALCOHOL BETWEEN CUSTOMERS.

In violation of Section Bc 4.10 (4) of Wis. Stats. OR Wis. Adm. Code

Douglas M. Austin INVESTIGATOR 7/25/08
Signature of Investigative Staff Title Date

Pamela Schrade 8-5-08
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.

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PAID 8/11/08

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

Jeanie M. Best
11-3-08

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<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>PAMELA SCHROEDER 81-25678</u>	OR <input type="checkbox"/> Establishment Name License # <u>STYLES PLUS</u>

Street 304 HENRIETTA AVE City CRIVITZ Zip 54114
Day of Week WEDNESDAY Date 7/16/08 Time 11:00 am APPROX

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

DISINFECTANT USED FOR DECONTAMINATION WAS NOT BEING CHANGED ON A DAILY BASIS. MANAGER STATED IT WAS CHANGED TWICE A WEEK.

In violation of Section BC 4.02 (5) of Wis. Stats. OR Wis. Adm. Code
Signature of Investigative Staff [Signature] Title INVESTIGATOR Date 7/25/08
Signature of Licensee OR Establishment Owner [Signature] Date 8-5-08

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 \$ 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.

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PAID status

#2683 (8/04)
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[Signature]
11-3-08