

# 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 253</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>09 04 06 12 BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>BELLA L&amp;I</u> <u>80-29824</u>

Street W 62 N 560 WASHINGTON AVE, City CEDARBURG Zip 53012  
Day of Week THURSDAY Date 1/29/2009 Time 12:15 pm APPROX

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

LOOSE CLIPPED HAIR REMNANTS FOUND IN SEVERAL DRAWERS & IN  
A SCISSOR WALLET WHERE "CLEAN" IMPLEMENTS WERE BEING STORED  
THEREBY CAUSING CROSS CONTAMINATION.

In violation of Section BC 4.01 (1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

Signature of Investigative Staff Douglas M. Austin Title INVESTIGATOR Date 2/2/09  
Signature of ☐ Licensee OR ☒ Establishment Owner Daubert Date 2/6/09

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 \$ 100.00 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.

Jeanie M. Buck  
4-6-09

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<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>80-29824</u>
<u>BIELLA LEI</u>	

W62 N560 WASHINGTON AVE, LEONARBURG 53012  
Street City Zip

THURSDAY 1/29/2009 12:15 pm Approx  
Day of Week Date Time

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

LOOSE HAIR FOUND IN "CLEAN" BRUSHES. NOT ALL ORGANIC MATERIAL  
REMOVED PRIOR TO DISINFECTING STEP. #1

In violation of Section BC 4.02 (3) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

Angela M. Austin INVESTIGATOR 2/2/2009  
Signature of Investigative Staff Title Date

Barbara Smith 2/6/09  
Signature of ☐ Licensee OR ☒ Establishment Owner Date

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Janine M. Bush  
4-6-09