

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>09 BAC 095</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER <u>ORDER 00001104</u>
<u>DIOSA FIGUEROA</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>81-28144</u>	OR <input type="checkbox"/> Establishment Name License # _____

6215 So. 27th St. GREENFIELD 53221
Street City Zip
WEDNESDAY 1/20/2010 3:00 pm Approx.
Day of Week Date Time

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

MANAGER/OPERATOR NOT USING PROPER DISINFECTANT (AS DEFINED IN
BC 1.01(6)). LICENSEE STATED SHE USES SHAPSHAP TO DISINFECT.

In violation of Section BC 4.02(3)(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] INVESTIGATOR 1/26/2010
Signature of Investigative Staff Title Date
[Signature] ☐ 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 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.

[Signature]
5-3-10

#2683 (8/08)
Ch. 454, Stats.

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