## WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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Wisconsin Departm Mail To: P.O. Box 8935 Madison, WI 53708-8935 FAX #: (608) 266-2264 Phone #: (608) 266-2112	nent of Regulation & Li 1400 E. Washington Madison, WI 53703 E-Mail: web@drl. Website: http://drl.y	Avenue state.wi.us		
BARBERING AND COSMETOLOGY EXAMINING BOARD CITATION FOR ADMINISTRATIVE FORFEITURE				
DOE CASE FILE # 10 9900 027	FINAL DECISION A	ND ORDER 0515		
545AN PETZKE Individual Credential Holder Name License # 81-25875	OR Establishment Name License #			
912 8TH AVIE Street	BARABOO City	53913 Zip		
<u>ТНИЦSIAy</u> Day of Week	9/2/2010 Date	<u>1:00 PH APP</u> ROX Time		
On the above stated time, date and location, an inv				
DURING INSPECTION IT UAS NOT CHANGED DAILY AS RE HER EMPLOYIEES CHANGE	EQUIRED THE MANAGE	R STATED THAT		
A WEEK.		<u> </u>		
In violation of Section $B \subset 4.02 (5)$		Wis. Adm. Code		
Signature of Investigative Staff	IN VESTICATOR Title	9/9/2010 Date		
Signature of Licensee 0	<b>R</b> 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 S\_\_\_\_\_\_\_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.

Jeannie M. Busk 11-1-2010

Trn# 09718 09/27/2010 01:16 PM CHECK 081-FORFEITURE 100.00

TOTAL 100.00

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

Committed to Equal Opportunity in Employment and Licensing

WISCONSIN Departm Mail To: P.O. Box 8935 Madison, WI 53708-8935 FAX #: (608) 266-2264 Phone #: (608) 266-2112	ent of Regulation & L 1400 E. Washingt Madison, WI 537 E-Mail: web@d Website: http://dr	on Avenue 703 rl.state.wi.us
	OSMETOLOGY EXAMINING BOAR ADMINISTRATIVE FORFEITURE	D
DOE CASE FILE # 10 BAC 077 SUSAN PETZKE MIndividual Credential Holder Name License # 01-25875	OR Establishment Nam	e
<u>912 8 TH AVR</u> Street <u>THURSDAY</u> Day of Week	13ARA BOO City 9/2/2010 Date	<u>53913</u> Zip <u>1:00 Prr BPPRO</u> Time
On the above stated time, date and location, an inves DURING INSPECTION SEVER EIMERY BOARD WERE FOUND	AL PREVIOUSLY USED A	buffers &
400RKSTATION DOWNSTAIRS IN In violation of Section BC4. 10 (4)	) of Uis. Stats. OR	
Signature of Investigative Staff	Title	$\frac{n}{\frac{9/9/2010}{\text{Date}}}$

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 <u>2-50</u>. BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, <u>TOGETHER WITH THE SIGNED COPY OF THIS FORM</u> 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. 27/2010 01:16 PM

Kennie M. Bues 11-1- 2010

081-FORFEITURE 250.00

TOTAL 250.00

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

Committed to Equal Opportunity in Employment and Licensing

Mail To: P.O. Box 8935 Madison, WI 53708-8935	nt of Regulation & Li 1400 E. Washington Madison, WI 53703 E-Mail: web@drl.	3
FAX #: (608) 266-2264 Phone #: (608) 266-2112	Website: http://drl.	
BARBERING AND CO	SMETOLOGY EXAMINING BOARD	
CITATION FOR A	DMINISTRATIVE FORFEITURE	
OF CITATION BAC 077 DOE CASE FILE # 10 CEFE CEFE	FINAL DECISION A	and order 000515
SUSAIN PETZKE X Individual Credential Holder Name	HAIRCHT EXPRESS	
X Individual Credential Holder Name License # <u>8/- 25875</u>	OR Establishment Name License # 80-23	892
912 8TH AVE.	13ANA 1300 City	<u>53913</u> Zip
Street		Zip
<u>THURSDAY</u> Day of Week	9/2/2010	1:00 PIY HPPROX
Day of week	Date	lime
On the above stated time, date and location, an investi	igation/inspection has disclosed the follow	wing violation.
IT WAS FOUND THAT ANGEL	ENE M. KRUGER WAS BALPRACTIFICNERS	WORKING IN TIME
ESTABLISHIYENT, HOWEVER HER	LICENISE EXPINED 7/8/	2003, MS, SUSAN
PETZKE, THE SALONS OWNER &	MANAGER HLLOWED MYS, 1	Ruben TO WORK
IN THIS SALON WITH THE EXPINED &	LICENSE, EXARIED LICENSE	WAS POSTED IN SALONS.
In violation of Section $13 - 2.04(1)$	of Wis. Stats. OR	Wis. Adm. Code
Signature of Investigative Staff	INVESTUATOR Title	9/9/2012
Signature of investigative stati	Ille	
Signature of Licensee OR	Establishment Owner	<u>(120/10</u> 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 **1000.** BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, <u>TOGETHER WITH THE SIGNED COPY OF THIS FORM</u> 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.

Trn# 09718 09/27/2010 01:16 PM Bus ernie M 081-FORFEITURE 1.000.00 11-1-2010 TOTAL 1,000.00

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

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