WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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The status of an appeal may be found on court access websites at: http://ccap.courts.state.wi.us/InternetCourtAccess and http://www.courts.state.wi.us/wscca .

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Safety + Professional Services Wisconsin Depa. ment 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

\$250 paid +
porgrent plan agreed
to. RRO

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

V CITATION	☐ FINAL DECISION A	ND ORDER
DOE CASE FILE# 11 BAC 010	ORDER (001259
Nga T. Vu (BWher & responsible lice M Individual Credential Holder Name		
License # 14.31 - 086	License #	· ·
133 West Towns Mall	Madison, WI City	5 37/9 Zip
Street	City	Zip
Wednesday	6-22-11	10:45 a, in .
Wednesday Day of Week	Date	Time
	investigation/inspection has disclosed the following	
April 1, 2009.	Shment license for the salon had	been expired since
Salon when the aesthetics established April 1, 2009. In violation of Section BC 2.045(1)	Shment license For the salon had of Wis. Stats. OR	been expired since Wis. Adm. Code
Salon when the aesthetics established April 1, 2009. n violation of Section BC 2.045(1)	Shment license For the salon had of Wis. Stats. OR	been expired since Wis. Adm. Code
Salon when the aesthetics established April 1, 2009. In violation of Section BC 2.045(1)	Shment license for the salon had	been expired since
Salon when the aesthetics establication of Section BC 2.045 (1) Rayh Drawn Signature of Investigative Staff	Shment license for the salon had of Wis. Stats. OR Consumer Protection Investigator Title	Wis. Adm. Code
Salon when the aesthetics establication of Section BC 2.045 (1) Ralh Draese Signature of Investigative Staff	Shment license For the salon had of Wis. Stats. OR	been expired since Wis. Adm. Code
Salon when the aesthetics established April 1, 2009. In violation of Section BC 2.045 (1) Ralph Drage Signature of Investigative Staff Signature of Investigative Staff	of Wis. Stats. OR Consumer Protection Investigator Title OR 2 Establishment Owner asing authority is authorized to impose a for	Wis. Adm. Code 10-10-11 Date

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

AN ORDER OF FORFEITURE, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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



STATE OF WISCONSIN

Department of Safety and Professional Services 1400 E Washington Ave. Madison WI 53703

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Email: dsps@wisconsin.gov Web; http://dsps.wi.gov

Governor Scott Walker

Secretary Dave Ross Voice: 608-266-2112 • FAX: 608-266-2264 • TTY: 608-267-2416

November 1, 2011

NGA T VU 4742 NORA LN MADISON WI 53711

ORDER 0001259

Re: Case number 11 BAC 010

ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE -PAYMENT PLAN

Dear Tina Vu:

Examining Board

You have received a citation for \$1000 for a violation of the Barbering & Cosmetology rules regarding doing aesthetic/waxing services at your Super Nails salon without having a current aesthetics establishment license, and you have requested the opportunity to enter into a payment agreement to resolve that citation. By returning an original signed copy of this letter along with partial payment, you accept the forfeiture imposed on the citation you received and agree to pay the forfeiture amount in full over the extended time period. To enter into this agreement and to accept the payment plan below:

- You must sign and date this document below and return the original to Ralph Draeger at the P.O. Box address listed above.
- You must also include a partial payment of 25% of the total amount due on the citation when returning this document. (25% of \$1000 is \$250)
- You must return a copy of the citation with this document.
- Subsequent payments of 25% of the total amount are due every 60 days following the date of the previous payment due date until the full amount has been paid and must be sent to the Department Monitor at the address above. (\$250 each time)
- You agree that if you fail to timely submit payment of the forfeiture as set forth above, your license may, in the discretion of the board or its designee, be SUSPENDED, without further notice or hearing, until you have complied with payment of the forfeiture.

I hereby accept the forfeitures imposed by the attached citations and the terms set forth above. Licensee or Establishment Owner So Ordered: A Member of the Barbering and Cosmetology