

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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- There may be discrepancies between the online copies and the original document. Original documents should be consulted as the definitive representation of the order's content. Copies of original orders may be obtained by mailing requests to the Department of Safety and Professional Services, PO Box 8935, Madison, WI 53708-8935. The Department charges copying fees. *All requests must cite the case number, the date of the order, and respondent's name as it appears on the order.*
- Reported decisions may have an appeal pending, and discipline may be stayed during the appeal. Information about the current status of a credential issued by the Department of Safety and Professional Services is shown on the Department's Web Site under "License Lookup."  
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/wscqa>.
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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

PAID 9275.00  
9/13/11 IN  
PAYMENT PLAN  
done

## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>11 BAK 088</u>	<input type="checkbox"/> FINAL DECISION AND ORDER <u>ORDER 0001265</u> <u>REGAL NAILS</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>71-3874</u>

955 N. MUTUAL WAY Street      APPLISTON City      54915 Zip  
THURSDAY Day of Week      8/25/2011 Date      10:30 AM APPROX Time

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

IT WAS FOUND DURING MY INSPECTION THAT THERE WAS ONE UNLICENSED INDIVIDUAL OFFERING MANICURE SERVICES, THE PERSON WAS IDENTIFIED AS MINH THANH TUONG HUYNH, CALIF D.L. H500-5588-0646-7.

In violation of Section BC 2.04 (1) of  Wis. Stats. OR  Wis. Adm. Code  
Douglas M. Austin Signature of Investigative Staff      INVESTIGATOR Title      8/30/2011 Date  
Aileen Long Signature of  Licensee OR  Establishment Owner      9/6/11 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 \$ 1000.00 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.

Board Representative X Janice M. Boeck

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Website: http://drl.wi.gov

*PAID \$275.00  
9/15/11 IN  
PINK PLAN  
BAC*

## BARBERING AND COSMETOLOGY EXAMINING BOARD

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<input checked="" type="checkbox"/> CITATION	<input type="checkbox"/> FINAL DECISION AND ORDER
DOE CASE FILE # <u>11 BAC 088</u>	<u>ORDER 0001265</u>
	<u>REGAL NAILS</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>71-3874</u>

955 N. MUTUAL WAY APPLETON 54915  
Street City Zip

THURSDAY 8/25/2011 10:30 AM APPROX  
Day of Week Date Time

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

IT WAS OBSERVED DURING MY INSPECTION THAT SEVERAL OF  
THE MANICURIST DID NOT WASH THEIR HAND BETWEEN CUSTOMERS.

In violation of Section BC 4.01 (2) of  Wis. Stats. OR  Wis. Adm. Code

D. Taylor M. Austin INVESTIGATOR 8/30/2011  
Signature of Investigative Staff Title Date

Aileen Lang  Licensee OR  Establishment Owner 9/16/11  
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 \$ 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 PLUS COSTS, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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Board Representative X Jane M. Beech