

## 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:  
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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

Citation pd  
12/15/11  
Cob

## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>116AC 161</u>	<input type="checkbox"/> FINAL DECISION AND ORDER <u>ORDER 0001339</u>
<u>PERFECT GROW ART INC DBA BROW ART 23</u>	
<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>37707</u>

5742 DURAND AVE RACINE 53406  
Street City Zip  
TUESDAY NOVEMBER 22, 2011 4:09 PM  
Day of Week Date Time

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

LICENSE FOR ESTABLISHMENT EXPIRED 4/1/11. ESTABLISH-  
MENT OPEN AND OFFERING SERVICES FOR COMPENSATION  
ON 11/22/11.

In violation of Section BC 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Candace (Bloodon) Consumer Protection Investigator III 11/22/11  
Signature of Investigative Staff Title Date

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 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, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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

X Jeffrey Patterson  
Board Representative

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

Committed to Equal Opportunity in Employment and Licensing

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*12/15/11*  
*ceb*

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<u>PERFECT BROW ART INC DBA BROW ART 23</u>	
<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>37907</u>

5742 DURAND AVE RACINE 53406  
Street City Zip

TUESDAY NOVEMBER 22, 2011 4:14 PM  
Day of Week Date Time

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

ASSISTING IN UNLICENSED PRACTICE BY OWNER. EMPLOYEE  
SHENIA ROSE DOES NOT HAVE A WISCONSIN LICENSE TO  
PRACTICE

In violation of Section PC 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Candace (Bloodon) Consumer Protection Investigator III 11/22/11  
Signature of Investigative Staff Title Date

Signature of ☐ Licensee OR ☒ Establishment Owner Date

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