

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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- The Reports of Decisions is designed to contain copies of all orders issued by credentialing authorities within the Department of Safety and Professional Services from November, 1998 to the present. In addition, many but not all orders for the time period between 1977 and November, 1998 are posted. Not all orders issued by a credentialing authority constitute a formal disciplinary action.
- Reports of Decisions contains information as it exists at a specific point in time in the Department of Safety and Professional Services data base. Because this data base changes constantly, the Department is not responsible for subsequent entries that update, correct or delete data. The Department is not responsible for notifying prior requesters of updates, modifications, corrections or deletions. All users have the responsibility to determine whether information obtained from this site is still accurate, current and complete.
- 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/wsccl>.
- Records not open to public inspection by statute are not contained on this website.

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**Correcting information on the DSPS website:** An individual who believes that information on the website is inaccurate may contact the webmaster at [web@drl.state.wi.gov](mailto:web@drl.state.wi.gov)

# 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

IN PAYMENT  
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PAID  
11/21/11  
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## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>11 BAC 057</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>Order 0001357</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>KIMBERLY HANIE</u> <u>86-2063</u>	<input type="checkbox"/> Establishment Name License # _____

12 E. JOHN ST. RICE LAKE 54868  
Street City Zip  
WEDNESDAY 7/27/2011 1:30 PM APPROX  
Day of Week Date Time

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

IT WAS CONFIRMED DURING A ON-SITE INSPECTION THAT WHILE THE  
INDIVIDUAL PRACTITIONERS WORKING AT DIVINE SKIN & NAILS HAD THE APPROPRIATE  
LICENSES, THE ESTABLISHMENT ITSELF DIDN'T HAVE THE PROPER ESTABLISHMENT  
LICENSE, THE ESTABLISHMENT HAD BEEN OPERATING SINCE DEC. 2010

In violation of Section 454.08(6) of ☒ Wis. Stats. OR ☐ Wis. Adm. Code

Doug Austin INVESTIGATOR 8/1/2011  
Signature of Investigative Staff Title Date

Kimberly M. [Signature] 8/16/2011  
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 \$500.00 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] 4-2-12

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IN PAYMENT  
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DINA

## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>11 BAC 057</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>Order 0001357</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>KIMBERLY HANIE 85-5975</u>	<input type="checkbox"/> Establishment Name License # _____

12 E. JOHN ST. RICE LAKE 54868  
Street City Zip  
WEDNESDAY 7/27/2011 1:30 PM APPROX  
Day of Week Date Time

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

IT WAS DISCOVERED DURING THE INSPECTION OF DIVINE SKIN & NAILS  
THAT PREVIOUSLY USED EMERY BOARDS WERE BEING CLEANED &  
DISINFECTED AND THEN USED ON CUSTOMERS. SINCE EMERY BOARDS  
CANNOT BE PROPERLY CLEANED PRIOR TO DISINFECTING THIS IS A VIOLATION OF CODE.

In violation of Section BC 4.10 (7) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

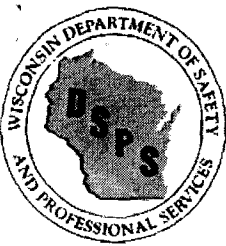
Dana Austin INVESTIGATOR 8/1/2011  
Signature of Investigative Staff Title Date  
Kimberly M. [Signature] 8/16/11  
Signature of ☐ Licensee OR ☒ Establishment Owner Date

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 \$ 250.00 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.

[Signature] 4-2-12



## STATE OF WISCONSIN

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

Governor Scott Walker

Secretary Dave Ross

Mail to:  
PO Box 8935  
Madison WI 53708-8935

Email: [dspd@wisconsin.gov](mailto:dspd@wisconsin.gov)  
Web: <http://dspd.wi.gov>

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

November 4, 2011

KIMBERLY HANIE  
C/O DIVINE SKIN & NAILS  
12 E JOHN ST  
RICE LAKE WI 54868

ORDER 0001357

RE: 11 BAC 057 – Divine Skin & Nails

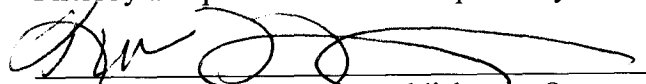
### ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE - PAYMENT PLAN

Dear Ms. Haynie:

You have received two citations for violations of the Barbering & Cosmetology rules and have requested the opportunity to enter into a payment agreement to resolve those citations. By returning an original signed copy of this letter along with partial payment, you accept the forfeitures imposed on the citations you received and agree to pay the forfeiture amounts in full. 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 me, Douglas Austin, at the address listed above.
- You must also include a partial payment of 25% of the total amount due on the citations when returning this document.
- You must return a copy of the citations with this document. (I already have a received a copy of the signed citations).
- 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.
- 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.

  
Signature of Licensee or Establishment Owner

11/20/11  
Date