

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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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

Ad 11/15/11
cob

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>11 PAC 119</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # _____
<u>WEEKY BROWN</u> <input type="checkbox"/> Individual Credential Holder Name License # _____	<u>HAIR FORCE ONE</u> OR <input checked="" type="checkbox"/> Establishment Name License # <u>38708</u>
ORDER 0001473	

1240 N. MAIN Street EAUCLINE City 53402 Zip
Thursday Day of Week October 27, 2011 Date 12:47 pm Time

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

CONTACT DISINFECTANT NOT TUBERCULOCIDAL

In violation of Section SC 4.02 of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Candace (Blackman) Signature of Investigative Staff Consumer Protection Investigator II Title 10/27/11 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 \$ 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, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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

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

Committed to Equal Opportunity in Employment and Licensing

Jeffrey Ratt 4-12

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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1400 E. Washington Avenue
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Website: http://drl.wi.gov

pd 11/15/11 cob

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>11BAC 119</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # _____
<u>AVERY BROWN</u> <input type="checkbox"/> Individual Credential Holder Name License # _____	<u>HAIR FORCE ONE</u> <u>ORDER 0001473</u> <input checked="" type="checkbox"/> Establishment Name License # <u>38708</u>

1240 N. MAIN RACINE 53402
Street City Zip
Thursday October 27, 2011 12:39 pm
Day of Week Date Time

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

CLEAN CONTACT EQUIPMENT KEPT IN OPEN AREA

In violation of Section BC4.01 of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Candace (Bloodon) Consumer Protection Investigator III 10/27/11
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.

100.00
PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE 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, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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Jeffrey Ratt 4-2-12

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pd 11/15/11
COB

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION	<input type="checkbox"/> FINAL DECISION AND ORDER
DOE CASE FILE # <u>11062117</u>	LS # <u> </u>
ORDER 0001473	
<u>AVERY J. DEWON</u>	<u>HAIR FORCE LLC</u>
<input type="checkbox"/> Individual Credential Holder Name	<input checked="" type="checkbox"/> Establishment Name
License # <u> </u>	License # <u>387108</u>

1240 N MAIN STREET RACINE 53402
Street City Zip
Tuesday November 1, 2011 10:25 a
Day of Week Date Time

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

FAILURE TO ASSURE ADEQUATE SUPERVISION OF APPRENTICES
APPRENTICES WORKING AND NO LICENSEE ON PREMISES

In violation of Section PC 2.06(3) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Candace C. Dolew Consumer Protection Investigator III 11/1/11
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 \$ 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, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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

[Signature] 4-2-12