

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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- 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

ORDER 0001611

## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

Payment Plan  
#250.00 rec'd  
WEG 04/10/2012

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>11 BAC 091</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # _____
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>Lisa M. Voss</u>	<input type="checkbox"/> Establishment Name License # <u>Sparks Salon &amp; Spa</u>

541 Kenosh Street Walworth WI 53184  
Street City Zip  
Thursday, February 16, 2012 5:15 PM  
Day of Week Date Time

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

That Sparks Salon & Spa had an  
expired establishment while open  
for business on the date of contact.

In violation of Section BC 2.045(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Willie E. Garrold Investigator 02/20/2012  
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 \$ 1,000.00 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



# STATE OF WISCONSIN

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

Governor Scott Walker

Ross

Web: <http://dsps.wi.gov>

Mail to:  
PO Box 8935  
Madison WI 53708-8935

Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Secretary Dave

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

March 29, 2012

ORDER 0001611

SPARKS SALON & SPA  
ATTN LISA M VOSS  
541 KENOSHA STREET  
WALWORTH WI 53184

Re: Case number 11 BAC 091

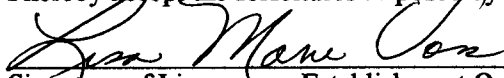
## ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE - PAYMENT PLAN

Dear Ms. Voss:

Attached is a citation for a violation of the Barbering & Cosmetology rules regarding my visit to Sparks Salon & Spa on Thursday, February 16, 2012. As you should recall, I advised you that a citation would be issued because you were operating the salon without a current establishment permit. At that time you requested an opportunity to enter into a payment agreement to resolve the citation and I told you I would mail the citation to you with information about a payment plan. By returning an original signed copy of this letter along with partial payment and a signed and dated original (white copy) of the citation, you accept the forfeiture imposed on the citation you received and agree to pay the forfeiture amount in full. To enter into this agreement and to accept the payment plan below:

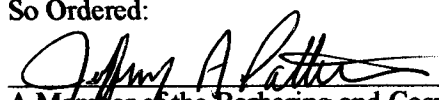
- You must sign and date this document below and return the original to Willie E. Garrette at the address listed above by April 6, 2012.
- You must also include a partial payment of 25% (\$250.00) of the total amount due on the citation when returning this document.
- You must return a copy of the citation with this document.
- *Subsequent payments of 25% (\$250.00) 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

4-5-12  
Date

So Ordered:

  
A Member of the Barbering and Cosmetology  
Examining Board

6-11-12  
Date