

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:
<http://ccap.courts.state.wi.us/InternetCourtAccess> and <http://www.courts.state.wi.us/wsccl>.
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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

6/14/12
\$250 pd.
First of four
\$250 payments
Per Payment Plan
mk

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>11BAC020</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>ORDER 0001688</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>Kerry Van Riper</u> <u>81-33936</u>	OR <input type="checkbox"/> Establishment Name License # _____

20 Crossroads Court Delafield, WI 53018
Street City Zip
Wednesday 4/13/2011 2:30 P.m.
Day of Week Date Time

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

Kerry Van Riper was operating an unlicensed establishment & has failed to obtain an establishment license.

In violation of Section BC 3.01(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Nechelle Krisher Investigator 4/23/2012
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 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

Secretary Dave Ross

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

6/14/12
\$250 pd.
First of Four
\$250 Payments Per
Payment Plan Mail to
Box 893!
Madison WI 53708-893!

Email: dsps@wisconsin.gov

Web: http://dsps.wi.gov

May 16, 2012

KERRY A VAN RIPER
12351 W BELOIT RD #8
MILWAUKEE WI 53228

ORDER 0001088

Re: Case number 11 BAC 020/Kerry A. Van Riper #81 33936 (Manager license)

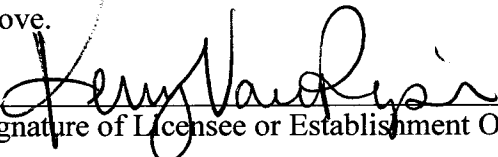
ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE - PAYMENT PLAN

Dear Ms. Van Riper:

You have received one or more 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 citation(s) you received and agree to pay the forfeiture amount(s) 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 Michelle Krisher at the address listed above.
- You must also include a partial payment of \$250 when returning this document.
- You must return a copy of the citation(s) with this document.
- Subsequent payments of \$250 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 by addressing to Department Monitor at the address above. **In order to assure each payment is credited properly, all payments must reference the case number noted 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

04/04/12
Date

So Ordered:


A Member of the Barbering and Cosmetology
Examining Board

9-10-12
Date