WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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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/wscca .

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STATE OF WISCONSIN

Department of Safety and Professional Services 1400 E Washington Ave. Madison WI 53703 Mail tc PO Box 893! Madison WI 53708-893!

Email: dsps@wisconsin.go Web: http://dsps.wi.go

Governor Scott Walker

Secretary Dave Ross

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

February 16, 2012

JERMAINE JONES FRENCHIES BEAUTY SALON & BARBER SHOP 1900 RACINE ST RACINE WI 53403 ORDER 0001769 SECOND REQUEST SENT 03/07/2012

ORDER 0001449

Re: Case number 11 BAC 167/Frenchies Beauty Salon & Barber Shop #80 39220

<u>ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE - PAYMENT PLAN</u>

Dear Mr. Jones:

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 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 Michelle Krisher at the address listed above.
- You must also include a partial payment of \$275 when returning this document.
- You must return a copy of the citation(s) with this document.
- Subsequent payments of \$275 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

Date

So Ordered:

A Member of the Barbering and Cosmetology

Data

Examining Board

Wisconsin Depa. ment of Regulation & Mail To: P.O. Box 8935

Madison, WI 53708-8935

FAX #: Phone #:

(608) 266-2264 (608) 266-2112 1400 E. Washington Avenue Madison, WI 53703

E-Mail: web@drl.state.wi.us Website: http://drl.wi.gov

Payment Plan of \$275 every 60 days, Recid first Payment of \$275 on 3/29/2011

- 6-11-12

Two citations total(\$1,000+81,00

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

| ORDER 0.0.017.6.9 | | | |
|--|--|--|--|
| CITATION DOE CASE FILE # 11846/67 FINAL DECISION AND ORDER LS # | | | |
| Frenchies Reauty Salon & Barbar Shop Individual Credential Holder Name OR Establishment Name | | | |
| License # License # 39220 80 | | | |
| 1900 Racine Street Racine WI 53403 Street City Zip | | | |
| Wednesday 2/15/2012 12:00p.m | | | |
| Day of Week Date Time | | | |
| On the above stated time, date and location, an investigation/inspection has disclosed the following violation. | | | |
| Jermaine Jones, owner of Frenchies is providing Barbering Services, per his admission of receiving | | | |
| donations, and does not had a grantitioner or apprentice | | | |
| Orchental | | | |
| In violation of Section BCZ.04(1) of Wis. Stats. OR Wis. Adm. Code | | | |
| Michile Staff Title Date | | | |
| Refused Signature of Investigative Staff Refused Signature of Investigative Staff Signature of Investigative Staff Date Date Date | | | |
| Signature of Licensee OR Licensee OR 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 \$ 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 PLUS COSTS, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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

#2683 (8/04) Ch. 454, Stats.

Committed to Equal Opportunity in Employment and Licensing

3/29/2012 Wisconsin Depal ment of Regulation & icensing (1,000 and 100) Mail To: P.O. Box 8935

Madison, WI 53708-8935

FAX #: Phone #: (608) 266-2264 (608) 266-2112 1400 E. Washington Avenue Madison, WI 53703

E-Mail: web@drl.state.wi.us

Website: http://drl.wi.gov

Potalling \$1,100

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Payment Plan of \$275 every bodays

Read first Payment of \$275 on 3hghou

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

mkusher

| | ORDER | 001740 | |
|--|--|----------------------|--|
| ☑ CITATION DOE CASE FILE # 1 BAC 16 7 | ☐ FINAL DECISION AND LS # | ORDER | |
| Ivenchies Beauty Salon & To Individual Credential Holder Name OR License # | Darber Shop Establishment Name License # 3 9 2 2 0 - (| fo | |
| | | | |
| 1900 Racine Street | Racine WI | 53403 | |
| Wednesday 21 | | 17:00 p.m | |
| Day of Week | Date | Time | |
| On the above stated time, date and location, an investigation/ | inspection has disclosed the following | violation. | |
| Failure to Comply with Sar | itation Rules as | owner | |
| (Jermaine Jones) of France | くしゅうしょう サング・ストングレー (人名) さんしょう しょうしょう しゅうしゅう (教) とりゅうしょ | | |
| attachments & Clipper mechan | | | |
| Soed with each other, disinfection | + Marvicide is not at | ubekulucidal) | |
| In violation of Section 3C 2.06(2) of | ☐ Wis. Stats. OR | Wis. Adm. Code | |
| Muchell Suches / | musligator | 2/15/2012 | |
| 一点,一点,这个大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大 | たたいはんき しゅうだい しょうしき 金金 しょうかい ちょうしゅう しゅうしょう しゅうしょ しょうしょうごう | | |
| Refused Sanature but reque Signature of Dicensee OR | sted Payment Plan | | |
| 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 \$ 100 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 ENFORCEM | JENT, 1400 EAST WASHINGTON AV | LNUE, P.O. BOX 8935, | |

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

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

#2683 (8/04) Ch. 454, Stats.

DEPOSIT.

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