

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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# STATE OF WISCONSIN

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

Governor Scott Walker

Secretary Dave Ross

7/10/12  
Signed Payment Plan &  
first \$250 (off fee)  
rec'd mk  
Mail to:  
PO Box 8935  
Madison WI 53708-8935

Email: dsps@wisconsin.gov

Web: http://dsps.wi.gov

Voice: 608-261-7937 • FAX: 608-266-2264 • TTY: 608-267-2416

June 29, 2012

MONICA BIANCO  
CHARLIE'S EAST COAST HAIR DESIGNS  
285 N JANACEK RD  
BROOKFIELD WI 53045

ORDER 0001910

Re: Case number 12 BAC 008/Charlie's East Coast Hair Designs, #80 38815

## ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE - PAYMENT PLAN

Dear Ms. Bianco:

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 forfeiture(s) 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.** Please use the enclosed envelopes to submit your payments.
- 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

7/5/12  
\_\_\_\_\_  
Date

So Ordered:

  
\_\_\_\_\_  
A Member of the Barbering and Cosmetology  
Examining Board

9-10-12  
\_\_\_\_\_  
Date

# 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

7/10/12  
Signed Payment  
Plan # first  
\$250 (of four)  
rec'd  
mk

## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>12BAC008</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>ORDER 0001910</u>
<u>Charles East Coast Hair Designs (Monica Bianco-owner)</u>	
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>80-38815</u>

285 N. Janacek Road Brookfield, WI 53045  
Street City Zip  
Wednesday March 28, 2012 1:30 p.m.  
Day of Week Date Time

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

Monica Bianco, owner of Charles East Coast Hair Designs participated in unlicensed practice by allowing Charles Bianco to practice barbering/cosmetology after his temporary permit expired on February 29, 2012.

In violation of Section BC 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Michelle Krusher Investigator June 18, 2012  
Signature of Investigative Staff Title Date  
Mon & Bianca  
Signature of ☐ Licensee OR ☒ Establishment Owner 7/5/12  
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.