### 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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## Wisconsin Department of Regulation & Licensing

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

### BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

☑ CITATION DOE CASE FILE# 12 BAC 09	6	FINAL OF CISION LS#	0002431
☐ Individual Credential Holder Name License #	OR	PRO WAIL5  Establishment Nam License # 2727	
3545, 18 <sup>TH</sup> ST.	w.	AUSAU City	54401 Zip
WEDNES DAY Day of Week		1/24/2013 Date	12',30 P.M. APPROX
On the above stated time, date and location, an			
IN THE SHLOW PERFORMING	VG MANI	LURG SERVICES,	HOWEVER, IT
FROM DIHER STATES, NOT		,	
In violation of Section BC 2.04			
Signature of Investigative Staff	n )	INVESTIGATOR Title	
Signature of Licensee	OR	[7] Establishment Owner	5/3/2013 Date
Pursuant to Wis. Stat. § 454.15(3), the lice	_	ty is authorized to impose a	forfeiture in lieu of or in

PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE IN THE AMOUNT OF 1000. 22 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.

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(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

PAID 5/3/13

### BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DOE CASE FILE # 12 BAC 096	FINAL DER	LS#FINAL DERBERAND OF DEB1	
Individual Credential Holder Name License #	OR Establishment License # 2727		
354 5, 18 TH ST Street	<i>WAVSA</i> и City	<i>5</i> 4401 Zip	
		Zip	
WEDNESORY Day of Week	4/24/2013	12:30 PM APP	
Day of Week	Date	12'.30 Pry APP1 Time	
AFTER INSPECTING THE	1		
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DEPARTMENT, IT WAS OF DEPARTMENTS DATA BAS HAS BEEN IN EXPIRED STA	SCOVERBO THROUGH BE  SE THAT THE SALOWS  STUS SINCE 4/1/2011  of   Wis. Stats.	ESTABLISHMENT  OR Wis. Adm. Code	

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.

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