

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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- There may be discrepancies between the online copies and the original document. Original documents should be consulted as the definitive representation of the order's content. Copies of original orders may be obtained by mailing requests to the Department of Safety and Professional Services, PO Box 8935, Madison, WI 53708-8935. The Department charges copying fees. *All requests must cite the case number, the date of the order, and respondent's name* as it appears on the order.
- 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/wscca>

- Records not open to public inspection by statute are not contained on this website.

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**Correcting information on the DSPS website:** An individual who believes that information on the website is inaccurate may contact [DSPS@wisconsin.gov](mailto:DSPS@wisconsin.gov)



# STATE OF WISCONSIN

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

Governor Scott Walker

Secretary Dave Ross

Mail to  
PO Box 893  
Madison WI 53708-893

Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Web: <http://dsps.wi.gov>

May 1, 2013

DIOSA HAIR UNISEX  
ATTN DIOSA FIGUEROA  
6215 SOUTH 27<sup>TH</sup> STREET  
GREENFIELD WI 53221

ORDER 00024

Re: Case Number 13 BAC 018

## ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE - PAYMENT PLAN

Dear Ms. Figueroa:

Enclosed please find one Citation, an Addendum for a Citation Payment Plan and a letter explaining the reason for the issuance of the Citation. By returning the original signed copy of this letter along with a partial payment and a copy of the Citations I am issuing and sending, you accept the forfeiture imposed on the Citations and you 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 Addendum below and return the original to Willie E. Garrette by May 22, 2013.
- 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.
- Three 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 of \$1,000.00 is paid in full. Each subsequent payment must be sent with a copy of the Citation and this document to: Department of Safety and Professional Services, Division of Legal Services and Compliance, ATTN Candace Bloedow, Department Monitor, PO Box 8935, Madison, WI 53708-8935.
- 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.

*Diosa Figueroa*  
Signature of Licensee or Establishment Owner

*5-10-13*  
Date

So Ordered:

*Jeffrey A. Rath*  
A Member of the Cosmetology Examining Board

*6-24-13*  
Date

1st pmnt.

# 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

Partial pmnt  
\$250.00  
rec'd 05/15/2013  
WEG

## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

ORDER 000243

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>13 BAC 018</u> <u>Diosa Figueroa</u> <input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>28144-81</u>	OR	<input type="checkbox"/> FINAL DECISION AND ORDER LS # _____ <u>Diosa Hair Unisex</u> <input checked="" type="checkbox"/> Establishment Name License # <u>36564-80</u>
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6215 S. 27th St. Greenfield WI 53221  
Street City Zip  
Thursday, 04/18/2013 11:10 AM  
Day of Week Date Time

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

That Diosa Hair Unisex was open for business w/o a current establishment license.

In violation of Section BC 2.045(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Willie S. Darretto CPI Inv. 04/18/2013  
Signature of Investigative Staff Title Date  
Willie S. Darretto ☒ Licensee OR ☒ Establishment Owner 4/18/13  
Signature of 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 \$ 1000.00 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.