

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



Wisconsin Department of Safety and Professional Services Access to the Public Records of the Reports of Decisions

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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/wscga>

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

By viewing this document, you have read the above and agree to the use of the Reports of Decisions subject to the above terms, and that you understand the limitations of this on-line database.

Correcting information on the DSPS website: An individual who believes that information on the website is inaccurate may contact 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
Web: <http://dsps.wi.gov>

April 29, 2013

NAILS EXPRESS
ATTN JIMMY TRAN
2959 SOUTH CHICAGO AVENUE
SOUTH MILWAUKEE WI 53172

ORDER 000246

Re: Case Number 13 BAC 010

ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE - PAYMENT PLAN

Dear Mr. Tran:

Enclosed please find two Citations; 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 20, 2013.
- You must also include a partial payment of 25% (\$500.00) of the total amount due on the first Citation when returning this document.
- You must return a copy of the first Citation with this document.
- Three subsequent payments of 25% (\$500.00) of the total amount are due every 60 days following the date of the previous payment due date, until the full amount of \$2,000.00 is paid in full. Each subsequent payment must be sent with a copy of each Citation 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.

X [Signature]
Signature of Licensee or Establishment Owner

X 5-01-13
Date

So Ordered:

[Signature]
A Member of the Cosmetology Examining Board

6-24-13
Date

WEG:ms
Citation Payment Plan Letter - 04/29/2013

Payment #1

①

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

Note: Original
were not return
1st pmnt. rec'd
WEG 05/31/13

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

COPY

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>13 BAC 010</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>ORDER 0002446</u>
<u>Jimmy Tran</u> <input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>89672-82</u>	<u>Nails Express</u> <input type="checkbox"/> Establishment Name License # <u>3347-71</u>

2959 S. Chicago Ave. South Milwaukee 53172
Street City Zip
Friday, 04/19/2013 approx 2:37PM
Day of Week Date Time

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

That Nails Express was open for business as a
manicurist establishment providing services
to two patrons w/o a current establishment
license.

In violation of Section BC 2.045(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Willie R. Larrett Consumer Protection Investigator 04/29/2013
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 AND COSTS 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 PLUS COSTS, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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

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

Note: originals
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1st pmnt. received
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Street City Zip
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Day of Week Date Time

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Be T. Nguyen was observed performing a
manicuring procedure on a patron w/o a
license. Ms. Nguyen's expired IL Cosmetologist
License (#011.274587-Exp 09/30/2011) was posted & confiscated.

In violation of Section BC 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Allie E. Garrett Consumer Protection Investigator 04/29/2013
Signature of Investigative Staff Title Date

X X
Signature of ☒ Licensee OR ☒ Establishment Owner Date

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