WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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Wisconsin Department o Mail To: P.O. Box 8935 Madison, WI 53708-8935 FAX #: (608) 266-2264 Phone #: (608) 266-2112	f Regulation & Licensing 1400 E. Washington Avenue Madison, WI 53703 E-Mail: web@drl.state.wi.us Website: http://drl.wi.gov	6/20/13 pymr P gma
	OLOGY EXAMINING BOARD STRATIVE FORFEITURE	
Image: Constraint of the second se	☐ FINAL DECISION AND ORDER LS #ORDER 000248	
Individual Credential Holder NameORLicense # <u>40476 - 82</u>	Establishment Name License #	·
712 MARINETTIE AVE, Street THURS DAY Day of Week On the above stated time, date and location, an investigation/it	<u>3/28/2013</u> Date Ti	<u>4143</u> p <u><i>qm APPRox</i> me</u>
DURING MY INSPECTION OF THE BARBER ADMITTED THAT SHE M DNCIE A WEEK, INSTEAD OF DAIL FOUND TO BE MIXED TOO WEAK	ULY CHANGED THE DISINFE Y AS PER BAC RULES. I	CTANT
In violation of Section <u>13c</u> $4,02(5)$ of <u>To min lan</u> n_1 <u>Augun</u> 11 Signature of Investigative Staff		Adm. Code - <u>1 / 20 (3</u> .te
Signature of Licensee OR	Establishment Owner Da	te

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PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE IN THE AMOUNT OF <u>100</u> BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, <u>TOGETHER WITH THE SIGNED COPY OF THIS FORM</u> 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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