

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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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 #: (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

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BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>13 BOC 162</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>ORDER 0003155</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>4284-71</u>	OR <input checked="" type="checkbox"/> Establishment Name License # <u>4284-71</u>

428 B W. MAIN ST. CHILTON 53014
Street City Zip
THURSDAY 3/20/2014 4:00 PM APPROX
Day of Week Date Time

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

DURING MY INSPECTION I FOUND THE PEDICURE CHAIR'S FOOT BASIN
WAS NOT BEING PROPERLY CLEARED. IN PARTICULAR, THE FILTER COVER
WAS NOT BEING REMOVED ON A REGULAR BASIS AND CLEARED & THE SPACE
BEHIND THE FILTER WAS NOT BEING CLEARED.

In violation of Section BS 4.01(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

T. J. Austin CONSULTANT PROFESSIONAL INVESTIGATOR 3/20/14
Signature of Investigative Staff Title Date

Signature of ☐ Licensee OR ☒ Establishment Owner Mmm 4.6.14
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 \$ 100.00 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.