

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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- 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>

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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

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

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

ORDER 3337

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>12 BAC 092</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # <u>GLADYS & THE CUTS</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>41301-82</u>	<input type="checkbox"/> Establishment Name License # <u>6937 W. Fond Du Lac Ave. MILWAUKEE WI</u>

8626 West Appleton Avenue, Apartment #2, Milwaukee WI 53225-4251
Street City Zip

THURSDAY, MARCH 21, 2013 At APPROXIMATELY 1:40 PM
Day of Week Date Time

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

THAT BETWEEN THE MONTHS OF MAY AND JUNE IN THE YEAR 2012, ELAINE STURGHILL
KNOWINGLY WORKED AND OPERATED WITH AN EXPIRED PRACTITIONER LICENSE
(#41301-82) PERFORMING SERVICE AT GLADYS & THE CUTS, 6937 W FOND DU LAC AVE.
MILWAUKEE, WI.

In violation of Section BC 2.04 (1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

Denny Deenan INVESTIGATOR 07/10/2014
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 \$ 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 PLUS COSTS, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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

Denny Deenan



July 10, 2014

9-18-14
paid \$250.00
Chase

ELAINE STURGHILL
8626 WEST APPLETON AVENUE APT 2
MILWAUKEE WI 53225-4251

VIA FIRST CLASS MAIL ONLY

RE: In the matter of disciplinary proceedings against Elaine Sturghill, 12 BAC 092

**ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE –
PAYMENT PLAN**

Dear Ms. Sturghill:

You have received a citation for a violation of the Cosmetology rules and have requested the opportunity to enter into a payment agreement to resolve the citation. By returning an original signed copy of this letter along with a partial payment, you accept the forfeiture imposed on the Citation 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 Al Rohmeyer by July 24, 2014.
- 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 to: Department of Safety and Professional Services, Division of Legal Services and Compliance, Attn: Department Monitor, P.O. Box 7190, Madison, WI 53707-7190.
- 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.

Elaine Sturghill

Signature of Licensee or Establishment Owner

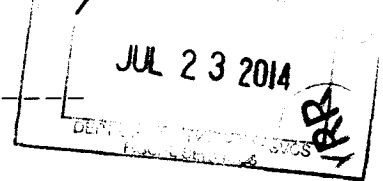
July 21, 2014

Date

So Ordered:

A Member of the Cosmetology Examining Board

Date



I Can't not pay you \$250.00 at This Time I will
Send you \$125.00 a month until this is paid in
full, incl'd with letter is a check for \$125.00.
Thank You Elaine Sturghill

Please send more copies of Citations.
you Total me on The phone you would work with me to
pay this off.

Yvonne Rutter