

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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#### Please read this agreement prior to viewing the Decision:

- The Reports of Decisions is designed to contain copies of all orders issued by credentialing authorities within the Department of Safety and Professional Services from November, 1998 to the present. In addition, many but not all orders for the time period between 1977 and November, 1998 are posted. Not all orders issued by a credentialing authority constitute a formal disciplinary action.
- Reports of Decisions contains information as it exists at a specific point in time in the Department of Safety and Professional Services data base. Because this data base changes constantly, the Department is not responsible for subsequent entries that update, correct or delete data. The Department is not responsible for notifying prior requesters of updates, modifications, corrections or deletions. All users have the responsibility to determine whether information obtained from this site is still accurate, current and complete.
- 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.

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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)

# 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

PAYMENT  
PLAN. PAID  
\$600 9/18/14  
Pm

## BARBERING AND COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

0003452

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>14 BAC 036</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # _____
<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>U.S. NAILS</u> <u>4276-71</u>

3421 MAIN ST. STEVENS POINT 54481  
Street City Zip  
THURSDAY 6/28/2014 1:30 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 OBSERVED DUY NGUYEN, AN  
UNLICENSED INDIVIDUAL, PROVIDING MANICURE SERVICES TO A  
PAYING CUSTOMER. NGUYEN ONLY POSSESSES A WASHINGTON  
LICENSE.

In violation of Section COS 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Rouglas M. Austin INVESTIGATOR 7/2/2014  
Signature of Investigative Staff Title Date  
[Signature] ☐ Licensee OR ☒ Establishment Owner 9/15/14  
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 \$ 1600.00 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.

Geri Reuter

#2683 (8/08)  
Ch. 454, Stats.

Committed to Equal Opportunity in Employment and Licensing

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PAYMENT  
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\$600 9/13/14  
Rm

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<input type="checkbox"/> Individual Credential Holder Name License # _____	OR <input checked="" type="checkbox"/> Establishment Name License # <u>4276-71</u>

3421 MAIN ST. STEVENS POINT 54481  
Street City Zip  
THURSDAY 6/28/2014 1:30 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 OBSERVED BENJAMIN TRUONG, L44,  
AN UNLICENSED INDIVIDUAL, PROVIDING MANICURE SERVICES TO A  
PAYING CUSTOMER. L44 ONLY POSSESSES A MICHIGAN LICENSE.

In violation of Section COS 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Douglas M. Austin INVESTIGATOR 7/2/14  
Signature of Investigative Staff Title Date  
[Signature] ☐ Licensee OR ☒ Establishment Owner 9/15/14  
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.

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Merri Reuter

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9/15/14  
BANK

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<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>14 BAC 036</u>	<input type="checkbox"/> FINAL DECISION AND ORDER LS # _____
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>NEOC HAN T. LE</u> <u>7396-85</u>	OR <input type="checkbox"/> Establishment Name License # _____

3421 MAIN ST. STEVENS POINT 54481  
Street City Zip  
THURSDAY 6/28/2014 1:30 P.M. 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 OBSERVED VANNY TRAN, AN  
UNLICENSED INDIVIDUAL PROVIDING MANICURE SERVICES TO A PAYING  
CUSTOMER. TRAN ONLY HAS A MICHIGAN COSMETOLOGY LICENSE.

In violation of Section COS 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
[Signature] INVESTIGATOR 7/1/2014  
Signature of Investigative Staff Title Date  
[Signature] ☐ Licensee OR ☒ Establishment Owner 9/15/14  
Signature of Date

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