WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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Wisconsin Department of Safety and Professional Services Division of Legal Services and Compliance 1400 E Washington Ave PO Box 7190 Madison WI 53707-7190



Phone: 608-266-21 12 Web: http://dsps.wi.gov Email: dsps@wiscons in.gov

Scott Walker, Governor Dave Ross, Secretary

July 2, 2014

Personal contact info: Email: douglas.austin@wi.gov Phone: 608-267-9560 Fax: 608-266-2264

NGOC HAN T LE C/O U.S. NAILS 3421 MAIN ST. STEVENS POINT WI 54481

SEP / 2014

Re: Case number 14 BAC 036 - U.S. Nails

ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE - PAYMENT PLAN

ORDER_3452

Dear Ms. Le:

You have received three (3) citations for violations of the Barbering & Cosmetology rules and have requested the opportunity to enter into a payment agreement to resolve this citation. By returning an original signed copy of this letter along with partial payment, you accept the forfeiture imposed on the citation you received and 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 document below and return the original to me, Douglas Austin at the address listed above.
- You must also include a partial payment of 25% (\$562.50) of the total amount due on the citation when returning this document.
- You must return a copy of the citation with this document.
- Subsequent payments of 25% of the total amount are due every 60 days following the date of the previous payment due date until the full amount has been paid and must be sent to the Department Monitor at the address above. In order to assure each payment is credited properly all payments <u>must reference the case number</u> (listed above)
- 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 forfeiture imposed by the attached cita	ations and the terms set forth above.
Voi	d/s/14
Signature of Licensee or Establishment Owner	Date
So Ordered: Henri L. Renty	Nov 17-2014
A Member of the Barbering and Cosmetology	Date
Examining Board	