

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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Wisconsin Department of Safety and Professional Services

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1400 E. Washington Avenue
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Website: http://dsps.wi.gov

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15 BAC 015</u>	FINAL DECISION AND ORDER ORDER # <u>0003940</u>
<u>Quan H. Huynh</u>	<u>Sky Nails</u>
☐ Individual Credential Holder Name License # <u>5835-85</u>	☐ Establishment Name License # <u>3548-71</u>

1131 E. Johnson Street Fond Du Lac, WI 54935
Street City Zip
Tuesday March 31, 2015 _____
Day of Week Date Time

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

I saw poisonous substances such as liquid cleaners stored under the
bathroom sink, unsecured. The bathroom is used by the public.

In violation of Section 3.01(6) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
B 75 Investigator 4-17-15
Signature of Division Investigative Staff Title Date
H. Oles ☐ Licensee OR ☒ Establishment Owner 4-20-15
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 \$ 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 SAFETY & PROFESSIONAL SERVICES, DIVISION OF LEGAL SERVICES & COMPLIANCE, 1400 E. WASHINGTON AVENUE, PO BOX 7190, MADISON, WI 53707-7190. IF THIS CITATION IS ISSUED TO BOTH AN INDIVIDUAL CREDENTIAL HOLDER AND AN ESTABLISHMENT, ONE HALF OF THE FORFEITURE IS DEEMED TO BE ASSESSED AGAINST EACH CREDENTIAL. 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.

[Signature]
A Member of the Board

4/27/15
Date

#3053DLSC (11/14)
Ch.454, Stats.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 7190
Madison, WI 53707-7190

FAX #: (608) 266-2264
Phone #: (608) 266-2112

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Street City Zip
Tuesday March 31, 2015
Day of Week Date Time

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

I saw contact equipment lying on top of workstations not in a closed container.

In violation of Section COS 2.06(2) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
B 75 Investigator 4-17-15
Signature of Division Investigative Staff Title Date
H. Oler ☐ Licensee OR ☒ Establishment Owner 4-20-15
Signature of Date

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