# WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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# Wisconsin Department of Safety and Professional Services Mail To: P.O. Box 7190 Madison, WI 53707-7190 Madison, WI 53707-7190 Madison, WI 53703

FAX #: Phone #:

(608) 266-2264 (608) 266-2112

E-Mail: dsps@wisconsin.gov Website: http://dsps.wi.gov

## COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE EXPERIENCE

DLSC CASE FILE	# 13 BAC 12	2	FINAL DECISION AND ORDER ORDER #	0 8 9 6 0 0 0 0 9 8 ()
☐ Individual Crede	ential Holder Name		Lids and Clips (fluned E Establishment Name License # 37266-80	y Lazaro Alvarez)
140/ S. 6th S Street	<i>t.</i>	Mi/wanke	e, WI	532 <b>8</b> 4
Wednesday Day of Week			5/2014 ate	9:30 am Time
On the above stated be corrected.	time, date and location,	an investigation	inspection has disclosed the follow	ing violation, which was
I observed Ju	an A. Meija Ramire	z cutting the	hair of a male client. Mr. K	amices did not have
a current barb	er)na ar cosmetolea	y license. Ti	hair of a made client. Mr. K he Lids and Clips cosmatelegy esi unauthorized or unlicensed p	tablishment and its
owner Lazaro Al	varez therefore a	ssisted in the	unauthorized erunlicenced o	rattice of barberin
cosmetology. To	his is a second inciden	ice of assistiv	f in unlicensed practice. The	first incident was on 2/1
/ / In violation of	Section Cos 2.04		•	Wis. Adm. Code
Robot Drain		Consu	mer Protection Investigator	
Signature of Division	Investigative Staff	1.10	mer Protection Investigator Title	Date 5/1/15
Signature of	☐ Licensee	OR	Establishment Owner	Date
	tat. § 454.15(3), the lisciplinary action again		ity is authorized to impose a for	feiture in lieu of or in
S I ADD ' O' BY NOF THIS CITATION PROFESSIONAL SERVICE PO BOX 7190, MADING HOLDER AND AN ESCREDENTIAL. PAY	MAILING A CHECK OR I, <u>TOGETHER WITH T</u> RVICES, DIVISION OI SON, WI 53707-7190. STABLISHMENT, ONE I MENT SHALL BE TREA	MONEY ORDER THE SIGNED CO THE SIGNED CO THE THIS CITATI THALF OF THE FO TED AS A PLEA	R MAY DEPOSIT A FORFEITURE R NO LATER THAN TWENTY (20) PPY OF THIS FORM TO: DEPA TICES & COMPLIANCE, 1400 E. W ON IS ISSUED TO BOTH AN INI DEFEITURE IS DEEMED TO BE AS OF NO CONTEST TO THE VIOLAT D THE AMOUNT OF THE DEPOSIT	DAYS FROM THE DATE RTMENT OF SAFETY & ASHINGTON AVENUE, DIVIDUAL CREDENTIAL SESSED AGAINST EACH ION CITED ABOVE AND
	ase reference "NOTIC		O CONTEST" on backside of pin	k copy.
7	1 ·		1 . 1	

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

A Member of the Board

Date

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



Phone: 608-266-2112 Web: http://dsps.wi.gov Email: dsps@wisconsin.gov

Scott Walker, Governor Dave Ross, Secretary

May 7, 2015

LAZARO ALVAREZ C/O LIDS & CLIPS 1401 S 6<sup>TH</sup> ST MILWAUKEE WI 53204

Re: Case number 13 BAC 122

## ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE - PAYMENT PLAN

Dear Mr. Alvarez:

You have received a citation for violations of the Barbering & 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 partial payment, you accept the forfeitures imposed on the citations you received and agree to pay the forfeiture amounts 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 Investigator Ralph Draeger at the address listed above (use the enclosed return envelope).
- You must also include a partial payment of 25% of the total amount due on the citation when returning this document. 25% of \$1000 is \$250.
- You must return at least the white copy of the signed and dated citation with this document.
- Subsequent payments of \$250 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 must reference the case number, 13 BAC 122, somewhere on the check.
- You agree that if you fail to timely submit payment of the forfeiture as set forth above, the establishment license of your Lids & Clips salon 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 total forfeiture.

I hereby accept the forfeitures imposed by the attached of Signature of Licensee or Establishment Owner	citations and the terms set forth above.    5/11/15   Date
So Ordered:  A Member of the Cosmetology Examining Board, or Designee	5   15   15 Date