

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/wscca>

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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

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15 BAC 012</u>	FINAL DECISION AND ORDER ORDER # <u>0004021</u>
☐ Individual Credential Holder Name License # _____	☒ Establishment Name License # <u>32590-80</u>
<u>Great Clips (Bob Leaf)</u>	

8689 N. Port Washington Road Fox Point, WI 53217
Street City Zip

Wednesday 4-1-15 _____
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 found poisonous substances stored in an unsecured cabinet
inside the bathroom the public uses.

In violation of Section 3.01(6) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
137.25 Investigator 5-5-15
Signature of Division Investigative Staff Title Date

[Signature] ☒ Licensee OR ☒ Establishment Owner 5-15-15
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 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

5/19/15
Date

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 7190
Madison, WI 53707-7190
FAX #: (608) 266-2264
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1400 E. Washington Avenue
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☐ Individual Credential Holder Name License # _____	☒ Establishment Name License # <u>32590-80</u>

8689 N. Port Washington Rd Fox Point, WI 53217
Street City Zip
Wednesday 4-1-15 _____
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 found hair fibers on work stations, in the drawers of work
stations and on an electric shaver sitting on top of a
work station

In violation of Section 4.01(1) of ☐ Wis. Stats. OR ☐ Wis. Adm. Code
73
Signature of Division Investigative Staff Investigator 5-5-15
Title Date
Signature of ☐ Licensee OR ☒ Establishment Owner 5/15/15
Date

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[Signature]
A Member of the Board

5/19/15
Date

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

Committed to Equal Opportunity in Employment and Licensing