WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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Wisconsin Department of Safety and Professional Services

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 15 BAC 005	FINAL DECISION AND ORDER ORDER #	0004029	
Donald A. Stewart			
M Individual Credential Holder Name License # 28632-81	☐ Establishment Name License #		
6236 W. S. Iver Spring Drive	M./ Weeker, WI	53218 Zip	
Day of Week	4-1-15 Date	Time	
On the above stated time, date and location, an investiga be corrected.			
Tobrevier Joshua Smithe C Servicer Smithe is not licer Cornetology. Stewart is the	new to practice Barbaria	ment for his document	
		*.	
	of Wis. Stats. OR	Wis. Adm. Code	
Signature of Division Investigative Staff	Investigator	5-7-15 Date	
Signatury of Division in Control	Title .	5.25.15	
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 HO \$	RDER NO LATER THAN TWENTY (20) DA O COPY OF THIS FORM TO: DEPART	AYS FROM THE DATE MENT OF SAFETY &	
PROFESSIONAL SERVICES, DIVISION OF LEGAL S PO BOX 7190, MADISON, WI 53707-7190. IF THIS CIT HOLDER AND AN ESTABLISHMENT, ONE HALF OF TH	TATION IS ISSUED TO BOTH AN INDIV	IDUAL CREDENTIAL	
CREDENTIAL. PAYMENT SHALL BE TREATED AS A PLOONSENT TO AN ORDER OF FORFEITURE, NOT TO EXC	LEA OF NO CONTEST TO THE VIOLATIO	N CITED ABOVE AND	
Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.			

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

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 21, 2015

DONALD A STEWART 6236 W SILVERSPRING DR MILWAUKEE WL 53218

Re: Case number 15 BAC 005

<u>ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE - PAYMENT PLAN</u>

Dear Mr. Stewart:

You have received one or more citations for violations of the Barbering & Cosmetology rules and have requested the opportunity to enter into a payment agreement to resolve those citations. 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 Brian Henry 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(s) when returning this document. 25% of \$1000 is \$250.
- You must return at least the white copy of the signed and dated citation(s) with this document.
- Subsequent payments of \$150 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, 15 BAC 005, somewhere on the check.
- 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(s).

I hereby accept the forfeitures imposed by the attached citati	ons and the terms set forth above.
Signature of Licensee or Establishment Owner	<u>6-10-18</u> Date
So Ordered: A Member of the Cosmetology Examining Board or Designee	<u> </u>