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 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 # 15 BAC 027 Christine Lutz	FINAL DECISION AND ORDER ORDER #	0004175
Individual Credential Holder Name License # <u>29268-81</u>	Establishment Name License #	
6425 W. Burley Street	Milwaulee City	<u>53210</u> ^{Zip}
Day of Week	<u>3-18-15</u> Date	Time
On the above stated time, date and location, an investigat be corrected. <u>Contact equipment</u> not stor door was not cloxed, exposing	-	
In violation of Section (65 4.02(4)	of D Wis. Stats. OR	□ Wis. Adm. Code
Signature of Division Investigative Staff Signature of OR	Title /	$\frac{\frac{\text{Date}}{7/30/15}}{\text{Date}}$

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 BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, <u>TOGETHER WITH THE SIGNED COPY OF THIS FORM</u> 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.

A Member of the Board

814/15

Date

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

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