

## 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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**Correcting information on the DSPS website:** An individual who believes that information on the website is inaccurate may contact [DSPS@wisconsin.gov](mailto:DSPS@wisconsin.gov)

# Wisconsin Department of Safety and Professional Services

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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

12-4-14  
pd down payment  
for payment plan  
\$250.00  
Cblodow

## COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

SEE NOTE ON OTHER DLSC CASE FILE # <u>146AC055</u>	FINAL DECISION AND ORDER ORDER # <u>0004177</u>
<u>Sonya Ramos</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>33294-81</u>	<input type="checkbox"/> Establishment Name License # _____

409 HIGH ST. RACINE WI 53402  
Street City Zip

THURSDAY NOVEMBER 13, 2014 3:26 pm  
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.

On 10/30/14 observed Ismael Cruz provide hair cut to patron.  
Owner Sonya Ramos was given time to produce license or permit for  
Cruz. Sonya Ramos has admitted she allowed Cruz to cut hair  
without a license or permit

In violation of Section COS 2.04(1) of  Wis. Stats. OR  Wis. Adm. Code  
Candace Cblodow Consumer Protection Investigator - Adv 11/13/2014  
Signature of Division Investigative Staff Title Date

S. Ramos  Licensee OR  Establishment Owner 11/16/2014  
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 \$ 1000.00 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

6/4/15  
Date

#3053DLSC (7/14)  
Ch.454, Stats.



**STATE OF WISCONSIN**  
Department of Safety and Professional Services  
1400 E Washington Ave.  
Madison WI 53703

Mail to:  
PO Box 7190  
Madison WI 53707-7190

Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Web: <http://dsps.wi.gov>

**Governor Scott Walker      Secretary Dave Ross**

Voice: 608-266-9351 • FAX: 608-266-2264

November 13, 2014

SONYA RAMOS  
409 HIGH ST  
RACINE WI 53402

0004177

Re: Case number 14 BAC 055


**ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE -  
PAYMENT PLAN**

Dear Ms. Ramos:

You have received a citation for violations of the Barbering & Cosmetology rules and may request an 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 forfeiture imposed on the citation you received and agree to pay the forfeiture amount in full. To enter into this agreement and to accept the payment plan below:

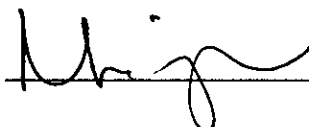
- ✓ You must sign and date this document below and return the original to INVESTIGATOR CANDACE O. BLOEDOW at the address listed above.
- ✓ You must also include a partial payment of 25% of the total amount due on the citation (\$250.00) when returning this document.
- ✓ You must return a copy of the citation(s) with this document.
- ✓ Subsequent payments of 25% of the total amount 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 (listed above)**
- ✓ 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.

I hereby accept the forfeitures imposed by the attached citations and the terms set forth above.

  
\_\_\_\_\_  
Signature of Licensee or Establishment Owner

12/01/14  
\_\_\_\_\_  
Date

So Ordered:

  
\_\_\_\_\_

8/4/15  
\_\_\_\_\_