

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



Wisconsin Department of Safety and Professional Services Access to the Public Records of the Reports of Decisions

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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/wscga>

- Records not open to public inspection by statute are not contained on this website.

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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

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 7190
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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>14 BAC 031</u>	FINAL DECISION AND ORDER ORDER # <u>0004240</u>
<u>Christina Ryan</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name	<input type="checkbox"/> Establishment Name
License # <u>93736-82</u>	License # _____

Street 3955 North Prospect Avenue City Shorewood Zip 53211
Day of Week Wednesday Date 8-12-15 Time 12:00pm

On the above stated time, date and location, an investigation/inspection has disclosed the following violation, which must be corrected.

Practice outside licensed establishment by practitioner. Christina Ryan has been working in St. Moritz salon since May 1, 2014. St. Moritz salon does not have an establishment licence.

In violation of Section COS 2.045(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
12 74 Investigator 8-17-15
Signature of Division Investigative Staff _____ Title _____ Date 9/2/15
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 \$ 1000 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

9/17/15
Date

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

Committed to Equal Opportunity in Employment and Licensing



August 25, 2015

CHRISTINA RYAN
455 E. PLEASANT STREET
UNIT 409
MILWAUKEE WI 53202

0004240

Re: Case number 14 BAC 031

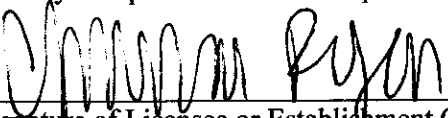
ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE -
PAYMENT PLAN

Dear Ms. Ryan:

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 30 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, 14 BAC 031, 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 citations and the terms set forth above.

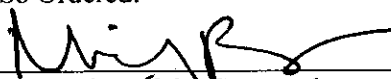


Signature of Licensee or Establishment Owner

9/2/15

Date

So Ordered:



A Member of the Cosmetology
Examining Board, or Designee

9/14/15

Date