

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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- There may be discrepancies between the online copies and the original document. Original documents should be consulted as the definitive representation of the order's content. Copies of original orders may be obtained by mailing requests to the Department of Safety and Professional Services, PO Box 8935, Madison, WI 53708-8935. The Department charges copying fees. *All requests must cite the case number, the date of the order, and respondent's name* as it appears on the order.
- 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](mailto:DSPS@wisconsin.gov)

# 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](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15 BAC 031</u>	FINAL DECISION AND ORDER ORDER # <u>0004298</u>
<u>Devon J Christian</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>90856-82</u>	<input type="checkbox"/> Establishment Name License # _____

4935 W. Center Street Milwaukee 53210  
Street City Zip  
Wednesday 3-18-15 \_\_\_\_\_  
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.

Investigator Doug Austin says Devon Christian provide cosmetology services in an unlicensed establishment. My license were on the wall a week later so why give me a fine 3 months later

In violation of Section COS 2.045(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Bin 74 Investigator 7-29-15  
Signature of Division Investigative Staff Title Date  
Devon J Christian ☐ Licensee OR ☒ Establishment Owner 10/7/2015  
Signature of 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

10/12/15  
Date

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Street City Zip  
Wednesday 3-18-15 \_\_\_\_\_  
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.

Unsecured poisonous substance stored in a public bathroom

Poison wasn't being stored it was being  
used to exterminate my building

In violation of Section COS 3.01(6) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

Signature of Division Investigative Staff

Investigator  
Title

7-27-15  
Date

Signature of

☐ Licensee

OR

☐ Establishment Owner

Date

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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.

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A Member of the Board

10/12/15  
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## COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 15 BAC 031

FINAL DECISION AND ORDER  
ORDER #

0004298

Devon J Christian

☒ Individual Credential Holder Name  
License # 90856-82

☐ Establishment Name  
License #

4935 W. Center Street  
Street

Milwaukee  
City

53210  
Zip

Wednesday  
Day of Week

3-18-15  
Date

Time

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

Devon Christian admitted to Investigator Doug Axtin the disinfectant was changed once every two weeks. I didn't admit to anything those combs were soaking out of use (not being used in my daily practice)

In violation of Section cos 4.02(5) of

☐ Wis. Stats.

OR

☒ Wis. Adm. Code

Signature of Division Investigative Staff

Investigator  
Title

7-27-15  
Date

Signature of

☒ Licensee

OR

☐ Establishment Owner

Aug 15 2015  
Date

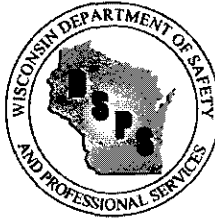
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[Signature]  
A Member of the Board

10/12/15  
Date



**Scott Walker, Governor**  
**Dave Ross, Secretary**

August 25, 2015

DEVON CHRISTIAN  
4935 WEST CENTER STREET  
MILWAUKEE WI 53210

0004298

Re: Case number 15 BAC 031

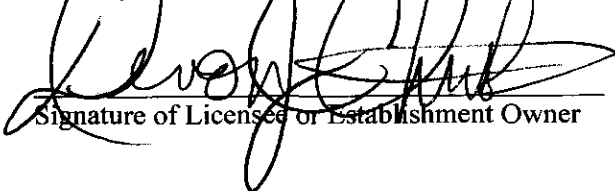
**ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE -**  
**PAYMENT PLAN**

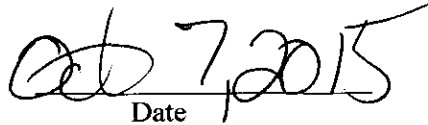
Dear Mr. Christian:

You have received one or more citations for violations of the 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:

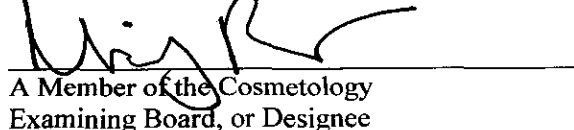
- You must sign and date this document below and return the original to Investigator Brian Henry at the address listed above (use the enclosed return envelope).
- You must also include a partial payment of 25% of the total amount due on the citation(s) when returning this document. 25% of \$1200 is \$300.
- **You must return at least the white copy of the signed and dated citation(s) with this document.**
- Subsequent payments of \$225 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, 15 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).

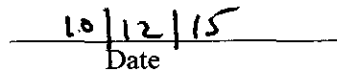
I hereby accept the forfeitures imposed by the attached citations and the terms set forth above.

  
Signature of Licensee or Establishment Owner

  
Date

So Ordered:

  
A Member of the Cosmetology  
Examining Board, or Designee

  
Date