WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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 (608) 266-2112
 1400 E. Washington Avenue Madison, W1 53703 E-Mail: dsps@wisconsin.gov Website: http://dsps.wi.gov

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 15 BAC	m_{ℓ}	FINAL DECISION AND ORDER ORDER #	0004375
Dona Drough		Lotus Nails Bar	e Spa
Individual Credential Holder Name License # 9/803-82		Establishment Name License # 1147-69 and #	4268-71
Cho39 Mckee Koad		adison	537/9 Zip
Day of Week		10-28-15 ate	/0:00 AM Time
On the above stated time, date and loca be corrected.	tion, an investigation	/inspection has disclosed the follow	ing violation, which must
All areas of an establish by licenses for services	s 11 e	autained na clean, s	
$\mathbf{N} = \mathbf{N}$	pilled paratin	6 I I I I I I I I I I I I I I I I I I I	the wax pots
In violation of Section (05		□ Wis. Stats. OR	□ Wis. Adm. Code
Signature of Division Investigative Staf	f	Invatigator Title	<u>/0-30-15</u> Date
Upping	•	owner	11/04/15
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 **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 T	O CONTEST" on backside of pink copy
Maria	11/12/15
A Member of the Board	Date

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

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 006 Dong Nguyen M Individual Credential Holder Name License # 91803-82	FINAL DECISION AND ORDER ORDER # Lotus Dails Bar \$5 X Establishment Name License # [47-6 9and	1
Wadnesday	Ma) 150 ~ Dity 10-28-15 Date	537/9 Zip 10:00 411 Time
On the above stated time, date and location, an investigation be corrected. <u>Establishment</u> shall provide safe of and disinfecting equipment. I foun unsecured.	n/inspection has disclosed the following vi	
In violation of Section (3.0.1(6) of Signature of Division Investigative Staff Signature of Division Investigative Staff OR	□ Wis. Stats. OR . Investigater Title oWMer □ Establishment Owner	Wis. Adm. Code <u>/0-30-15</u> Date 11/04/15 Date

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 15BAC006 Dong Nguyen Maindividual Credential Holder Name License # 91803-82	FINAL DECISION AND ORDER ORDER # Lotus Azils Bar # 5 Establishment Name License #	0004375 Da
CL039 McKee Road	Mad row	<u>53719</u> Zip
	10-28-15 Date	/0:00 404 Time
On the above stated time, date and location, an investigation be corrected. Far lure to dispose of osed space stricking out of a pot was p	• •	
In violation of Section OS V,08(3) of Signature of Division Investigative Staff	Invætigate- Title Overer	□ Wis. Adm. Code <u>10-30-15</u> Date €1104115
Signature of Delicensee OR	Establishment Owner	Date

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A Member of the Board

<u>11/12/15</u> Date

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 15 BACOOG	FINAL DECISION AND ORDER ORDER #	0004375
Dong Nguyen		
X Individual Credential Holder Name License #	Establishment Name License #	
(2639 McKee Road M Street	ladison	53719 Zip
	10-28-15 Date	/0:00 #11/ Time
On the above stated time, date and location, an investigation be corrected.		
Owner's responsibility to provide Maintain safe and Simitary este	Supplies and equipment blishment conditions. I	Recessary to
	. The paratin wax pote	
In violation of Section $205 2.06(2)$ of	□ Wis. Stats. OR	Wis. Adm. Code
Signature of Division Investigative Staff	Title Over 11	<u>/0-30-15</u> Date
Signature of Liecnsce OR	Establishment Owner	Date

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11 12 15 Date

A Member of the **B**hard

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