## 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 Madison, WI 53703 Professional Services 1400 E. Washington Avenue Madison, WI 53703

FAX #: Phone #:

(608) 266-2264 (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 # 15BAC 088	FINAL DECISION AND ORDER ORDER #	0004438	
_ 300 LUD	LyLy Nails & Spa		
Individual Credential Holder Name License # 7/6 - 85	Establishment Name License # 4549-71		
4293 S 76th Street	Greenfield City	53220 Zip	
Day of Week	10-23-15 Date	/0:/0Am Time	
On the above stated time, date and location, an investig be corrected.	•		
Assist in unkness practice by a	wner. Mayeli Del Carmen	De La Torre	
was providing maniaring services	with out a licence. Das 1	My Lu	
was providing maxing services will license.	that an Aestheticians or c	iosmedology	
In violation of Section COS 2,04(1)	of Wis. Stats. OR	₩is. Adm. Code	
Signature of Division Investigative Staff	Title	Date	
myhu	Establishment Owner	(10) (13	
Signature of U Licensee OR	Establishment Owner	Date	
Pursuant to Wis. Stat. § 454.15(3), the licensing at addition to other disciplinary action against your lice		ure in lieu of or in	
PLEASE TAKE NOTICE THAT THE CREDENTIAL H \$ /000 BY MAILING A CHECK OR MONEY O			
OF THIS CITATION, TOGETHER WITH THE SIGNE	D COPY OF THIS FORM TO: DEPARTM	MENT OF SAFETY &	
PROFESSIONAL SERVICES, DIVISION OF LEGAL PO BOX 7190, MADISON, WI 53707-7190. IF THIS C			
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			
CREDENTIAL. PAYMENT SHALL BE TREATED AS A CONSENT TO AN ORDER OF FORFEITURE, NOT TO EX		CITED ABOVE AND	
Please reference "NATICE OF RIC	HT TO CONTEST" on backside of pink co	nnv.	
\ \ \ ?		'FJ •	
My	12/16/15	_	

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

A Member of the Board

Date

Mail To: P.O. Box 7190

Madison, WI 53707-7190

FAX #: Phone #: (608) 266-2264 (608) 266-2112 1400 E. Washington Avenue

Madison, WI 53703

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#### COSMETOLOGY EXAMINING BOARD

#### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 15 BAC 088	FINAL DECISION AND O ORDER #	RDER 0004438		
Son Low  Individual Credential Holder Name  License # 7/6/-85	Lyly Warls & Establishment Name License # 4549-7	-5pa 1		
4293 5 76# Street	Green Field City	53220 Zip		
Day of Week	/0-23-15 Date	10: 10 Am		
On the above stated time, date and location, an investigation/inspection has disclosed the following violation, which must be corrected.  Disinfectant used for decontamination shall be kept in a covered container and changed daily. Manicure instruments were placed in a glass jar with Dubicide, but the jar did not have a cover.				
In violation of Section (OS 4, 10(	of Wis. Stats.	OR Wis. Adm. Code		
Signature of Division Investigative Staff	Title	Date 12/07/15		
Signature of	OR Establishment Ow	vner 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 \$				

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.

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

Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.

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#### COSMETOLOGY EXAMINING BOARD

#### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE #			FINAL DECISION ORDER #	AND ORDER	0004438
Son Luc X Individual Credentia License # 7/4			Establishment N License #	ame 1549-71	
4293 S. Street	76th Street	<u>C</u>	reenfield		53220 Zip
Day of Week		Da	-23-15 te		/0:10 Am Time
Contact equipment an uncovered	all resisable nut/Manicure in glass jar with Darbice	nanicure nc-rument Ljust	netruments z such as	shall be do	sintened.
In violation of	Section <u>COS</u> 4.10 (	of of	□ Wis. Stats	OR	₩is. Adm. Code
Signature of Division Inv	vestigative Staff		Title /		Date /2/07//5
Signature of	☐ Licensee	OR	Establishn	nent Owner	Date
Pursuant to Wis. Stat. addition to other discip		_	ty is authorized to	impose a forfeitu	ire in lieu of or in

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, 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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Member of the Board

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#### COSMETOLOGY EXAMINING BOARD

#### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE #		FINAL DECISION AND ORDER ORDER # Vals + S  Establishment Name License # V549-71	00044 <b>38</b>	
4293 S. 764 S.	freet Gree	n Field	53220 Zip	
Day of Week	/ <b>/</b> Da	0-23-15 ite	10:10 Aug Time	
On the above stated time, date and location, an investigation/inspection has disclosed the following violation, which must be corrected.  Clean Contact equipment was not stored in convey containers.  Thanking applications/supplies were stored in wo containers. Toweld were stored in open Cabinets with no doors.				
In violation of Section Signature of Division Investigative	Staff	Wis. Stats. OR  Title	Wis. Adm. Code  11-2-15  Date  12/07//5	
Signature of		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 \$				
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Madison, WI 53703

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#### COSMETOLOGY EXAMINING BOARD

#### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 15 BAC 088  Son Loo  Individual Credential Holder Name License # 16-85	FINAL DECISION AND ORDER ORDER #  LyLy No. 5 & Spa  Establishment Name License # 4544-7	0004438
4293 S. 76th Street	Greenfield City	53220 Zip
Friday Day of Week	/0~23-15 Date	10; 10 Am Time
On the above stated time, date and location, an in be corrected.  I found Clean condact explosed containers. Closed of lay the owner.	evipment (elippers + towels) not	_
In violation of Section COS 2.06	(2) of Wis. Stats. OR	₩is. Adm. Code
Signature of Division Investigative Staff	Title	Date / 2/07// 5
Pursuant to Wis. Stat. § 454.15(3), the licens addition to other disciplinary action against you please take NOTICE THAT THE CREDENT	our license.	E IN THE AMOUNT OF

BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE 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.

A Member of the Board

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#### COSMETOLOGY EXAMINING BOARD

#### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FIL	E# 15 BAC 08	FINAL DECISION AND ORDER ORDER #	0004438
	LW	Ly Ly Dails & 5	 0a
Individual Cr	edential Holder Name	Establishment Name License # 4549 - 71	
4293 Street	9. 76th Shr	cet Greenfield	53720
Friday		10-23-15	10:10Am
Day of Week		Date	Time
he corrected		an investigation/inspection has disclosed the following	_
101201201	Soprance se	has Barbicide and Cleaners a the public has access to.	JEVE 740150
TIM ON THE	JOIRO CROINETT	The hopping was accord to.	
	<del></del> -		
In violation of	Section Cos 3.	<b>.</b>	Wis. Adm. Code
Signature of Divis	ion Investigative Staff	Investigator	11-2-15 Date
	mille	1100	12/11/15
Signature of	Licensee	OR Establishment Owner	Date
	. Stat. § 454.15(3), the li disciplinary action agains	censing authority is authorized to impose a forf	eiture in lieu of or in
\$_/OO B OF THIS CITATION PROFESSIONAL PO BOX 7190, MA HOLDER AND AN CREDENTIAL. PA	Y MAILING A CHECK OR ON, <u>TOGETHER WITH T</u> SERVICES, DIVISION OF DISON, WI 53707-7190. I ESTABLISHMENT, ONE F YMENT SHALL BE TREA	ENTIAL HOLDER MAY DEPOSIT A FORFEITURE MONEY ORDER NO LATER THAN TWENTY (20) I HE SIGNED COPY OF THIS FORM TO: DEPAR F LEGAL SERVICES & COMPLIANCE, 1400 E. W. IF THIS CITATION IS ISSUED TO BOTH AN INDIFIALF OF THE FORFEITURE IS DEEMED TO BE ASSITED AS A PLEA OF NO CONTEST TO THE VIOLATION TO EXCEED THE AMOUNT OF THE DEPOSIT.	DAYS FROM THE DATE TMENT OF SAFETY & ASHINGTON AVENUE, VIDUAL CREDENTIAL ESSED AGAINST EACH
P		E OF RIGHT TO CONTEST" on backside of pink	сору.
1	Min (	12/16/15	

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

A Member of he Board

Date

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Madison, WI 53703

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#### COSMETOLOGY EXAMINING BOARD

#### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 15BX6088	FINAL DECISION AND ORDER ORDER #	0004438	
Individual Credential Holder Name License # 716-85	X Establishment Name License # 4547-7		
4293 S. 76th Street	Green Field City	53220 Zip	
Day of Week	10-23-15 Date	/0!/04m Time	
$\alpha \beta \gamma $		s and implements	
In violation of Section Cos 4.01	of Wis. Stats. OR	Wis. Adm. Code	
Signature of Division Investigative Staff    W   W   Signature of	Title  PR	Date /// S	
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 SYMPTOTIC 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			

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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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#### COSMETOLOGY EXAMINING BOARD

#### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 15 BAC 088	FINAL DECISION AND ORDER ORDER #	0004438		
Son Luu	Ly Ly Daik + Spe	<u> </u>		
Individual Credential Holder Name  License # 7/6/-85	Establishment Name License # 4549-71			
4293 S. 76# Street	City City	53220 Zip		
Day of Week	/0-73-15 Date	/0:/0Am Time		
On the above stated time, date and location, an investible corrected.				
Disinfection to scissors, razors, or Cleaning with soap and water to rea Soaking in a disinfectant. Cons	mare all organic material w	iping with or		
in Barbicide.				
In violation of Section Cos 4,02 (3)	of Wis. Stats. OR	Wis. Adm. Code //-2-15		
Signature of Division Investigative Staff	Title	Date		
Signature of Licensee OR	Establishment Owner	10 /07//5 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  S /O BY MAILING A CHECK OR MONEY OF THIS CITATION, TOGETHER WITH THE SIGN PROFESSIONAL SERVICES, DIVISION OF LEGAL PO BOX 7190, MADISON, WI 53707-7190. IF THIS OF HOLDER AND AN ESTABLISHMENT, ONE HALF OF CREDENTIAL. PAYMENT SHALL BE TREATED AS A CONSENT TO AN ORDER OF FORFEITURE, NOT TO I	ORDER NO LATER THAN TWENTY (20) IN INCOME THIS FORM TO: DEPARED SERVICES & COMPLIANCE, 1400 E. WAR CITATION IS ISSUED TO BOTH AN INDICATION THE FORFEITURE IS DEEMED TO BE ASSA PLEA OF NO CONTEST TO THE VIOLATION.	DAYS FROM THE DATE TMENT OF SAFETY & ASHINGTON AVENUE, IVIDUAL CREDENTIAL ESSED AGAINST EACH		
Please reference "NOTICE OF RIC	GHT TO CONTEST" on backside of pink	с сору.		
N die P	12/110/15			

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Date