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

FAX #: Phone #: (608) 266-2264

(608) 266-2112

E-Mail: dsps@wisconsin.gov Website: http://dsps.wi.gov

#### COSMETOLOGY EXAMINING BOARD

#### <u>CITATION FOR ADMINISTRATIVE FORFEITURE</u>

·				
DLSC CASE FILE #	15 BAC 0	72	FINAL DECISION AND ORDER ORDER #	0004544
_	Novyen-Einer		B. City Dails & Spo	
Individual Crede License # 94	ntial Holder Name		Establishment Name License #	
2632 Pro	ivie Avenue	<u> </u>	3eloit	5 <b>3</b> 5/1
Tuesday Day of Week			-12-16 Date	11:30aus Time
On the above stated the corrected.	ime, date and location,	an investigation	/inspection has disclosed the following	g violation, which must
I found two	brushes not Su	lly Submer	god in Barbicide and the	container
ad not have	a cover over	the barbo	cept in a covered constant	For Decontaminat
In violation of	Section COS 4,0	02(5) of	☐ Wis. Stats. OR	□ Wis. Adm. Code しっるみ~16
Signature of Division Bichdungues	7		Investigator Title	Date 02-03-16
Signature of	Licensee	OR	Establishment Owner	Date
	tat. § 454.15(3), the l ciplinary action again		rity is authorized to impose a forfe	iture in lieu of or in
\$ / \( \omega \) BY M OF THIS CITATION, PROFESSIONAL SER PO BOX 7190, MADIS HOLDER AND AN ES CREDENTIAL. PAYM	MAILING A CHECK OF , TOGETHER WITH TO RVICES, DIVISION OF SON, WI 53707-7190. STABLISHMENT, ONE THE MENT SHALL BE TREA	MONEY ORDE THE SIGNED CO F LEGAL SER' IF THIS CITAT HALF OF THE F TED AS A PLEA	ER MAY DEPOSIT A FORFEITURE OR NO LATER THAN TWENTY (20) DAY OPY OF THIS FORM TO: DEPART VICES & COMPLIANCE, 1400 E. WA ION IS ISSUED TO BOTH AN INDIVICATION ORFEITURE IS DEEMED TO BE ASSE OF NO CONTEST TO THE VIOLATION OF THE AMOUNT OF THE DEPOSIT.	AYS FROM THE DATE MENT OF SAFETY & SHINGTON AVENUE, VIDUAL CREDENTIAL SSED AGAINST EACH
			TO CONTEST" on backside of pink	copy.
/	han Ro	7	2/15/16	

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

A Member of the Board

Date

## Wisconsin Department of Safety and Professional Services

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 072	FINAL DECISION AND ORDER ORDER #	0004544
Bich Du Davien-Einerson	15 City Dark + Spa	
Individual Credential Holder Name License # 94871-83	Establishment Name License # 4338-71	
2632 Prairie Avenue	Beloit City	535// Zip
Day of Week	1-12-16 Date	1/130am Time
On the above stated time, date and location, an investigat be corrected.	tion/inspection has disclosed the following	ng violation, which must
I found noil clippor hanging off prusher, seissors and spadulas lying or	in topot a facial spa mach	nino, Towels were
stored in the open next to the sink	1 .	consect equipmen
In violation of Section Cos 4.02(4)	of Wis. Stats. OR	₩is. Adm. Code l-∂9-16
Signature of Division Investigative Staff	Title	Date 02-03-16
F/IT I/MIII/A/III/I WAN MALII/L-X I	Establishment Owner	00-16

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.

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

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

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Bich Du Nguyen-Einerson	B City Dark & Spa	
Individual Credential Holder Name License # 94871 - 82	Establishment Name License # 4338-71	
2632 Prairie Avenue	Seloit	535/1 Zip
Day of Week	-12-16 Date	/1:30am Time
On the above stated time, date and location, an investigation be corrected.		
I found to let bowl cleaners sitting in the public uses. I found manicuring the public has access to. Poisonous a laked in a cabinet or closet.	a bucket on the Floor of - chemical stored in an un- stordances stored in public	the restroom secured cobinet ares shall be
In violation of Section (Cos 3,01(6) of Signature of Division Investigative Staff	☐ Wis. Stats. OR InJactic and	₩is. Adm. Code 1-29-16 Date
Parchall namen cherro	1100	02-03-16
Signature of	Establishment Owner	Date
D	with it muthowined to immoso a four	itums in lieu of ou in

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 \$\_/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

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Bich Do Navyen-Einerson	B City Nale & Soa					
Individual Credential Holder Name License # 94871-82	☑ Establishment Name License # 4338-7)					
2632 Prairie Avenue	Beloit City	53511 Zip				
Day of Week	1-12-16 Date	//130am				
On the above stated time, date and location, an investigat be corrected.	ion/inspection has disclosed the following	violation, which must				
I found used butter blacks and emery bo	ards mixed in with new bull	or blacks and				
emery branck and contact guipment	imid portable manicuring a	carter Manicuri				
disposed of Sollowing each use.						
	of Wis. Stats. OR	₩is. Adm. Code				
Signature of Division Investigative Staff	Title /	Date				
Signature of Licensee OR	Establishment Owner	02-03-16 Date				
Pursuant to Wis. Stat. § 454.15(3), the licensing aut addition to other disciplinary action against your licen		ture in lieu of or in				
PLEASE TAKE NOTICE THAT THE CREDENTIAL HO \$	EDER NO LATER THAN TWENTY (20) DA COPY OF THIS FORM TO: DEPARTM ERVICES & COMPLIANCE, 1400 E. WAS ATION IS ISSUED TO BOTH AN INDIVI E FORFEITURE IS DEEMED TO BE ASSES LEA OF NO CONTEST TO THE VIOLATION	YS FROM THE DATE MENT OF SAFETY & HINGTON AVENUE, IDUAL CREDENTIAL SED AGAINST EACH				
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MAN P	2/15/16					
A Member of the Board	Date					

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