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

(608) 266-2264

FAX #: (608) 266-2112 Phone #:

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

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

					
DLSC CASE FILE#	15 BAC 089	FINAL DECISION ORDER #	ON AND ORDER	0004547	
Tuana	Hong	Glass A	Jail Bor	·	
Individual Credenti	()	Establishme			
License # 9370 -		License #			
·					
4412 BiB	Mountain DR	WauSau City		<u>54401</u> Zip	_ .
Street		City		Zip	
wednesday		11-11-2015		3:00 PM	
Day of Week		Date		Time	
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# 1500 TOO	ang provided	a manicure are	Circle paym	ent of	
# 15.00 TION	n a client. I	Vison Hoang doe	> not rave		_
Wisconsin mi	anicurist lice	nse. Alison Hoan] perturmed	the manicurin &	
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<u> </u>		COURT OF TOWN	1 001191		_
In violation of	Section 2.04 (1	of Usis. S	tats. OR	Wis. Adm. Cod	_
In violation of Nina &	Section 2.04 (1)	of Wis. S	tats. OR	₩ Wis, Adm. Cod	_
In violation of	Section 2.04 (1)	of Usis. S	tats. OR	Wis. Adm. Cod	_
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In violation of Nina &	Section 2.04 (1)	of wis. S Investigately Title	tats. OR	₩ Wis, Adm. Cod	_
In violation of Nina K Signature of Division In Signature of Pursuant to Wis. Star	Section 2.04(1) Section 2.04(1) Reput	of Wis. S Thirtle OR	ishment Owner	Wis. Adm. Cod -23-20 Date Date	<u>5</u>
Signature of Division In Signature of Division	Section 2.04(1) Avestigative Staff A546- A Licensee t. § 454.15(3), the licen plinary action against y E THAT THE CREDEN ALING A CHECK OR MO TOGETHER WITH THE VICES, DIVISION OF I DN, WI 53707-7190. IF ABLISHMENT, ONE HAI ENT SHALL BE TREATER	of Wis. S Thirtle OR	ishment Owner to impose a forfor T A FORFEITURE AN TWENTY (20) DOWN TO: DEPART IANCE, 1400 E. WA TO BOTH AN INDI- EEMED TO BE ASSI- TO THE VIOLATIO	Wis. Adm. Cod 1-33-2015 Date Date Date In the Amount of Ays From the Date Shington Avenual Credential Essed Against Eac.	in OF E& E, LLH
Signature of Division In Signature of Pursuant to Wis. State addition to other discipance of This Citation, PROFESSIONAL SERVED BOX 7190, MADISO HOLDER AND AN EST. CREDENTIAL. PAYME CONSENT TO AN ORDI	Section 2.04 (1) Revestigative Staff 4546- 4 Licensee t. § 454.15(3), the licen plinary action against y E THAT THE CREDENT ALLING A CHECK OR MO TOGETHER WITH THE VICES, DIVISION OF I DN, WI 53707-7190. IF ABLISHMENT, ONE HAI ENT SHALL BE TREATEI ER OF FORFEITURE, NO	of Wis. S Trive strop Title OR	ishment Owner to impose a forfor T A FORFEITURE AN TWENTY (20) DORM TO: DEPART ANCE, 1400 E. WA TO BOTH AN INDICEMED TO BE ASSIST TO THE VIOLATIC OF THE DEPOSIT.	Wis. Adm. Cod 1-23-2015 Date Date Date In the amount of ays from the date Shington avenual vidual credential essed against each on cited above and	in OF E & E, LL
Signature of Division In Signature of Pursuant to Wis. State addition to other discipance of This Citation, PROFESSIONAL SERVED BOX 7190, MADISO HOLDER AND AN EST. CREDENTIAL. PAYME CONSENT TO AN ORDI	Section 2.04 (1) Revestigative Staff 4546- 4 Licensee t. § 454.15(3), the licen plinary action against y E THAT THE CREDENT ALLING A CHECK OR MO TOGETHER WITH THE VICES, DIVISION OF I DN, WI 53707-7190. IF ABLISHMENT, ONE HAI ENT SHALL BE TREATEI ER OF FORFEITURE, NO	of Wis. S Trivesting Title OR Estable sing authority is authorized our license. FIAL HOLDER MAY DEPOSED ONEY ORDER NO LATER THE SIGNED COPY OF THIS FOREGAL SERVICES & COMPLICATION IS ISSUED TO THE FORFEITURE IS DID OAS A PLEA OF NO CONTEST TO EXCEED THE AMOUNT	ishment Owner to impose a forfor T A FORFEITURE AN TWENTY (20) DORM TO: DEPART ANCE, 1400 E. WA TO BOTH AN INDICEMED TO BE ASSIST TO THE VIOLATIC OF THE DEPOSIT.	Wis. Adm. Cod 1-23-2015 Date Date Date In the amount of ays from the date Shington avenual vidual credential essed against each on cited above and	in OF E & E, LL

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

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

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 15 BAC 085	FINAL DECISION AND ORDER ORDER #	0004547
Tuang Vong	Gloss Noil Bar	
M Individual Credential Holder Name License # 9270 - 85	Establishment Name License # 4546-71	
Electise II TATO 85	Diconde ii 17 5 10	
4412 RiB Mountain Street	DR Waysay City	54401 Zip
Wednesday Day of Week	11-11-2015 Date	3:00 PM Time
On the above stated time, date and location, an invest be corrected.		
Gloss Naiz Bar does not have	an Aesthetician Establi	shment license
but advertises and provides	Waxing services.	
Marie		
In violation of Section <u>605</u> 3.01	of	Wis. Adm. Code
Mina Beckett	Invastigator Title	11-23-2015
Signature of Division Investigative Staff	Title	Date
(MG) 4546-71		
Signature of Licensee OR	☐ Establishment Owner	Date
Pursuant to Wis. Stat. § 454.15(3), the licensing	authority is authorized to impose a forfi	oiture in lieu of or in
addition to other disciplinary action against your li		ercure in neu or or in
addition to other disciplinary action against your is	cense,	
PLEASE TAKE NOTICE THAT THE CREDENTIAL		
\$ <u>/, 000.00</u> BY MAILING A CHECK OR MONEY OF THIS CITATION, <u>TOGETHER</u> WITH THE SIGN		
PROFESSIONAL SERVICES, DIVISION OF LEGAL		
PO BOX 7190, MADISON, WI 53707-7190. IF THIS	CITATION IS ISSUED TO BOTH AN INDI	VIDUAL CREDENTIAL
HOLDER AND AN ESTABLISHMENT, ONE HALF OF CREDENTIAL. PAYMENT SHALL BE TREATED AS A		
CONSENT TO AN ORDER OF FORFEITURE, NOT TO		M CITED ADOVE AND
·		
Please reference "NOTICE OF RI	GHT TO CONTEST" on backside of pink	copy.
1 1-0	1 la lua	

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

A Member of the Board

Date