## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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Madison, WI 53707-7190

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

	15BAC 113, 114, 115,		FINAL DECISION AND O	RDER
	# 16BAC001, 018,019,	1023,027	ORDER #	0004690
Kolyan S	<u>sa(</u>	<del></del>	A+ Nails+ Spa	<u> </u>
Individual Cred			🗹 Establishment Name	
	24-85		License # 3922-7]	
7009 Wa Street	HS Rd.	<i>Ma</i>	idison	53719 Zip
		,	4	
Wodnesday Day of Week	<del>/</del>	04/12	3/2016	10:15 AM
Day 01 Week /		D	are	Time
On the above stated be corrected.	time, date and location, ar	n investigation.	inspection has disclosed the f	following violation, which must
The carpe	t of the esta	blishmen	t was not clean	I found
finder clie	Dings all over	the ca	rpet of the esto	ablishment.
inger e ep	prig and in	1112 00	1 pc. 1 11 11 co	1- 11-11-11-11-11-11-11-11-11-11-11-11-1
		<u> </u>		
		(1)		
In violation of	Section $(053.0)$	1(H) of	☐ Wis. Stats.	OR Wis. Adm. Code
Mina Be			nvestigator Title	04/14/2016
Signature of Division	n Investigative Staff		Title	Date
<u> </u>		O.D.		04/20/16
Signature of	☐ Licensee	OR	Establishment Ow	ner Date
Pursuant to Wis. S	Stat. § 454.15(3), the lice	ensing author	ity is authorized to impose	a forfeiture in lieu of or in
addition to other di	isciplinary action against	your license.		
PLEASE TAKE NOT	FICE THAT THE CREDE	NTIAL HOLDE	ER MAY DEPOSIT A FORFE	ITURE IN THE AMOUNT OF
\$ 100.00 BY	MAILING A CHECK OR M	MONEY ORDE	R NO LATER THAN TWENTY	(20) DAYS FROM THE DATE
OF THIS CITATION	I, TOGETHER WITH THE	E SIGNED CO	OPY OF THIS FORM TO: I	DEPARTMENT OF SAFETY & 0 E. WASHINGTON AVENUE,
PROFESSIONAL SE PO BOX 7190. MADI	RVICES, DIVISION OF ISON. WI 53707-7190. IF	THIS CITATI	ON IS ISSUED TO BOTH A	N INDIVIDUAL CREDENTIAL
HOLDER AND AN E	STABLISHMENT, ONE HA	ALF OF THE FO	ORFEITURE IS DEEMED TO E	BE ASSESSED AGAINST EACH
			OF NO CONTEST TO THE VI D THE AMOUNT OF THE DEP	OLATION CITED ABOVE AND
CONSENT TO AN OF	ADER OF FORFEITORE, IN	OT TO EXCLE	DITTLE AMOUNT OF THE DES	OSII.
Ple	ase reference "NOTICE	OF RIGHT T	O CONTEST" on backside	of pink copy.
<b>↑</b>	1-1		5/2/14	
$\frac{1}{A}$ M	Iember of the Board		Date	<del></del>

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

Madison, WI 53707-7190

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

ا الله الله الله الله الله الله الله ال	BAC 001,018,01	, 116 9,023, <i>0</i> 27	FINAL DECISION ORDER #	AND ORDER	0004690
Kayan Sar			A+ Nails +	- SD01	
Individual Credential License # 782			DESTABLISHMENT N License # 392	Jame '	
7009 Watts	Rd.	Mag Cit	dison 2016		53719 Zip
Lik dnesday Day of Week	101.00	04/13/ Da	2016 te		10:15 AM Time
On the above stated time, be corrected.					
I found p public area	oisonous	substar	ves Store	d in co	mmca
PUDIC CIEC	(2 1101 24)	-41601.			
	ection(653.01( k0t) estigative Staff	-	Wis. Stats Investigator Title	. OR	Wis. Adm. Code 04/14/20/6 Date 04 Zb Zolb
Signature of	] Licensee	OR	Establishr	nent 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  \$/O_O_O_ BY MAIL OF THIS CITATION, TO PROFESSIONAL SERVIC PO BOX 7190, MADISON, HOLDER AND AN ESTAB CREDENTIAL. PAYMENT CONSENT TO AN ORDER	ING A CHECK OR MOGETHER WITH THE CES, DIVISION OF I WI 53707-7190. IF CALISHMENT, ONE HAID SHALL BE TREATER	ONEY ORDER SIGNED COL LEGAL SERV THIS CITATIO LF OF THE FO D AS A PLEA (	NO LATER THAN PROPERTY OF THIS FORM ICES & COMPLIAN ON IS ISSUED TO ERFEITURE IS DEEM OF NO CONTEST TO	TWENTY (20) DA TO: DEPART CE, 1400 E. WA BOTH AN INDIV ED TO BE ASSE THE VIOLATIO	AYS FROM THE DATE MENT OF SAFETY & SHINGTON AVENUE, IDUAL CREDENTIAL SSED AGAINST EACH
Please r	eference "NOTICE C	F RIGHT TO	O CONTEST" on b	ackside of pink	copy.
W	W	<b>-</b>		13/16	

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

Wisconsin Department of Safety and Professional Services 1400 E. Washington Avenue

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#### COSMETOLOGY EXAMINING BOARD

#### CITATION FOR ADMINISTRATIVE FORFEITURE

15 BAC 113, 114, 1  DLSC CASE FILE # 16 BAC 001, 018, 01  KOLYAN SAC  M Individual Credential Holder Name License # 7824-85	<u>19,033,02</u> 7 ( 	FINAL DECISION AND ORDER  ORDER #  A + Nails + Spa  Stablishment Name  License # 3932-71	0004070	
7009 Watts Rd. Street	Ma City	dison	53719 Zip	
Wednesday Day of Week	04/ <u>/</u> Date	3/2016	10:15 AM Time	
On the above stated time, date and location, as be corrected.  I found used emery stones stones stones stones at so	<u>boards,</u> Jean em	, buffer blocks, a very boards, buffe	and Dumice	
In violation of Section Cos 4.0  Mina Beckett  Signature of Division Investigative Staff	of of	Wis. Stats. OR  Trivestigator  Title	Wis. Adm. Code 04/4/2016 Date 04/2016	
Signature of	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 CREDE \$ /OO,CO BY MAILING A CHECK OR NOT THIS CITATION, TOGETHER WITH THE PROFESSIONAL SERVICES, DIVISION OF PO BOX 7190, MADISON, WI 53707-7190. IF HOLDER AND AN ESTABLISHMENT, ONE HACREDENTIAL. PAYMENT SHALL BE TREAT CONSENT TO AN ORDER OF FORFEITURE, N	MONEY ORDER  E SIGNED COP  LEGAL SERVIO  THIS CITATIO  ALF OF THE FOR  ED AS A PLEA O	NO LATER THAN TWENTY (20)  PY OF THIS FORM TO: DEPA  CES & COMPLIANCE, 1400 E. W  IN IS ISSUED TO BOTH AN INI  RFEITURE IS DEEMED TO BE AS  OF NO CONTEST TO THE VIOLAT	DAYS FROM THE DATE RTMENT OF SAFETY & VASHINGTON AVENUE, DIVIDUAL CREDENTIAL SESSED AGAINST EACH TION CITED ABOVE AND	
Please reference "NOTICE	OF RIGHT TO	CONTEST" on backside of pir	ık copy.	
1Mr. A1~		5-12 116		

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

A Member of the Board

Madison, WI 53707-7190

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#### COSMETOLOGY EXAMINING BOARD

	<u>CITATIO</u>	N FOR ADMINI	STRATIVE FORFEITURE	크 	
DLSC CASE FILE  Kolyan  Individual Cred	15 BAC 113,114,1 # 1 <u>6 BAC 001,018,</u> 01 SaC ential Holder Name 824-85		FINAL DECISION AND ORDER #  A + Nails + S  Establishment Name License # 3922 -	Spa	0004690
Joog War Street Wednesda Day of Week	,	<i>041</i>	dison ity 13/2016 ate		537/9 Zip 10:15 AM Time
be corrected.  A + Nails		es not ho	Vinspection has disclosed the ave an Aesthe		
	Section CDS 2.	04(1) of	□ Wis. Stats. -nvestigator Title	OR	Wis. Adm. Code 04/14/2016 Date
PLEASE TAKE NO \$ 1,000.00 BY OF THIS CITATIO PROFESSIONAL S	lisciplinary action again TICE THAT THE CREI MAILING A CHECK OF N, TOGETHER WITH T ERVICES, DIVISION OF	nst your license. DENTIAL HOLD R MONEY ORDE THE SIGNED C DF LEGAL SER	Establishment  City is authorized to imp  ER MAY DEPOSIT A FOR  ER NO LATER THAN TWE  OPY OF THIS FORM TO  VICES & COMPLIANCE,  ION IS ISSUED TO BOTH	ose a forfe  RFEITURE :  NTY (20) DA  : DEPART  1400 E. WA	IN THE AMOUNT OF AYS FROM THE DATE MENT OF SAFETY & SHINGTON AVENUE,
CREDENTIAL. PAY	MENT SHALL BE TREA	ATED AS A PLEA	ORFEITURE IS DEEMED T A OF NO CONTEST TO THE ED THE AMOUNT OF THE I	E VIOLATIO	SSED AGAINST EACH N CITED ABOVE AND

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

A Member of the Board

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

### Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 7190

Madison, WI 53707-7190

FAX #: Phone #:

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Madison, WI 53703

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#### COSMETOLOGY EXAMINING BOARD

#### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 15 BAC 113,114,115,116  16 BAC 001, 018, 019, 023, 027  Individual Credential Holder Name Kolyan Sac  License # 7824-85	FINAL DECISION AND ORDER 0004690 ORDER #  A + Nails + SpA  Establishment Name License # 3922-71
Toog Watts Rd. Ma Street Wednesday 64/13 Day of Week	disan   537/9     Zip
On the above stated time, date and location, an investigation be corrected.  A + Nails AND Spa allowed R  Manicuring Services without	on/inspection has disclosed the following violation, which must oith Pov to perform  t being licensed.
In violation of Section (05 2.04(1) o  Mina Beckett  Signature of Division Investigative Staff	f   Wis. Stats. OR   Wis. Adm. Code  Trivestigator   04/14/2016  Title   Date  O4/20/201
Signature of	Establishment Owner Date  ority is authorized to impose a forfeiture in lieu of or in
\$\(\frac{1}{1}COO\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DER MAY DEPOSIT A FORFEITURE IN THE AMOUNT OF DER NO LATER THAN TWENTY (20) DAYS FROM THE DATE COPY OF THIS FORM TO: DEPARTMENT OF SAFETY & ERVICES & COMPLIANCE, 1400 E. WASHINGTON AVENUE, ATION IS ISSUED TO BOTH AN INDIVIDUAL CREDENTIAL FORFEITURE IS DEEMED TO BE ASSESSED AGAINST EACH EA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND EED THE AMOUNT OF THE DEPOSIT.
Please reference "NOTICE OF RIGHT	TO CONTEST" on backside of pink copy.
1 1 V /	- 1 1 i

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

Committed to Equal Opportunity in Employment and Licensing

Madison, WI 53707-7190

FAX #: Phone #: (608) 266-2264 (608) 266-2112

Madison, WI 53703

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

#### COSMETOLOGY EXAMINING BOARD

#### CITATION FOR ADMINISTRATIVE FORFEITURE

1 5 0 0 5 117 117 117		000 100
15 BAC 113,114,115,116 DLSC CASE FILE # 16 BAC 001,018,019,023,027	FINAL DECISION AND ORDER ORDER #	0004690
Kayan Sar	A + Nails + Spa	
☑ Individual Credential Holder Name	☑ Establishment Name ,	
License # 7824-85	License # 3922 - 71	
7009 Watts Rd. Ma	dison	53719
Street	City	Zip
Wednesday 04/1	3/2016	10:15 AM
Day of Week /	Date	Time
On the above stated time, date and location, an investigation be corrected.	n/inspection has disclosed the followin	g violation, which must
Reusable manicure instrument	5 were not fully S	ubmerged
in Barbicide. Some reusable r	nanicure instruments	were in
Containers with Barbicide, but -		
In violation of Section $(65 4.10(1)) + (2)$	☐ Wis. Stats. OR	Wis. Adm. Code
Mina Beckett In	vestigator /	04/14/2016
Signature of Division Investigative Staff	Title	Date
Signature of	Establishment Owner	Date
Pursuant to Wis. Stat. § 454.15(3), the licensing autho	rity is guthorized to impose a forfo	siture in lieu of or in
addition to other disciplinary action against your license.		itule in nea of or in
PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLD \$\( \alpha \) \( \begin{align*} \in al	ER NO LATER THAN TWENTY (20) DO OPY OF THIS FORM TO: DEPART VICES & COMPLIANCE, 1400 E. WATION IS ISSUED TO BOTH AN INDIFORFEITURE IS DEEMED TO BE ASSIMATED TO CONTEST TO THE VIOLATION.	AYS FROM THE DATE IMENT OF SAFETY & SHINGTON AVENUE, VIDUAL CREDENTIAL ESSED AGAINST EACH
Please reference "NOTICE OF RIGHT"	TO CONTEST" on backside of pink	copy.
My	5/3/16	<u> </u>
A Member of the Board	Date	
#3053DLSC (11/14)		

Ch.454, Stats.

Wisconsin Department of Safety and Professional Services Division of Legal Services and Compliance 1400 E Washington Ave PO Box 7190 Madison WI 53707-7190 RETURN SERVICE REQUESTED



Phone: 608-266-2112 Web: http://dsps.wi.gov Email: dsps@wisconsin.gov

Scott Walker, Governor Dave Ross, Secretary

April 21, 2016

A+ Nails & Spa Kolyan Sar 7009 Watts RD Madison WI 53719

0004690

Re: Case numbers 15 BAC 113-116, 16 BAC 001, 018-019, 023 & 027

## ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE - PAYMENT PLAN

Dear Ms. Sar:

You have received a citation for violations of the Cosmetology rules and have requested the opportunity to enter into a payment agreement to resolve that citation. By returning an original signed copy of this letter along with partial payment, you accept the forfeitures imposed on the citation you received and agree to pay the forfeiture amount 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 Nina Beckett 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 when returning this document. 25% of \$2500 is \$625.
- You must return at least the white copy of the signed and dated citations with this document.
- Subsequent payments of \$150 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 113, 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.

Signature of Licensee or Establishment Owner

So Ordered:

A Member of the Cosmetology
Examining Board, or Designee