

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



Wisconsin Department of Safety and Professional Services Access to the Public Records of the Reports of Decisions

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- Reported decisions may have an appeal pending, and discipline may be stayed during the appeal. Information about the current status of a credential issued by the Department of Safety and Professional Services is shown on the Department's Web Site under "License Lookup."

The status of an appeal may be found on court access websites at:

<http://ccap.courts.state.wi.us/InternetCourtAccess> and <http://www.courts.state.wi.us/wscca>

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Correcting information on the DSPS website: An individual who believes that information on the website is inaccurate may contact DSPS@wisconsin.gov

Wisconsin Department of Safety and Professional Services

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

15BAC 113, 114, 115, 116		FINAL DECISION AND ORDER	0004690
DLSC CASE FILE # 16BAC001, 018, 019, 023, 027		ORDER #	
Kolyan Sar		A+ Nails + Spa	
<input checked="" type="checkbox"/> Individual Credential Holder Name		<input checked="" type="checkbox"/> Establishment Name	
License # 7824-85		License # 3922-71	

7009 Watts Rd. Madison 53719
Street City Zip
Wednesday 04/13/2016 10:15 AM
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation, which must be corrected.

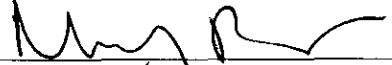
The carpet of the establishment was not clean. I found finger clippings all over the carpet of the establishment.

In violation of Section 05 3.01(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Yuna Beckett Investigator 04/14/2016
Signature of Division Investigative Staff Title Date
Signature of ☐ Licensee OR ☒ Establishment Owner 04/20/16
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 \$ 100.00 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.

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


A Member of the Board

5/3/16
Date

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

Committed to Equal Opportunity in Employment and Licensing

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

15 BAC 113, 114, 115, 116		FINAL DECISION AND ORDER	0004690
DLSC CASE FILE # 16 BAC 001, 018, 019, 023, 027		ORDER #	
<u>Kalyan Sar</u>		<u>A+ Nails + Spa</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name	<input checked="" type="checkbox"/> Establishment Name		
License # <u>7824-85</u>	License # <u>3922-71</u>		

7009 Watts Rd. Madison 53719
Street City Zip
Wednesday 04/13/2016 10:15 AM
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation, which must be corrected.

I found poisonous substances stored in common public areas not secured.

In violation of Section Cos 3.01(6) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Nina Beckett Investigator 04/14/2016
Signature of Division Investigative Staff Title Date
[Signature] 04/26/2016
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.

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[Signature]
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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

15 BAC 113, 114, 115, 116		FINAL DECISION AND ORDER	0004690
DLSC CASE FILE # 116 BAC 001, 018, 019, 023, 027		ORDER #	
Kolyan Sar		A + Nails & Spa	
<input checked="" type="checkbox"/> Individual Credential Holder Name		<input checked="" type="checkbox"/> Establishment Name	
License # 7824-85		License # 3922-71	

7009 Watts Rd. Madison 53719
Street City Zip
Wednesday 04/13/2016 10:15 AM
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation, which must be corrected.


I found used emery boards, buffer blocks, and pumice stones stored with clean emery boards, buffer blocks, and pumice stones at several work stations.

In violation of Section Cos 4.01 of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Nina Beckett Investigator 04/14/2016
Signature of Division Investigative Staff Title Date
Signature of ☐ Licensee OR ☒ Establishment Owner 04/26/2016
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.

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

15 BAC 113, 114, 115, 116		FINAL DECISION AND ORDER	
DLSC CASE FILE #	16 BAC 001, 018, 019, 023, 027	ORDER #	0004690
Kalyan Sar		A + Nails + Spa	
<input checked="" type="checkbox"/> Individual Credential Holder Name		<input checked="" type="checkbox"/> Establishment Name	
License #	7824-85	License #	3922-71

7009 Watts Rd. Madison 53719
Street City Zip
Wednesday 04/13/2016 10:15 AM
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation, which must be corrected.


A + Nails And SPA does not have an Aesthetician Establishment license but provides waxing services.

In violation of Section Cos 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Nina Beckett Investigator 04/14/2016
Signature of Division Investigative Staff Title Date
Signature of ☐ Licensee OR ☒ Establishment Owner 04/26/2016
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 \$1,000.00 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

5/3/16
Date

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

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>15BAC 113, 114, 115, 116</u> <u>16BAC 001, 018, 019, 023, 027</u>	FINAL DECISION AND ORDER 0004690 ORDER # <u>A+ Nails + Spa</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name <u>Kolyan Sar</u> License # <u>7824-85</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>3922-71</u>

7009 Watts Rd. Madison 53719
Street City Zip
Wednesday 04/13/2016 10:15 AM
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation, which must be corrected.

A+ Nails AND Spa allowed Raith Por to perform
manicuring services without being licensed.

In violation of Section Cos 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Nina Beckett Investigator 04/14/2016
Signature of Division Investigative Staff Title Date
Signature of ☐ Licensee OR ☒ Establishment Owner 04/26/2016
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 \$ 1,000.00 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.

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

[Signature]
A Member of the Board

5/3/16
Date

#3053DLSC (11/14)
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CITATION FOR ADMINISTRATIVE FORFEITURE

15 BAC 113, 114, 115, 116		FINAL DECISION AND ORDER	0004690
DLSC CASE FILE # 16 BAC 001, 018, 019, 023, 027		ORDER #	
Kalyan Sar		A + Nails + Spa	
<input checked="" type="checkbox"/> Individual Credential Holder Name		<input checked="" type="checkbox"/> Establishment Name	
License # 7824-85		License # 3922-71	

7009 Watts Rd. Madison 53719
Street City Zip
Wednesday 04/13/2016 10:15 AM
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation, which must be corrected.

Reusable manicure instruments were not fully submerged in Barbicide. Some reusable manicure instruments were in containers with Barbicide, but there was no lid.

In violation of Section Cos 4.10(1)+(2) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Mina Beckeltt Investigator 04/14/2016
Signature of Division Investigative Staff Title Date
Signature of ☐ Licensee OR ☒ Establishment Owner 04/26/16
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 \$250.00 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.

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


A Member of the Board

5/3/16
Date



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

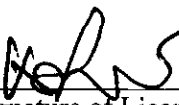
**ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE -
PAYMENT PLAN**

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.

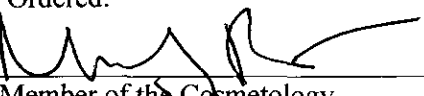
I hereby accept the forfeitures imposed by the attached citations and the terms set forth above.



Signature of Licensee or Establishment Owner

04/26/2016
Date

So Ordered:



A Member of the Cosmetology
Examining Board, or Designee

5/3/16
Date