

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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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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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

DLSC CASE FILE # <u>15 BAC 075</u>	FINAL DECISION AND ORDER ORDER # <u>0004828</u>
<u>TEN N. LINDROTH</u>	<u>NAILS & SPA</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>7308-85</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>3438-71</u>

4230 8TH ST. S. WISCONSIN RAPIDS 54494
Street City Zip

WEDNESDAY 9/23/2015 9:50 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 EMPLOYEES ARE USING METHYL METHACRYLATE MONOMER ON CLIENTS.

In violation of Section 605.203(9) of Wis. Stats. OR Wis. Adm. Code

Russell E. Black INVESTIGATOR 5/9/2016
Signature of Division Investigative Staff Title Date

[Signature] Licensee OR Establishment Owner 3438-071 7/18/2016
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.

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

7/20/16
Date

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

Wisconsin Department of Safety and Professional Services

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11230 8TH ST S Street WISCONSIN RAPIDS City 54494 Zip
WEDNESDAY Day of Week 9/23/2015 Date 9:50AM Time

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THERE COBWEBS AND DEAD INSECTS IN SOME OF THE WINDOWSILLS.
THE FLOOR OF THE ESTABLISHMENT WAS EXTREMELY DIRTY.

In violation of Section COS 4.01(1) of Wis. Stats. OR Wis. Adm. Code
Russell Black Signature of Division Investigative Staff INVESTIGATOR Title 5/9/2016 Date
[Signature] Signature of Licensee OR Establishment Owner 3438-071 Title 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 \$ 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.

[Signature]
A Member of the Board

7/26/16
Date

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