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 Madison, WI 53703 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

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 16 Lexy Man	BAC 033	FINAL DEC ORDER#	- Sp. LLC	O004938
Individual Credential Hold License # 94715	ler Name -82	✓ Establis License #	hment Name 4439 - 71	
6814 Dana Road		Mad ron City		53719 Zip
Wednaday Day of Week		6-1-16 Date		9:00Am
On the above stated time, date be corrected.	_	-		-
Dail Clipping and establisments S. dispensing Durassi	ront entrance	avea, 17	plastic Cut	Used for
			Vis. Stats. OI	Wis. Adm. Code
Signature of Division Investign		Title	7	6-27-16 Date 1/8/2016
Pursuant to Wis. Stat. § 45 addition to other disciplinary		uthority is author	stablishment Owner	Date
PLEASE TAKE NOTICE THA \$ / \(\omega \) BY MAILING OF THIS CITATION, TOGET PROFESSIONAL SERVICES, PO BOX 7190, MADISON, WI HOLDER AND AN ESTABLISH CREDENTIAL. PAYMENT SH CONSENT TO AN ORDER OF I	A CHECK OR MONEY OF HER WITH THE SIGNE DIVISION OF LEGAL 53707-7190. IF THIS CHENT, ONE HALF OF TALL BE TREATED AS A 1	ORDER NO LATER D COPY OF THIS SERVICES & COST ITATION IS ISSUE HE FORFEITURE I PLEA OF NO CONT	THAN TWENTY (2: S FORM TO: DEF MPLIANCE, 1400 E. ED TO BOTH AN II S DEEMED TO BE A TEST TO THE VIOLA	0) DAYS FROM THE DATE PARTMENT OF SAFETY & . WASHINGTON AVENUE, NDIVIDUAL CREDENTIAL ASSESSED AGAINST EACH ATION CITED ABOVE AND
Please refere	ence "NOTICE OF RIG		T" on backside of p	oink copy.
#2052DI SC (11/14)				

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

Wisconsin Department of Safety and Professional Services Mail To: P.O. Box 7190 1400 E. Washington Avenue

Madison, WI 53707-7190

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Madison, WI 53703

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

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DLSC CASE FILE # _	1/2 BAC 033		FINAL DECISIO ORDER #	ON AND ORI	DER 0 00)4838
Lexy Ma			<u> </u>	+5pa	LLC	
Individual Credentia			Establishmen	t Name	-	
License # 44	115-82		License # <u>44</u>	59-71		
6814 Odana	r Road	M	adison			53719
Street		City	<i>I</i>			Zip
Day of Week		6- 1 Dat	-16 e			Time
be corrected.	e, date and location, an		_			
The public re	otherwise, in	D) dising	ectine and	cleaning	equipm	en!
Poisonous and	otherwise in	an unl	ocked) and	Unsecur	ld cab	met and
open to the	e public					
	0 0 0 1	. `			24	
In violation of	Section <u>Cos</u> 3.01(-	□ Wis. S			Wis. Adm. Code - 27-16
Signature of Division In	vestigative Staff		Investigator Title		9	Date
Stuff					718	3,2016
Signature of	☐ Licensee	OR	Establi	shment Owne	er	Date
	. § 454.15(3), the licen plinary action against y		y is authorized	to impose a	forfeiture	in lieu of or in
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	E THAT THE CREDEN' ILING A CHECK OR MO					
OF THIS CITATION, I	OGETHER WITH THE	SIGNED CO	PY OF THIS FO	RM TO: DI	EPARTMENT	Γ OF SAFETY &
PROFESSIONAL SERV PO BOX 7190, MADISO	ICES, DIVISION OF I					
HOLDER AND AN ESTA	ABLISHMENT, ONE HAI	LF OF THE FO	RFEITURE IS DE	EMED TO BE	ASSESSED	AGAINST EACH
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Please	reference "NOTICE C	F RIGHT TO	O CONTEST" o	n backside of	pink copy.	
\	in M			7/21/14		
A Mem	ber of the Board		Date	1 20 110		
#2052DI SC (11/14)						

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Madison, WI 53707-7190

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Madison, WI 53703 E-Mail: dsps@wisconsin.gov Website: http://dsps.wi.gov

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 16 BAC 033	FINAL DECISION AND ORDER ORDER #	0004838
Lexy Man	CNo.1 + Spa UC	
☑ Individual Credential Holder Name License #	☐ Establishment Name License # 4439-71	
C814 Dana Road Street	Madison City	53719 Zip
Day of Week	G-1-16 Date	9:00 Am Time
On the above stated time, date and location, an investigate be corrected. So then Hoeung admitted to render the tween 30 then Hoeung and Months.	Line a booth without a	writer leave
In violation of Section Cox 3.02(2) Signature of Division Investigative Staff	of Wis. Stats. OR Investigation Title	Wis. Adm. Code 6-27-16 Date 7/8/2016
Signature of	Establishment Owner	Date
Pursuant to Wis. Stat. § 454.15(3), the licensing au addition to other disciplinary action against your lice		feiture in lieu of or in
PLEASE TAKE NOTICE THAT THE CREDENTIAL HOS NOTICE THAT THE CREDENTIAL HOS NOTICE THAT THE CREDENTIAL HOS NOTICE BY MAILING A CHECK OR MONEY OF THIS CITATION, TOGETHER WITH THE SIGNED PROFESSIONAL SERVICES, DIVISION OF LEGAL OF BOX 7190, MADISON, WI 53707-7190. IF THIS CITAL CREDENTIAL. PAYMENT SHALL BE TREATED AS A PROPERTY OF THE CONSENT TO AN ORDER OF FORFEITURE, NOT TO EXCEPTION OF THE CONSENT TO AN ORDER OF FORFEITURE, NOT TO EXTREME!	RDER NO LATER THAN TWENTY (20) ID COPY OF THIS FORM TO: DEPARENCES & COMPLIANCE, 1400 E. WE TATION IS ISSUED TO BOTH AN INDICATE OF NO CONTEST TO THE VIOLATION OF THE VIOLATION	DAYS FROM THE DATE RTMENT OF SAFETY & ASHINGTON AVENUE, IVIDUAL CREDENTIAL SESSED AGAINST EACH
Please reference "NOTICE OF RIGH	HT TO CONTEST" on backside of pin	k copy.
l Lix ~	7/20/15	

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

A Member of the Board

Date

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Madison, WI 53707-7190

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Madison, WI 53703

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

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

Lexy Mar Individual Creder		<u>33</u> or or	AL DECISION AND ODER # Dail + Spa Establishment Name ense # 4439-	الدر	004838
CONTRODAN	a Rood	Mad i	Som		53719 Zip
Day of Week		6-1- Date	16		9:00 Aug Time
be corrected.	ime, date and location, a				t
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In violation of	Section Cos 4,06	(y) of	Wis. Stats.		Wis. Adm. Code
Signature of Division	Investigative Staff		Title	-	Date 4 / 8 / 2016
Signature of	☐ Licensee	OR	Establishment O	wner	Date
	tat. § 454.15(3), the lic ciplinary action against		s authorized to impos	se a forfeitu	ire in lieu of or in
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#3053DLSC (11/14) Ch.454, Stats.