

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/wscga>

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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
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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>16 BAC 013</u>	FINAL DECISION AND ORDER ORDER # <u>0004892</u>
<u>Jadon Mayfield</u>	<u>New Image</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>35361-81</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>41319-80</u>

5706 Durand Ave. Ste 400 Racine 53406
Street City Zip
Thursday 08/04/2016 12:00 P.M.
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.

Jadon Mayfield, as the owner and manager of New Image operated and practiced with an expired manager's license from 04/06/15 to 12/10/15. New Image establishment license was expired from 04/06/15 to 08/04/15.

In violation of Section Cos 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Nina Beckett Investigator 08/04/2016
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 8/20/16
Signature of 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 \$ 500.00 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

8/25/16
Date

Wisconsin Department of Safety and Professional Services

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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>16 BAC 013</u>	FINAL DECISION AND ORDER ORDER # <u>0004892</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>NEW IMAGE</u> <u>41319-80</u>

5706 Durand Ave. Ste 400 Racine 53406
Street City Zip
Thursday 08/04/2016 12:00 P.M.
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.

Jadon Mayfield is the Manager at New Image. Mayfield's
manager's license was expired from 04/06/2015 - 12/10/2015.
New Image had no licensed manager for eight months.

In violation of Section Cos 3.02 (1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Nina Beckett Investigator 08/04/2016
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 8/20/16
Signature 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.

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[Signature]
A Member of the Board

8/25/16
Date