

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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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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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>16 BAC 075</u>	FINAL DECISION AND ORDER ORDER # <u>0005037</u>
<u>Nancy Myhre</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>48968-82</u>	<input type="checkbox"/> Establishment Name License # _____

68295 South Main Street Iron River 54847
Street City Zip

Thursday 9-8-16
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.

Nancy Myhre admitted to providing Cosmetology services and received payment when Sky's The Limit did not hold a Cosmetology establishment credentials.

In violation of Section Cos 2.045(1) of Wis. Stats. OR Wis. Adm. Code
B 74 Investigator 10-18-16
Signature of Division Investigative Staff Title Date
Nancy Myhre Licensee OR Establishment Owner 10-24-16
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 \$ 500⁰⁰ 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

10/31/16
Date

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

Committed to Equal Opportunity in Employment and Licensing

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>16 BAC 075</u>	FINAL DECISION AND ORDER ORDER # <u>0005037</u>
<u>Kristina Hudack</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>36388-81</u>	<input type="checkbox"/> Establishment Name License # _____

68295 South Main Street Iron River 54847
Street City Zip

Thursday 9-8-16
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.

Kristina Hudack assisted in unlicensed practice by allowing Nancy Myhre to provide cosmetology services when Sky's The Limit did not hold a Cosmetology establishment credential.

In violation of Section Cos 2.04(1) of Wis. Stats. OR Wis. Adm. Code
B. T. Investigator 10-19-16
Signature of Division Investigative Staff Title Date

Signature of Kristina Hudack 10-11-16
 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 \$ 500 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

11/25/16
Date

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



October 25, 2016

KRISTINA HUDACK
68295 SOUTH MAIN ST
PO BOX 614
IRON RIVER WI 54847

Re: Case number 16 BAC 075

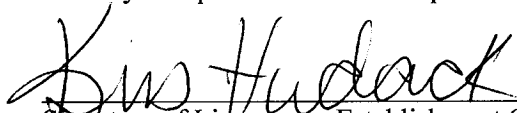
**ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE -
PAYMENT PLAN**

Dear Ms. Hudack:

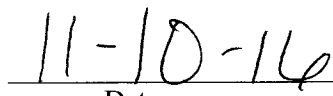
You have received one or more citations for violations of the Cosmetology rules and have requested the opportunity to enter into a payment agreement to resolve those citations. By returning an original signed copy of this letter along with partial payment, you accept the forfeitures imposed on the citations you received and agree to pay the forfeiture amounts 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 Brian Henry at the address listed above (use the enclosed return envelope).
- You must also include a partial payment of 30% of the total amount due on the citation(s) when returning this document. 30% of \$500 is \$150.
- **You must return at least the white copy of the signed and dated citation(s) with this document.**
- Subsequent payments of \$175 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, 16 BAC 075, 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(s).

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

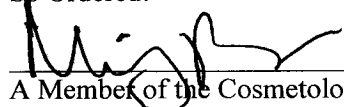


Signature of Licensee or Establishment Owner

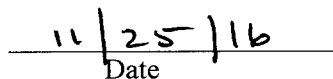


Date

So Ordered:



A Member of the Cosmetology
Examining Board, or Designee



Date