## 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 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 BAC 010  Tada Vanderglost  Individual Credential Holder Name	FINAL DECISION AND ORDER ORDER #  Tadas Stylin  Establishment Name	<b>Q005</b> 093	
License # 30799-81	License # 34968-80		
1353 Excalibur DR.	Tanesville	53546 Zip	
Monday Day of Week  11/07	2016 Date	2:45 P.M. Time	
On the above stated time, date and location, an investigation inspection has disclosed the following violation, which must be corrected.			
Jada Vandergeest admitted to Services outside a licensed	providing cosmete establishment. J	adas Stylin	
establishment license was ex			
In violation of Section 05 2.045(1)/3.016 of	Wis. Stats. OR	Wis. Adm. Code	
Signature of Division Investigative Staff	Title	Date	
ΔΥ . <del>.</del> .		10 / //	
Boo Vanderge 25		12-6-16	
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 HOLD \$_500,00 BY MAILING A CHECK OR MONEY ORD OF THIS CITATION, TOGETHER WITH THE SIGNED OF PROFESSIONAL SERVICES, DIVISION OF LEGAL SER PO BOX 7190, MADISON, WI 53707-7190. IF THIS CITAT HOLDER AND AN ESTABLISHMENT, ONE HALF OF THE CREDENTIAL. PAYMENT SHALL BE TREATED AS A PLE	ER NO LATER THAN TWENTY (20) DEPARTORY OF THIS FORM TO: DEPARTORY OF THIS FORM TO: DEPARTORY OF THE PROPERTY O	AYS FROM THE DATE TMENT OF SAFETY & SHINGTON AVENUE, VIDUAL CREDENTIAL ESSED AGAINST EACH	

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

Member of the Board

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

Wisconsin Department of Safety and Professional Services Division of Legal Services and Compliance 1400 E Washington Ave PO Box 7190 Madison WI 53707-7190 RETURN SERVICE REQUESTED



Phone: 608-266-2112 Web: http://dsps.wi.gov Email: dsps@wisconsin.gov

Scott Walker, Governor Dave Ross, Secretary

November 22, 2016

JADA VANDERGEEST 2006 MORNINGSIDE DR #7 JANESVILLE WI 54546-1538

Re: 16 BAC 010

## ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE - PAYMENT PLAN

#### Dear Ms. Vandergeest:

1

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 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(s) when returning this document. 25% of \$500 is \$125.
- You must return at least the white copy of the signed and dated citation(s) 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, 16 BAC 010, 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 Astablishment Owner	12-2-16 Date
So Ordered:	
A Member of the Cosmetology	12/21/16 Date
Examining Board, or Designee	