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 53707-7190 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

	# 16 BACC	35	FINAL DECISION AND ORDER #	ORDER	0005155
Individual Cred			☐ Establishment Name License #		
Good Mono	ona Drive Sui	e 102	Monana		S37/6
Day of Week	Y	D	o-1-16 ate		Time
be corrected.			inspection has disclosed the es at US Abils to		
In violation of Signature of Division	Section (0< 2045() n Investigative Staff)/05 3,01(1) of	Wis. Stats. Truestignter Title	OR	□ Wis. Adm. Code /0-25-16 Date
Signature of	☐ Licensee	OR	☐ Establishment C)wner	Date
addition to other di	sciplinary action agains	t your license.	ity is authorized to impo		
OF THIS CITATION PROFESSIONAL SE PO BOX 7190, MADI HOLDER AND AN E CREDENTIAL PAY	I, <u>TOGETHER WITH TE</u> ERVICES, DIVISION OF ISON, WI 53707-7190. I STABLISHMENT, ONE H MENT SHALL BE TREAT	HE SIGNED CO LEGAL SERV F THIS CITATI IALF OF THE FORE TED AS A PLEA	ER MAY DEPOSIT A FOR R NO LATER THAN TWEN DPY OF THIS FORM TO: //ICES & COMPLIANCE, I ON IS ISSUED TO BOTH ORFEITURE IS DEEMED TO OF NO CONTEST TO THE DOTHE AMOUNT OF THE D	DEPART 400 E. WA! AN INDIV D BE ASSE! VIOLATIO	MENT OF SAFETY & SHINGTON AVENUE, IDUAL CREDENTIAL SSED AGAINST EACH
Ple	ase reference "NOTICE	E OF RIGHT T	O CONTEST" on backsio	117	copy.
A M	Tember of the Board		Date 2/7	117	_

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

Committed to Equal Opportunity in Employment and Licensing

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



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

Scott Walker, Governor Dave Ross, Secretary

January 4, 2017

DAT TIEU 1202 BULTMAN ROAD MADISON WI 53704

0005155

Re: Case number 16 BAC 035

<u>ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE - PAYMENT PLAN</u>

Dear Mr. Tieu:

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 \$200 of the total amount due on the citation(s) when returning this document.
- 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 035, 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	
So Ordered:	1/31/17
A Member of the Cosmetology	Date /
Examining Board, or Designee	
Minh	דו ר ג

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

Madison, WI 53707-7190

FAX #: Phone #:

Ch.454, Stats.

(608) 266-2112

(608) 266-2264

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 035	FINAL DECISION AND ORDER ORDER #	0005155
Andy Duong		
Individual Credential Holder Name	☐ Establishment Name	
License # 3933-85	License #	
Street Monana Drive Suite 102	Monona City	537/6 Zip
	·	
Day of Week	<u>(5-1-16</u> Date	Time
On the above stated time, date and location, an investigati	on/inspection has disclosed the following	g violation, which must
be corrected.	,)	
Andy Dong assisted in the	unlicensed practice of me	enicuring by
allowing Dat Ties and Jenny	ran Tieu to proude manici	oring Services
allowing Dat Ties and Jenny T while Os Nails & spa was expired	from 05/02/2011 to 00	6/03/2016.
In violation of Section Cos 2,04(1)	of Wis. Stats. OR	Wis. Adm. Code
B 74	Investigator	10-25-16
Signature of Division Investigative Staff Z/Q/	72016	Date
Signature of	☐ Establishment Owner	Date
Pursuant to Wis. Stat. § 454.15(3), the licensing authaddition to other disciplinary action against your licens		iture in lieu of or in
PLEASE TAKE NOTICE THAT THE CREDENTIAL HOI \$ /ÓOO BY MAILING A CHECK OR MONEY OR OF THIS CITATION, TOGETHER WITH THE SIGNED PROFESSIONAL SERVICES, DIVISION OF LEGAL SERVICES PO BOX 7190, MADISON, WI 53707-7190. IF THIS CITATION ON ENTRY OF THE CREDENTIAL. PAYMENT SHALL BE TREATED AS A PL CONSENT TO AN ORDER OF FORFEITURE, NOT TO EXC	DER NO LATER THAN TWENTY (20) DA <u>COPY OF THIS FORM</u> TO: DEPART ERVICES & COMPLIANCE, 1400 E. WA ATION IS ISSUED TO BOTH AN INDIVE E FORFEITURE IS DEEMED TO BE ASSE EA OF NO CONTEST TO THE VIOLATIO	AYS FROM THE DATE MENT OF SAFETY & SHINGTON AVENUE, VIDUAL CREDENTIAL SSED AGAINST EACH
Please reference "NOTICE OF RIGHT	Γ ΤΟ CONTEST" on backside of pink	copy.
Andu	11/20/2016	
A Member of the Board	11/22/2016 Date 1421/16	
N Violation of the Board	12/21/16	
#3053DLSC (11/14)	• •	

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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# 16 BAC 035	FINAL DECISION AND ORDER ORDER #	0005155
Individual Credential Holder Name License # 3922-85	☐ Establishment Name License #	
6000 Monona Drive Suite 102 Street	Monona	537/6 Zip
Day of Week	6-1-16 Date	Time
On the above stated time, date and location, an invest be corrected. Andy Duong Stored Dusonous in the public restroom.	tigation/inspection has disclosed the following	
In violation of Section 3,01(6) Signature of Division Investigative Staff	of Wis. Stats. OR Investigation Title	Wis. Adm. Code /O- 25_/6 Date
Signature of	☐ Establishment Owner	Date
Pursuant to Wis. Stat. § 454.15(3), the licensing addition to other disciplinary action against your li		Teiture in lieu of or in
PLEASE TAKE NOTICE THAT THE CREDENTIAL \$ /OO BY MAILING A CHECK OR MONEY OF THIS CITATION, TOGETHER WITH THE SIGN PROFESSIONAL SERVICES, DIVISION OF LEGAL PO BOX 7190, MADISON, WI 53707-7190. IF THIS HOLDER AND AN ESTABLISHMENT, ONE HALF OF CREDENTIAL. PAYMENT SHALL BE TREATED AS A CONSENT TO AN ORDER OF FORFEITURE, NOT TO	ORDER NO LATER THAN TWENTY (20) IN INDICATE COPY OF THIS FORM TO: DEPAR LESERVICES & COMPLIANCE, 1400 E.W. CITATION IS ISSUED TO BOTH AN INDICATE FORFEITURE IS DEEMED TO BE ASSEN A PLEA OF NO CONTEST TO THE VIOLATION.	DAYS FROM THE DATE TMENT OF SAFETY & ASHINGTON AVENUE, IVIDUAL CREDENTIAL ESSED AGAINST EACH
,	GHT TO CONTEST" on backside of pinl	
Dudy Nin	- 11/00/one	12/21/16

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

A Member of the Board

Date

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

Mail To: P.O. Box 7190

Madison, WI 53707-7190

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Madison, WI 53703

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE #	16 BAC 035	FINAL DECISION AND ORDER ORDER #	0005155
Andy	Duong		
Individual Creden License # 39	tial Holder Name	☐ Establishment Name License #	
6000 Monon	a Drive Suite 102	Monona	537/6 Zip
		City	Zip
Day of Week)	C-1-16 Date	Time
On the above stated ti	me date and location an investig	gation/inspection has disclosed the followin	g violation which must
be corrected.	me, date and recation, an investig		5 violation, which must
Andy Dung	did not store hat	- wax wax poper, and var	IOUX SIZE
Drither in	avoired containers	to prevent contamination	
In violation of	Section Cos Y.O1(4)/(os Y.O)(y)	of Wis. Stats. OR	Wis. Adm. Code
	15/	Investigator	10-25-16
Signature of Division	Avestigative Staff 2/01/200	litte	Date
Signature of	☐ Licensee OR	☐ Establishment Owner	Date
Pursuant to Wis. Staddition to other disc		uthority is authorized to impose a forf	eiture in lieu of or in
	cipilinary action against your lice	ense.	
	CE THAT THE CREDENTIAL H	OLDER MAY DEPOSIT A FORFEITURE	
\$_/ <u>00_00</u> BY M	CE THAT THE CREDENTIAL H IAILING A CHECK OR MONEY O	OLDER MAY DEPOSIT A FORFEITURE ORDER NO LATER THAN TWENTY (20) D	AYS FROM THE DATE
\$ <u>/00</u> BY M OF THIS CITATION, PROFESSIONAL SER	CE THAT THE CREDENTIAL H IAILING A CHECK OR MONEY C TOGETHER WITH THE SIGNE VICES, DIVISION OF LEGAL	IOLDER MAY DEPOSIT A FORFEITURE DRDER NO LATER THAN TWENTY (20) D ED COPY OF THIS FORM TO: DEPAR' SERVICES & COMPLIANCE, 1400 E. WA	AYS FROM THE DATE IMENT OF SAFETY & ASHINGTON AVENUE,
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\$ /OO BY M. OF THIS CITATION, PROFESSIONAL SER PO BOX 7190, MADIS HOLDER AND AN ES' CREDENTIAL. PAYM	CE THAT THE CREDENTIAL H IAILING A CHECK OR MONEY OF TOGETHER WITH THE SIGNE VICES, DIVISION OF LEGAL ON, WI 53707-7190. IF THIS CONTAINED THE SIGNE TABLISHMENT, ONE HALF OF THE SHALL BE TREATED AS A SECOND SECON	IOLDER MAY DEPOSIT A FORFEITURE ORDER NO LATER THAN TWENTY (20) D ED COPY OF THIS FORM TO: DEPAR' SERVICES & COMPLIANCE, 1400 E. WA ITATION IS ISSUED TO BOTH AN INDI	AYS FROM THE DATE IMENT OF SAFETY & ASHINGTON AVENUE, VIDUAL CREDENTIAL ESSED AGAINST EACH
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\$	CE THAT THE CREDENTIAL HEAILING A CHECK OR MONEY OF TOGETHER WITH THE SIGNE VICES, DIVISION OF LEGAL ON, WI 53707-7190. IF THIS CUTABLISHMENT, ONE HALF OF THE TENT SHALL BE TREATED AS A DER OF FORFEITURE, NOT TO EXECUTE OF TO THE PROPERTY OF THE PROPERTY	IOLDER MAY DEPOSIT A FORFEITURE ORDER NO LATER THAN TWENTY (20) DED COPY OF THIS FORM TO: DEPART SERVICES & COMPLIANCE, 1400 E. WAITATION IS ISSUED TO BOTH AN INDICATE FORFEITURE IS DEEMED TO BE ASSIPLEA OF NO CONTEST TO THE VIOLATICATION OF THE AMOUNT OF THE DEPOSIT. HT TO CONTEST" on backside of pink	AYS FROM THE DATE IMENT OF SAFETY & ASHINGTON AVENUE, VIDUAL CREDENTIAL ESSED AGAINST EACH ON CITED ABOVE AND
\$	CE THAT THE CREDENTIAL HEAILING A CHECK OR MONEY OF TOGETHER WITH THE SIGNE VICES, DIVISION OF LEGAL ON, WI 53707-7190. IF THIS CUTABLISHMENT, ONE HALF OF THE TENT SHALL BE TREATED AS A DER OF FORFEITURE, NOT TO EXECUTE OF TO THE PROPERTY OF THE PROPERTY	IOLDER MAY DEPOSIT A FORFEITURE ORDER NO LATER THAN TWENTY (20) DED COPY OF THIS FORM TO: DEPARTISE SERVICES & COMPLIANCE, 1400 E. WAITATION IS ISSUED TO BOTH AN INDICATE FORFEITURE IS DEEMED TO BE ASSIPLEA OF NO CONTEST TO THE VIOLATICATED THE AMOUNT OF THE DEPOSIT.	AYS FROM THE DATE IMENT OF SAFETY & ASHINGTON AVENUE, VIDUAL CREDENTIAL ESSED AGAINST EACH ON CITED ABOVE AND

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12/21/16

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 7190 Madison, WI 53707-7190

FAX #: Phone #: (608) 266-2264

(608) 266-2112

1400 E. Washington Avenue

Madison, WI 53703

FINAL DECISION AND ORDER

ORDER #

E-Mail: dsps@wisconsin_gov

Website: http://dsps.wi.gov

COSMETOLOGY EXAMINING BOARD

NOV 25 2016

CITATION FOR ADMINISTRATIVE FORFEITURE

Individual Credential Holder Name License # 3922-85	☐ Establishment Name License #	
GOOD Monona Drive Suite 102 Street	Monona	537/6 Zip
Day of Week	6-1-16 Date	Time
On the above stated time, date and location, an investigation be corrected. Andy Duong 2.2 not keep the	•	,
In violation of Section (x 4.02(5) o Signature of Division-Investigative Staff	of Wis. Stats. OR Tribe tigater Title	Wis. Adm. Code /0-75-/6 Date
Signature of Licensee OR	□ Establishment Owner	Date
Pursuant to Wis. Stat. § 454.15(3), the licensing auth addition to other disciplinary action against your licens		ture in lieu of or in
PLEASE TAKE NOTICE THAT THE CREDENTIAL HOL \$\(\langle \)\(\)\(\text{CO} \) BY MAILING A CHECK OR MONEY ORI OF THIS CITATION, TOGETHER WITH THE SIGNED PROFESSIONAL SERVICES, DIVISION OF LEGAL SE PO BOX 7190, MADISON, WI 53707-7190. IF THIS CITA HOLDER AND AN ESTABLISHMENT, ONE HALF OF THE CREDENTIAL. PAYMENT SHALL BE TREATED AS A PLI CONSENT TO AN ORDER OF FORFEITURE, NOT TO EXCIT	DER NO LATER THAN TWENTY (20) DA COPY OF THIS FORM TO: DEPARTMENTICES & COMPLIANCE, 1400 E. WAS ATION IS ISSUED TO BOTH AN INDIVISION FOR FEITURE IS DEEMED TO BE ASSESSED OF NO CONTEST TO THE VIOLATION	YS FROM THE DATE MENT OF SAFETY & SHINGTON AVENUE, IDUAL CREDENTIAL SSED AGAINST EACH
Please reference "NOTICE OF RIGHT	TTO CONTEST" on backside of pink c	copy.
A Member of the Board	11/22/20/6 Date	12/21/16

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