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

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

(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	# 17 BAC		NAL DECISION AND ORDE DER #	R 0005292
			TT Nails	
Individual Cree	dential Holder Name		Establishment Name	
License # 9	1576-82	Lic	ense # 4/79-7/	
	; A :: ()			6201
134 E	ast Capital I	<u> </u>	vacker	<u> </u>
				Zip
Tuescho Day of Week	<u>-</u>	March 7	,2017	
Day of Week	9	Date		Time
be corrected.		- •	ection has disclosed the follow	
Tim No	allien failed.	to dispose	c of used ma	NICUTING
blocks	and only	C: 10 S		9
10 CKS	WINO FIGURE	11100		
		<u> </u>		
			<u> </u>	
In violation of	Section Cos 4. 10	(4) of	☐ Wis. Stats. OR	Wis. Adm. Code
	auco Pinh		Toursticator	
	on Investigative Staff		Tourstigatur Title	Date
			lugue -	- 4/28/17
Signature of	☐ Licensee	OR	Establishment Owner	Date
Durenant to Wie	Stat \$ 454 15(2) the H	icancing anthonity i	s sutherized to impose a f	arfaitura in lian of ar in
	disciplinary action again		s authorized to impose a fo	offettare in hea of or in
PLEASE TAKE NO \$ /OO. OO BY OF THIS CITATION PROFESSIONAL SO PO BOX 7190, MAINOLDER AND AN CREDENTIAL. PA	OTICE THAT THE CRED Y MAILING A CHECK OR ON, <u>TOGETHER WITH T</u> SERVICES, DIVISION OF DISON, WI 53707-7190. ESTABLISHMENT, ONE Y YMENT SHALL BE TREA	ENTIAL HOLDER M. MONEY ORDER NO HE SIGNED COPY F LEGAL SERVICE IF THIS CITATION HALF OF THE FORFITED AS A PLEA OF THE PLEA OF THE FORFITED AS A PLEA OF THE FORFITED AS A PLEA OF THE FORFITED AS A PLEA	MAY DEPOSIT A FORFEITURED LATER THAN TWENTY (20) OF THIS FORM TO: DEPA S & COMPLIANCE, 1400 E. IS ISSUED TO BOTH AN IN EITURE IS DEEMED TO BE A NO CONTEST TO THE VIOLA IE AMOUNT OF THE DEPOSIT) DAYS FROM THE DATE ARTMENT OF SAFETY & WASHINGTON AVENUE, IDIVIDUAL CREDENTIAL SSESSED AGAINST EACH TION CITED ABOVE AND
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1	Live -		5/10/17	
A	Member of the Board		Date	
#0050DI GG /11/1				

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 17 BAC OIL	FINAL DECISION AND ORDER ORDER #	0005292
Tin Navuen	TT Nails	
Individual Credential Holder Name	Establishment Name	
License # 91576-83	License # 4179-7/	
134 East Capital De	Milwaukee	53212
	City	Zip
Tuesday Day of Week	March 7, 2017	
Day of Week	Date	Time
On the above stated time, date and location, an in be corrected.	- ,	-
Tim Nguyen admitted	to providing waxing se establishment	ruires
outside a livensed	establishment	
In violation of Section 2.045(1) 3.0	of Wis. Stats. OR	Wis. Adm. Code
Delvie Finde	Investigator	
Signature of Division Investigative Staff	Title 0	Date
Signature of	DR Stablishment Owner	4128/17
Signature of Licensee	Establishinen Owner	Date
Pursuant to Wis. Stat. § 454.15(3), the licensiaddition to other disciplinary action against you		feiture in lieu of or in
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PLEASE TAKE NOTICE THAT THE CREDENTI \$_500,00 BY MAILING A CHECK OR MOI	NEY ORDER NO LATER THAN TWENTY (20)	DAYS FROM THE DATE
OF THIS CITATION, <u>TOGETHER WITH THE S</u> PROFESSIONAL SERVICES, DIVISION OF LE	GIGNED COPY OF THIS FORM TO: DEPAI	RTMENT OF SAFETY &
PO BOX 7190, MADISON, WI 53707-7190. IF TI	HIS CITATION IS ISSUED TO BOTH AN IND	IVIDUAL CREDENTIAL
HOLDER AND AN ESTABLISHMENT, ONE HALF CREDENTIAL. PAYMENT SHALL BE TREATED.	OF THE FORFEITURE IS DEEMED TO BE AS	SESSED AGAINST EACH
CONSENT TO AN ORDER OF FORFEITURE, NOT	TO EXCEED THE AMOUNT OF THE DEPOSIT.	ION CITED ABOVE AND
Please reference "NOTICE OF	RIGHT TO CONTEST" on backside of pin	k conv
i least reference from the or	Pill 10 CONTEST on Dackside of pill	a copy.
	5/10/17	
A Member of the Board	Date	

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 17 BAC ON	FINAL DECISION AND ORDER ORDER #	0005292
Tim Nguyen	TT Nails	
Individual Credential Holder Name License # 91576-82	☑ Establishment Name License # △/フターフ/	
134 East Capital De.	Milwaulese City	53212 Zip
Tuesday May of Week O	Date 7, 2017	Time
On the above stated time, date and location, an investigate be corrected.		ng violation, which must
TT Nails was dirty	and unsanitary	
In violation of Section 4.01(1)	of Wis. Stats. OR	Wis. Adm. Code
Signature of Division Investigative Staff	Title Junuse	Date - 4 28 17
Signature of	Establishment Owner	Date
Pursuant to Wis. Stat. § 454.15(3), the licensing au addition to other disciplinary action against your licensing		feiture in lieu of or in
PLEASE TAKE NOTICE THAT THE CREDENTIAL HOS //O, OO BY MAILING A CHECK OR MONEY OOF THIS CITATION, TOGETHER WITH THE SIGNED PROFESSIONAL SERVICES, DIVISION OF LEGAL OF OBOX 7190, MADISON, WI 53707-7190. IF THIS CITHOLDER AND AN ESTABLISHMENT, ONE HALF OF THE CREDENTIAL. PAYMENT SHALL BE TREATED AS A PROMISENT TO AN ORDER OF FORFEITURE, NOT TO EX	RDER NO LATER THAN TWENTY (20) I D COPY OF THIS FORM TO: DEPAR SERVICES & COMPLIANCE, 1400 E. W TATION IS ISSUED TO BOTH AN IND HE FORFEITURE IS DEEMED TO BE ASS PLEA OF NO CONTEST TO THE VIOLATI	DAYS FROM THE DATE ETMENT OF SAFETY & ASHINGTON AVENUE, IVIDUAL CREDENTIAL SESSED AGAINST EACH
Please reference "NOTICE OF RIGH	HT TO CONTEST" on backside of pinl	k copy.
My	5/10/17	
A Member of the Board	Date	

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

			TOTAL DEGRACION AND (ORDER 0005292	
DI GO CAGE EILE	# 17 BAC 0	1.1	FINAL DECISION AND (ORDER #	DRDER WWW.	
_		<u> </u>	TT Nails		-
	n Nguyen		Establishment Name		_
	lential Holder Name 91576-82		License # $\frac{4/79}{}$	71	_
134 E	ast Capital	Drive	City	53212 Zip	
Street		•	City	Zip	
Tueso	by	\cap	March 7,2017		
Day of Week	T'		Date	Time	
be corrected			on/inspection has disclosed the		ıust
Tim 1	Nguyen perfor	med M	micuring Service	s without	
a live	056		Ø		
		 -			
	Section 2.04	<i>(</i> ,)			1
In violation of		-	, ,	OR Wis. Adm. C	oae
Signatura of Divisi	on Investigative Staff		Investigator Title	Date	
Signature of Division	on mvestigative Staff		Lunces		4
Signature of	☐ Licensee	OR	Establishment 0		0_
J					
	Stat. § 454.15(3), the l lisciplinary action agair		ority is authorized to impos e.	e a forfeiture in lieu of or	' in
PLEASE TAKE NO	TICE THAT THE CREI	DENTIAL HOL	DER MAY DEPOSIT A FORE	FEITURE IN THE AMOUNT	OF
\$_500.00 BY	MAILING A CHECK OF	R MONEY ORI	DER NO LATER THAN TWEN' COPY OF THIS FORM TO:	ΓΥ (20) DAYS FROM THE DA	ATE
PROFESSIONAL S	ERVICES, DIVISION C	F LEGAL SE	RVICES & COMPLIANCE, 14	400 E. WASHINGTON AVEN	UE,
PO BOX 7190, MAI	DISON, WI 53707-7190.	IF THIS CITA	TION IS ISSUED TO BOTH.	AN INDIVIDUAL CREDENT	IAL
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\	lease reference NOTIC	E OF KIGHT	,	• • •	
	Vy X &		5 101	<u>ל</u>	
A'l	Member of the Board		Date		
#3053DLSC (11/14	<u> </u>				

Ch.454, Stats.

Wisconsin Department of Safety and Professional Services

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Madison, WI 53707-7190

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(608) 266-2264 (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

DI SC CASE FILE	# 17BACON		FINAL DECISION AND ORDER #	R 0005292
Tion	Named		TT Nails	
	lential Holder Name		Establishment Name License # 4179-71	
134 E	ast Capital	DR	Milwackee	5 3212 Zip
Tuesday Day of Week		<u> </u>	arh 7, 2017 Date	Time
be corrected.			ion/inspection has disclosed the follow	_
Tim Ngu	pen did not s	tore cont	tact equipment in a covered of	covered contains
Nouse f	ailed to disi	nfect con	Hack equipment by	rof submerging
In violation of	Section 4.02(3)			₩is. Adm. Code
Signature of Division	on Investigative Staff	<u>le</u>	Title Title	Date
Signature of	☐ Licensee	OR	Establishment Owner	Date Date
Pursuant to Wis.	Stat. 8 454.15(3), the	licensing auth	nority is authorized to impose a fo	rfeiture in lieu of or in

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 \$ **| IOO. OO** 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.

A Member of the Board

5 10 17 Date