

## 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/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](mailto:DSPS@wisconsin.gov)

# 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

## BARBERS

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17BAC028</u>	FINAL DECISION AND ORDER ORDER # <u>0005537</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>CHRISTA MEINEN (31175-81)</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>SALON FUSION (37748-80)</u>

Street	City	Zip
<u>THURSDAY</u>	<u>11/2/2017</u>	<u>4:38 PM</u>
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.

CHRISTA MEINEN PARTICIPATED IN THE UNLICENSED PRACTICE OF COSMETOLOGY BY PROVIDING COSMETOLOGY SERVICES WITHOUT A LICENSE AT SALON FUSION.

In violation of	Section <u>2.24(1)</u> of	<input type="checkbox"/> Wis. Stats.	OR	<input checked="" type="checkbox"/> Wis. Adm. Code
<u>[Signature]</u>	Investigative Staff	<u>INVESTIGATOR</u>		<u>11/03/2017</u>
Signature of		Title		Date
<u>Christa Meinen</u>	<input checked="" type="checkbox"/> Licensee	<u>Christa Meinen</u>	<input checked="" type="checkbox"/> Establishment Owner	<u>11-20-17</u>
Signature of				Date

Pursuant to Wis. Stat. § 454.29(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]  
Department Authority

12-5-17  
Date

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## COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17 BAC 028</u>	FINAL DECISION AND ORDER ORDER # <u>0005537</u>
<input checked="" type="checkbox"/> Individual Credential Holder Name License # <u>Teresa Stern (#29782-82)</u>	<input checked="" type="checkbox"/> Establishment Name License # <u>Family Values Hair Salon (35877-88)</u>

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Friday \_\_\_\_\_ 11/3/17 \_\_\_\_\_ 8:18 A.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.

Teresa Stern admitted to providing cosmetology services outside a licensed establishment between 04/06/2015 and 03/20/2017. Family Values Hair Salon's establishment license was expired from 04/06/2015 to 03/20/2017.

In violation of Section 2.045C(1)/3.02(1) of  Wis. Stats. OR  Wis. Adm. Code  
11/03/2017  
Signature of Division Investigative Staff \_\_\_\_\_ Investigator Title \_\_\_\_\_ Date \_\_\_\_\_  
11/8/2017  
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 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.

De Rohmer  
A Member of the Board

12-5-17  
Date

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