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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Madison, WI 53707-7190

FAX #: Phone #: (608) 266-2264 (608) 266-2112

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 04	8	FINAL DECISION AND ORDER#		105660 Lounge
☐ Individual Cree	dential Holder Name		区 Establishment Name License # <u>41287</u> -	-80	
5956 Exec	LITTUE DRIVE SU	rte 102 City	FITCH BUIZCO		53719 Zip
THURSDAY Day of Week		12 / (Dat	14/2017 e	APITIZO	Time 9:10 AM
On the above state be corrected.	d time, date and location, a	an investigation/i	nspection has disclosed t	he following	violation, which must
BLOW DR	4 STYLE LOWIL	E ASSISTE	D IN THE UNL	ICENSED	PRACTICE
OF COSME	TOLOGY BY ALLON	INO TANIA	SANTILLAN T	O PIZOUI	DE COSMETOLOGY
	while her cos				
In violation of	Section Cos 2.04	of	☐ Wis. Stats.	OR	Wis. Adm. Code
ANIEL	SACRUMENT		INVESTIGATOR		02/20/2018 Date
/	on Investigative Staff		Title		Date
	ue Clivans				3-13-13 Date
Signature of	□ Licensee	OR	Establishment	Owner	Date
	Stat. § 454.15(3), the lid disciplinary action agains		y is authorized to imp	ose a forfei	ture in lieu of or in
S 500 BY OF THIS CITATION PROFESSIONAL S PO BOX 7190, MAI HOLDER AND AN CREDENTIAL. PA	OTICE THAT THE CREDI MAILING A CHECK OR ON, <u>TOGETHER WITH THE</u> SERVICES, DIVISION OF DISON, WI 53707-7190. I ESTABLISHMENT, ONE HE YMENT SHALL BE TREAT ORDER OF FORFEITURE, N	MONEY ORDER HE SIGNED CON LEGAL SERVI F THIS CITATION LALF OF THE FOR	NO LATER THAN TWE PY OF THIS FORM TO CES & COMPLIANCE, ON IS ISSUED TO BOTH RFEITURE IS DEEMED TO DF NO CONTEST TO THE	NTY (20) DA : DEPARTM 1400 E. WAS I AN INDIVI TO BE ASSES E VIOLATION	YS FROM THE DATE MENT OF SAFETY & HINGTON AVENUE, DUAL CREDENTIAL SED AGAINST EACH
P	lease reference "NOTICI	E OF RIGHT TO	CONTEST" on backs	ide of pink c	opy.
A	Member of the Board		3/19/1 Date	8	_
#3053DLSC (11/14					

Ch.454, Stats.

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

				220 560 U
DLSC CASE FILE	# 17 BAC 048	FINAL DECISIO ORDER #	N AND ORDER	
		BLOW I	DRY STYLE	LOUNGE
☐ Individual Crede License #	ential Holder Name	Establishment License # 417		
5956 EXEC	CUTIVE DRIVE SUITE	102 FITCHBURG		53719 Zip
THURSDAY Day of Week		12/14/2017 Date	АРГЛЬКИ	Time
On the above stated be corrected.	time, date and location, an inv	estigation/inspection has disc	losed the following	ng violation, which must
BLOW DRY STY	LE LOWIGE FAILED TO	DISINFECT CONTACT	EQUIPMENT	BY NOT FULLY
SUBMERGING	COMES IN BARDICE	DE, BLOW DRY STYLL	E LOUNGE 1	DID NOT STORE
WOOD SPATULAS	, BRUSHES , COMBS , SC	issors, and have cup	S IN A COVO	ered container
AND BLOW DRY	STYCE LOWGE DID N	OT KOED BARRICIDE	IN A COVE	LED CONTAINER.
In violation of	Section cos 4.02(3)(4)	(5) of □ Wis. St	ats. OR	Wis. Adm. Code
1 ANIEL S	AUZUTED GT	INVESTIGAT	DG	02/20/2018 Date
Signature of Division	n Investigative Staff	Title		3-13-18
Signature of	Licensee O	R	shment Owner	Date
Pursuant to Wis.	Stat. § 454.15(3), the licensing isciplinary action against you		to impose a for	feiture in lieu of or in
\$ 250 BY OF THIS CITATION PROFESSIONAL SI PO BOX 7190, MAD HOLDER AND AN E CREDENTIAL. PAY	TICE THAT THE CREDENTIAL MAILING A CHECK OR MONN, TOGETHER WITH THE SIERVICES, DIVISION OF LEGISON, WI 53707-7190. IF THE STABLISHMENT, ONE HALFOMENT SHALL BE TREATED ARDER OF FORFEITURE, NOT TO	EY ORDER NO LATER THA GNED COPY OF THIS FOR GAL SERVICES & COMPLIA IS CITATION IS ISSUED TO OF THE FORFEITURE IS DER S A PLEA OF NO CONTEST	N TWENTY (20) I RM TO: DEPAR ANCE, 1400 E. W D BOTH AN IND EMED TO BE ASS TO THE VIOLATI	DAYS FROM THE DATE RTMENT OF SAFETY & ASHINGTON AVENUE, IVIDUAL CREDENTIAL SESSED AGAINST EACH
Ple	ease reference "NOTICE OF		<u>-</u>	k copy.
AM	1 Ohwu 1 I I I I I I I I I I I I I I I I I I	Date	19/18	

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 17 BAC 048	FINAL DECISION AND ORDER ORDER #	660 5660
	BLOW DRY STYLE LOW	wse
☐ Individual Credential Holder Name License #	■ Establishment Name License # 41287 - 86	
5956 EXECUTIVE DRIVE SUITE 102	FITCHBURG	53719 Zin
THURSDAY Day of Week	12/14/2017 Approxima	Time
On the above stated time, date and location, an investigation be corrected.		
BLOW DRY STYLE LOUNGE WAS DIF	ZTY AND LINSANITARY. BLOW	DRY STYLE
LOUNGE FAILED TO DISPOSE OF		
AFTER USE ON EACH CLIENT.		
Indicate of Continue (Co. 11 51/5)	of Wis. Stats. OR	₩ Wis. Adm. Code
Signature of Division Investigative Staff	INVESTIGATOIZ Title	02/20/2018 Date 3-/3-18
Mary Luc awars		312-18
Signature of	Establishment Owner	Date
Pursuant to Wis. Stat. § 454.15(3), the licensing authaddition to other disciplinary action against your license		iture in lieu of or in
PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLS BY MAILING A CHECK OR MONEY OR		
OF THIS CITATION, TOGETHER WITH THE SIGNED		
PROFESSIONAL SERVICES, DIVISION OF LEGAL SI	COPY OF THIS FORM TO: DEPART ERVICES & COMPLIANCE, 1400 E. WA	MENT OF SAFETY & SHINGTON AVENUE,
PROFESSIONAL SERVICES, DIVISION OF LEGAL SI PO BOX 7190, MADISON, WI 53707-7190. IF THIS CITA	COPY OF THIS FORM TO: DEPART ERVICES & COMPLIANCE, 1400 E. WA ATION IS ISSUED TO BOTH AN INDIV	MENT OF SAFETY & SHINGTON AVENUE, /IDUAL CREDENTIAL
PROFESSIONAL SERVICES, DIVISION OF LEGAL SI	COPY OF THIS FORM TO: DEPART ERVICES & COMPLIANCE, 1400 E. WA ATION IS ISSUED TO BOTH AN INDIVE FORFEITURE IS DEEMED TO BE ASSE LEA OF NO CONTEST TO THE VIOLATIO	MENT OF SAFETY & SHINGTON AVENUE, IDUAL CREDENTIAL SSED AGAINST EACH
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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE #	17 BAC 04		INAL DECISION ANI RDER#	O ORDER	680 5660
			BLOW DRY ST	ILE LOUN	6E
☐ Individual Crede	ntial Holder Name		Establishment Name icense # <u>41287</u>		
5956 EXECU Street	ATIVE DRIVE SUIT	City	TCHBUPECS		53719 Zip
THURSDAY Day of Week		12/ Date	14/2017	APPROXIMATO	Time
On the above stated be corrected.	time, date and location, a	nn investigation/ins	spection has disclosed t	the following	violation, which must
BLOW DRY	STYLE LOUN	GE STORE	D CLEANING A	ND DISIN	FOI ING
EQUIPMENT	IN AN UNSER	ured loca	TION.		
	Section cos 3.01		☐ Wis. Stats. LNVCSTIGATOR Title	OR	Wis. Adm. Code 02/20/2018 Date
Mary	ue awans				3-/3-/8 Date
Signature of /	☐ Licensee	OR	Establishment	Owner	Date
	tat. § 454.15(3), the lic sciplinary action agains		is authorized to imp	oose a forfe	iture in lieu of or in
\$ \langle O \to \to BY ITATION PROFESSIONAL SE PO BOX 7190, MADI HOLDER AND AN ECREDENTIAL. PAYI	TICE THAT THE CREDI MAILING A CHECK OR , <u>TOGETHER WITH TH</u> RVICES, DIVISION OF SON, WI 53707-7190. I STABLISHMENT, ONE H MENT SHALL BE TREAT LDER OF FORFEITURE, N	MONEY ORDER MESIGNED COPY LEGAL SERVICE F THIS CITATION LALF OF THE FOR TED AS A PLEA O	NO LATER THAN TWE OF THIS FORM TO ES & COMPLIANCE, I IS ISSUED TO BOTH FEITURE IS DEEMED NO CONTEST TO THE	ENTY (20) DA DEPART 1400 E. WAS H AN INDIV TO BE ASSES E VIOLATION	AYS FROM THE DATE MENT OF SAFETY & SHINGTON AVENUE, IDUAL CREDENTIAL SSED AGAINST EACH
(ase reference "NOTICE Rowney ember of the Board	E OF RIGHT TO	CONTEST" on backs 3-19- Date	side of pink (сору.
A W	omoci of the Board		Date		

Ch.454, Stats.

Wisconsin Department of Safety and Professional Services Division of Legal Services and Compliance 1400 East Washington Avenue P.O. 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 Laura Gutiérrez, Secretary

03/08/2018

BLOW DRY STYLE LOUNGE 5956 EXECUTIVE DR STE 102 FITCHBURG WI 53719

Re: 17 BAC 048

ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE - PAYMENT PLAN

Dear Blow Dry Style Lounge:

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 Daniel Salzwedel 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 citations when returning this document. 25% of \$950.00 is \$237.50.
- You must return at least the white copy of the signed and dated citations with this
 document.
- Subsequent payments of \$142.50 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, 17 BAC 048, 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 forfeitures.

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

May Lee awaw Signature of Licensee or Establishment Owner	3-13-18		
Signature of Licensee or Establishment Owner	Date		
So Ordered:			
A Member of the Cosmetology	3-19-18		
A Member of the Cosmetology	Date		
Examining Board, or Designee			