

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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The status of an appeal may be found on court access websites at:

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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

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17 BAC 062</u>	FINAL DECISION AND ORDER ORDER # <u>0005799</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>4172-71</u>

2500 N. MAYFAIR ROAD STE 890 WAUWATOSA WI 53226
Street City Zip

WEDNESDAY DECEMBER 20, 2017 _____
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.

4 Seasons Nail & Spa assisted in the unlicensed practice of Manicuring by allowing
Kelly Campbell to provide manicuring services while her license was expired
from April 1, 2017 until January 11, 2018.

In violation of Section Cos 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] Investigator 3-23-18 3-20-18
Signature of Division Investigative Staff Title Date

Signature of ☐ Licensee OR ☒ Establishment Owner 04/16/18
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.

[Signature]
A Member of the Board

5-15-18
Date

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

Committed to Equal Opportunity in Employment and Licensing

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17 BAC 062</u>	FINAL DECISION AND ORDER ORDER # <u>0005770</u> <u>4 SEASONS NAIL & SPA</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>4272-72</u>

2500 N. MAYFAIR ROAD SUITE 800 WAUWATOSA, WI 53226
Street City Zip

WEDNESDAY DECEMBER 20, 2017 _____
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.

4 Seasons Nail & Spa was maintained in a dirty and unsanitary condition.

In violation of COS 4.02(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] Investigator 3-23-182-20-18
Signature of Division Investigative Staff Title Date

Signature of ☐ Licensee OR ☐ Establishment Owner 04/16/18
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 \$~~100.00~~ 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.

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Al. Rohmer
A Member of the Board

5/15/18
Date

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17 BAC 062</u>	FINAL DECISION AND ORDER ORDER # <u>0005790</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>4 Seasons Nail & Spa</u>

2500 N. MAYFAR ROAD STE 800 WAUWATOSA WI 53226
Street City Zip
WEDNESDAY DECEMBER 28, 2017
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.

4 Seasons Nail & Spa did not store towels, waxing spatulas, waxing strips, paper taweling, buffer blocks, nail files, manicuring tools, nail brushes, artificial eyelashes, and cotton swabs in covered containers.

In violation of Section OS 4.02(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] Investigator 3-23-18
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 04/16/18
Signature of 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.

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[Signature]
A Member of the Board

5-15-18
Date

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17BAC062</u>	FINAL DECISION AND ORDER ORDER # <u>0005790</u> <u>4 SEASONS NAIL & SPA</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>4172-71</u>

2500 N. MAYFAIR ROAD STE 800 WAUWATOSA WI 53226
Street City Zip
Wednesday DECEMBER 20, 2017
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.

4 SEASONS NAIL & SPA stored cleaning and disinfecting substances in an unsecured location.

In violation of Section Cos 3.01(6) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] Investigator 3-23-18
Signature of Division Investigative Staff Title Date
Signature of ☐ Licensee OR ☒ Establishment Owner 04/16/18
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.

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[Signature]
A Member of the Board

5-15-18
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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17 BAC 062</u>	FINAL DECISION AND ORDER ORDER # <u>000579</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>4172-71</u>

Street 2500 N. MAYFAR ROAD STE 890 City WAWATOSA WI Zip 53226

Day of Week WEDNESDAY Date DECEMBER 20, 2017 Time _____

On the above stated time, date and location, an investigation/inspection has disclosed the following violation, which must be corrected.

4 Seasons Nail & Spa did not change Barbicide daily, and it was not stored in covered containers.

In violation of Section Cos 4.02(5) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Signature of Division Investigative Staff [Signature] Title Investigator Date 3-23-18
Signature of ☐ Licensee OR ☒ Establishment Owner Date 04/16/18

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.

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2500 N. MAYFAIR ROAD SUITE 800 WAUWATOSA WI 53226
Street City Zip

WEDNESDAY DECEMBER 20, 2017
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.

4 Seasons Nail & Spa failed to maintain foot spa basins in a
sanitary and safe condition.

In violation of Section Cos 4.01(5) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] Investigator 3-23-18
Signature of Division Investigative Staff Title Date

Signature of ☐ Licensee OR ☒ Establishment Owner 04/16/18
Date

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