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 062	FINAL DECISION AND ORDER ORDER # 4 Segsons Ng. 1 & Sp	0005799
☐ Individual Credential Holder Name License #	☑ Establishment Name License # <u>4172-71</u>	
2500 N. MAYFAIR ROAD STE 896 Street	WAUWATOSA WI	53226 Zip
WEDNESDAY Day of Week	DECEMBER 20, 2617 Date	Time
On the above stated time, date and location, an investigate be corrected. Leasons Nail & Spa assissted Kelly (amphell to provide Maniture from April 1, 2617 UNLI) Januar	In the unircensed practice	of Manifuring by all
In violation of Section (ox d. 54(1)		Wis. Adm. Code
Signature of Division Investigative Staff	Savestagator 3-23-	Date
Signature of	Establishment Owner	Date
Pursuant to Wis. Stat. § 454.15(3), the licensing au addition to other disciplinary action against your licensing		eiture in lieu of or in
PLEASE TAKE NOTICE THAT THE CREDENTIAL HO \$ 500.0000 BY MAILING A CHECK OR MONEY OF OF THIS CITATION, TOGETHER WITH THE SIGNED PROFESSIONAL SERVICES, DIVISION OF LEGAL	RDER NO LATER THAN TWENTY (20) D O COPY OF THIS FORM TO: DEPART SERVICES & COMPLIANCE, 1400 E. WA FATION IS ISSUED TO BOTH AN INDIT HE FORFEITURE IS DEEMED TO BE ASSE	AYS FROM THE DATE IMENT OF SAFETY & ASHINGTON AVENUE, VIDUAL CREDENTIAL ESSED AGAINST EACH

Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.

A Member of the Board

CONSENT TO AN ORDER OF FORFEITURE, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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

Wisconsin Department of Safety and Professional Services
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Medicar Wil 52707 7190

Madison, WI 53707-7190

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE #	17 BAC 067)	FINAL DECISION AND ORDER# 4 SEASONS NO		0005770
☐ Individual Credent	ial Holder Name		区 Establishment Name License # <u>417</u> えー	12	
2500 N. M	AYFAIR ROAD SUI	E 890 V	JAUWATOSA, WI		53226 Zip
WEDNES DAY Day of Week		DECE	MBER 20, 2017 ate		Time
be corrected.			/inspection has disclosed the		
In violation of Signature of Division I	Co S Section 4.01C1	of	☐ Wis. Stats.		Wis. Adm. Code
Signature of	☐ Licensee	OR	☐ Establishment	Owner	04/16/1° 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.					
STOCKED BY MA OF THIS CITATION, PROFESSIONAL SERV PO BOX 7190, MADISO HOLDER AND AN EST CREDENTIAL. PAYME	AILING A CHECK OR M TOGETHER WITH THE VICES, DIVISION OF DN, WI 53707-7190. IF ABLISHMENT, ONE HA ENT SHALL BE TREATE	IONEY ORDE SIGNED CO LEGAL SER' THIS CITAT LF OF THE F D AS A PLEA	ER MAY DEPOSIT A FOR NO LATER THAN TWENT OF THIS FORM TO SUICES & COMPLIANCE, ION IS ISSUED TO BOTH ORFEITURE IS DEEMED TO THE SUICE TO THE INTERIOR	NTY (20) DAY DEPARTM 1400 E. WASH AN INDIVITO BE ASSESS	'S FROM THE DATE ENT OF SAFETY & HINGTON AVENUE, DUAL CREDENTIAL SED AGAINST EACH
Please	e reference "NOTICE (OF RIGHT 1	**************************************	-	py.
A Mem #3053DLSC (11/14)	aber of the Board		Date	,	-

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 17 BAC 062	ORDER #	0805790
☐ Individual Credential Holder Name License #	Establishment Name License # <u>4172-71</u>	
2500 N. MAYFAIN ROAD STE	890 WAUWATOSA WI	53226 Zip
WEAVESDAY Day of Week	DECEMBER 26, 2017 Date	Time
On the above stated time, date and location, an investigate corrected.		
4 Spasons Nail & Spa did not Ste paper toweling, buffer blocks, nail file eyelastes, and ratton swabs in cover	es, manzuring tools, nail broshes	, artificial
In violation of Section OS 402(4) Signature of Division Investigative Staff	of Wis. Stats. OR Invisiting for 3-23 Title	Wis. Adm. Code Date
Signature of Licensee OR	Establishment Owner	Date
Pursuant to Wis. Stat. § 454.15(3), the licensing a addition to other disciplinary action against your licensing and statement of the statemen		eiture in lieu of or in
PLEASE TAKE NOTICE THAT THE CREDENTIAL IS 190 BY MAILING A CHECK OR MONEY OF THIS CITATION, TOGETHER WITH THE SIGNIF PROFESSIONAL SERVICES, DIVISION OF LEGAL PO BOX 7190, MADISON, WI 53707-7190. IF THIS CHOLDER AND AN ESTABLISHMENT, ONE HALF OF CREDENTIAL. PAYMENT SHALL BE TREATED AS A CONSENT TO AN ORDER OF FORFEITURE, NOT TO E	ORDER NO LATER THAN TWENTY (20) DEED COPY OF THIS FORM TO: DEPART SERVICES & COMPLIANCE, 1400 E. WACITATION IS ISSUED TO BOTH AN INDITHE FORFEITURE IS DEEMED TO BE ASSIVED TO THE VIOLATION OF THE VIOLATION.	AYS FROM THE DATE IMENT OF SAFETY & ASHINGTON AVENUE, VIDUAL CREDENTIAL ESSED AGAINST EACH
al Rohman	GHT TO CONTEST" on backside of pink 5-15-18	сору.
A Member of the Board	Date	

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

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 17BAC 062	FINAL DECISION AND ORDER ORDER #		
☐ Individual Credential Holder Name License #	X Establishment Name License # 4172-71		
2500 N. MAYFAIR ROAD STE STE	City S3226		
WEOVESDAY Day of Week	ECEMBER 20, 2017 Date Time		
be corrected.	tion/inspection has disclosed the following violation, which must leaning and disinfating substances in an		
In violation of Section (S) 1(6) Signature of Division Investigative Staff	of Wis. Stats. OR Wis. Adm. Code Tavest gotor 3-23-18 Date		
Signature of	Establishment Owner Date		
Pursuant to Wis. Stat. § 454.15(3), the licensing autaddition to other disciplinary action against your licen	hority is authorized to impose a forfeiture in lieu of or in se.		
\$160.04\ BY MAILING A CHECK OR MONEY OF OF THIS CITATION, TOGETHER WITH THE SIGNED PROFESSIONAL SERVICES, DIVISION OF LEGAL S PO BOX 7190, MADISON, WI 53707-7190. IF THIS CIT HOLDER AND AN ESTABLISHMENT, ONE HALF OF TH	LDER MAY DEPOSIT A FORFEITURE IN THE AMOUNT OF CDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE COPY OF THIS FORM TO: DEPARTMENT OF SAFETY & ERVICES & COMPLIANCE, 1400 E. WASHINGTON AVENUE, ATION IS ISSUED TO BOTH AN INDIVIDUAL CREDENTIAL E FORFEITURE IS DEEMED TO BE ASSESSED AGAINST EACH LEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CEED THE AMOUNT OF THE DEPOSIT.		
Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.			
A Member of the Boald	5-15-18 Date		
#3053DLSC (11/14)			

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 17 BAC 062	FINAL DECISION AND ORDER ORDER #	080579
	4 Seasons NAIL & SP	α
☐ Individual Credential Holder Name License #	Establishment Name License # 4172-71	
2500 No. MAYFAIR ROAD STE 890 Street	WAWNATOSA WI	53226 Zip
WEDVESDAY Day of Week	OKEMBER 20, 2827 Date	Time
On the above stated time, date and location, an investige be corrected. 4 Segsons Nail & Span J.D. Not C. Stored in covered containers.	•	
In violation of Section OS 4.02(5) Signature of Division Investigative Staff	of Wis. Stats. OR Investigator 3-23-15 Title	Wis. Adm. Code Date
Signature of	Establishment Owner	Date
Pursuant to Wis. Stat. § 454.15(3), the licensing at addition to other disciplinary action against your licential to the state of the s	COLDER MAY DEPOSIT A FORFEITURE IN DRDER NO LATER THAN TWENTY (20) DAY COPY OF THIS FORM TO: DEPARTM SERVICES & COMPLIANCE, 1400 E. WAS: ITATION IS ISSUED TO BOTH AN INDIVICIES FORFEITURE IS DEEMED TO BE ASSES PLEA OF NO CONTEST TO THE VIOLATION	N THE AMOUNT OF YS FROM THE DATE MENT OF SAFETY & HINGTON AVENUE, DUAL CREDENTIAL SED AGAINST EACH
Please reference "NOTICE OF RIG	HT TO CONTEST" on backside of pink co	nnv
$G_0 \cap I$, PJ.
A Member of the Board	5-15-18 Date	_
A Monder of the Board	Date	
#3053DLSC (11/14)		

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE #	17 BACOL	1	INAL DECISION AND ORDER #		0885757
☐ Individual Creden License #	tial Holder Name) I	Establishment Name License # <u>4172 7</u>		
2500 N. M Street	AYFAIR ROAD SUI	TE 890 WF	AUWATOSA WI		53226 Zip
Day of Week		Dece	MER 20, 20.	27	Time
be corrected. L Seasons A		led to Mai	spection has disclosed the		
In violation of Signature of Division	Section (gS 4.0.	1(5)_of	☐ Wis. Stats. InveStige for Title	OR 3-73-18	Wis. Adm. Code Date
Signature of	☐ Licensee	OR	Establishment C	wner	Date Date
	at. § 454.15(3), the lice ciplinary action against		is authorized to impo	se a forfeiti	are in lieu of or in
\$ 100.00 BY M OF THIS CITATION, PROFESSIONAL SER PO BOX 7190, MADIS HOLDER AND AN EST CREDENTIAL. PAYM	AILING A CHECK OR M TOGETHER WITH THI VICES, DIVISION OF ON, WI 53707-7190. IF TABLISHMENT, ONE HA ENT SHALL BE TREATE	MONEY ORDER TO SIGNED COPE LEGAL SERVIOR THIS CITATION LEFORE THE FORED AS A PLEA OF THE AND THE FORED AS A PLEA OF THE PLEA OF THE FORED AS A PLEA OF THE FORED AS A PLEA OF THE FORED	MAY DEPOSIT A FOR NO LATER THAN TWEN Y OF THIS FORM TO: CES & COMPLIANCE, 1 N IS ISSUED TO BOTH FEITURE IS DEEMED TO F NO CONTEST TO THE THE AMOUNT OF THE DE	TY (20) DAY DEPARTM 400 E. WASH AN INDIVII D BE ASSESS VIOLATION	YS FROM THE DATE SENT OF SAFETY & HINGTON AVENUE, DUAL CREDENTIAL SED AGAINST EACH
Pleas	se reference "NOTICE	OF RIGHT TO	CONTEST" on backsid	e of pink co	py.
	Kohmen mber of the Board		5-15	-18	-
#3053DLSC (11/14)	moer of the board		Date		
#3033DL3C (11/14)					