### WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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Wisconsin Department of Safety and Professional Services
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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 &	FINAL DECISION AND ORDE ORDER #	R 0005857
	GIGI NAILS	
☐ Individual Credential Holder Name License #	Establishment Name License # 4259-71	
3930 N. BROCKFIELD RI	C BROCKFIELD WI	53045 Zip
WEDNGSDAY Day of Week	2-24-2018 Date	Time
On the above stated time, date and location, a be corrected.  Sign Noils assisted in t	he unlicensed practice of aesovices we write aesthetics services w	thetics by
did not have an aesth	etics establishment license	00 0
asmetology establishment	license.	
In violation of Section (CS 2.5	·	• •
Signature of Division Investigative Staff	LVVESTIGATON Title	7-5-2628 Date
· · · · · · · · · · · · · · · · · · ·		7/25/2018
Signature of	OR	Date
PLEASE TAKE NOTICE THAT THE CREDIS SCHOOL BY MAILING A CHECK OR OF THIS CITATION, TOGETHER WITH THE PROFESSIONAL SERVICES, DIVISION OF PO BOX 7190, MADISON, WI 53707-7190. I HOLDER AND AN ESTABLISHMENT, ONE HOLDER AND AN ESTABLISHMENT, ONE HOLDER AND AN ESTABLISHMENT SHALL BE TREAT	censing authority is authorized to impose a fet your license.  ENTIAL HOLDER MAY DEPOSIT A FORFEITUR MONEY ORDER NO LATER THAN TWENTY (20 HE SIGNED COPY OF THIS FORM TO: DEPARTMENT DEPARTMENT OF THIS CITATION IS ISSUED TO BOTH AN INTERPORT OF THE FORFEITURE IS DEEMED TO BE ASTED AS A PLEA OF NO CONTEST TO THE VIOLANOT TO EXCEED THE AMOUNT OF THE DEPOSIT	RE IN THE AMOUNT OF DAYS FROM THE DATE OF SAFETY & WASHINGTON AVENUE OF THE DAY OF THE DESTREE OF THE DESTREE OF THE DESTREE OF THE DAY OF THE
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A Member of the Board	Date 1940 to Sa	AUG 0 6 2018
#3053DLSC (11/14) Ch.454, Stats.	* Of the	Car is a alter & COLUMN

### Wisconsin Department of Safety and Professional Services Mail To: P.O. Box 7190 Madison, WI 53707-7190 Madison, WI 53703 PAY # 1000 Services Avenue Madison, WI 53703

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

E-Mail: dsps@wisconsin.gov Website: http://dsps.wi.gov

### **COSMETOLOGY EXAMINING BOARD**

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 17-BACO85	FINAL DECISION AND ORDER ORDER #	0005857	
	GIGI NAILS		
☐ Individual Credential Holder Name  License #	Establishment Name License # $4759 - 71$		
3932 N. BROOK FIGLD RD C	BROOKFIGLD WI	53 0,45 Zip	
WEONES DAY Day of Week	-14-2018 Date	Time	
On the above stated time, date and location, an investigation	n/inspection has disclosed the following	violation, which must	
be corrected.	2 110 pool 100 mar was well 2011 of 1011 of 10	,	
GiG: Nails Stored cleaning and	disminstance egranmen	r w av	
and the state of t	Competency topporar	F 17 041	
ensewed location.			
In violation of Section (CS 3, D1(6)) of	☐ Wis. Stats. OR	Wis. Adm. Code	
1/2 Mm	INVESTIGATOR	7-5-2618	
Signature of Division Investigative Staff	Title	Date	
alignapyon	twher	8/16/2018	
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 \$ 190-99. 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 F CREDENTIAL. PAYMENT SHALL BE TREATED AS A PLEA CONSENT TO AN ORDER OF FORFEITURE, NOT TO EXCEPT	ORFEITURE IS DEEMED TO BE ASSES A OF NO CONTEST TO THE VIOLATION	SSED AGAINST EACH	
Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.			
ricase reference "NOTICE OF RIGHT	O CONTEST" on backside of pink o	copy.	
Ul Kohmen	8/30/18		
A Member of the Board	Date	_	

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### COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FIL	E# 17 BACOS	S FIN	NAL DECISION AND ORDE DER #	R 0.00585
			SIGI NAILS	
☐ Individual Cr License #	edential Holder Name	ĽΧ	Establishment Name eense # 4259-72	
3930 N. Street	BacokFIELD	RDC BAC	ock FIELD WI	53845 Zip ,
WGONES ( Day of Week	) <del>9</del> /	2-10 Date	1-2618	Time
be corrected.		_	ection has disclosed the follow	
Gibi noi	15 failed to o reusable conto	ispose of US.	ed Single-Use eq	ripment, fully
in a clo	Sed, Covered co	ntainer, and	t in disinfectant Change disinfec	tant dolly.
In violation of	Section (QS )	. 10 of	☐ Wis. Stats. OR	Wis. Adm. Code
1/4/1	26		INVESTIGATOR Title	7-5-2028
· · · · · /	sion Investigative Staff		Title	Date
Signature of	gyyguv □ Licensee	OR	Establishment Owner	<u>8   16   20   8</u> Date
Pursuant to Wis	s. Stat. § 454.15(3), the disciplinary action agai	licensing authority i nst your license.	s authorized to impose a fo	orfeiture in lieu of or in
\$ 100.00 B OF THIS CITATI PROFESSIONAL PO BOX 7190, MA HOLDER AND AN CREDENTIAL. PA	BY MAILING A CHECK O CON, <u>TOGETHER WITH</u> SERVICES, DIVISION ( ADISON, WI 53707-7190. N ESTABLISHMENT, ONE AYMENT SHALL BE TRE	R MONEY ORDER NO THE SIGNED COPY OF LEGAL SERVICE IF THIS CITATION HALF OF THE FORFI ATED AS A PLEA OF 1	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 AN 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
]	Please reference "NOTIO	CE OF RIGHT TO C	ONTEST" on backside of pi	nk copy.
Ā	Member of the Board	~	8/34/18 Date	
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#### COSMETOLOGY EXAMINING BOARD

#### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 17BAC 0-85	FINAL DECISION AND ORDER ORDER # GIGI NAIS	0.00585	
☐ Individual Credential Holder Name License #	Establishment Name License # 4759-72		
3930 N. BROOKFIELD RD C	BROOKFIELD WI	53845 Zip	
Day of Week	2-14-20-18 Date	Time	
On the above stated time, date and location, an investigation/inspection has disclosed the following violation, which must be corrected.  GIGI NAICS WAS KEPT IN A DILTY AND UNSANITARY  CONDITION.			
In violation of Section (05 4, 01(1)	_	Wis. Adm. Code	
Signature of Division Investigative Staff	TW6STIGATOR Title	7-5-2018 Date	
Signature of	© Establishment Owner	8/16/2018 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 \$\( \frac{160}{200} \), 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.    Sometime			

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### COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

	<u></u>	<del> </del>
DLSC CASE FILE # 17 BAC Q85	FINAL DECISION AND ORDER ORDER #	0.00585
☐ Individual Credential Holder Name License #	Establishment Name License # 42 Sq - 72	
393 QN. BROOK FIELD RO C	BROOKFIELD WI	53845 Zip ,
WEDNES DAY Day of Week	2-14-2018 Date	Time
On the above stated time, date and location, an invebe corrected.		
Neusable and Single-Use outside of a covered (on	Contact equipment was	be stored of
In violation of Section Supplies Section Supplies Section Supplies Staff	Y) of Us. Stats. OR  TOVESTIGATOR  Title	Wis. Adm. Code  2-5-2628  Date
alogogyu	Owner	8/16/201
Signature of Licensee OF	R	Date
Pursuant to Wis. Stat. § 454.15(3), the licensing addition to other disciplinary action against your	g authority is authorized to impose a forfe · license.	iture in lieu of or in
PLEASE TAKE NOTICE THAT THE CREDENTIA \$ 100 00 BY MAILING A CHECK OR MONE OF THIS CITATION, TOGETHER WITH THE SIGN PROFESSIONAL SERVICES, DIVISION OF LEG. PO BOX 7190, MADISON, WI 53707-7190. IF THIS HOLDER AND AN ESTABLISHMENT, ONE HALF COREDENTIAL. PAYMENT SHALL BE TREATED AS CONSENT TO AN ORDER OF FORFEITURE, NOT TO	EY ORDER NO LATER THAN TWENTY (20) DAGNED COPY OF THIS FORM TO: DEPART AL SERVICES & COMPLIANCE, 1400 E. WAS CITATION IS ISSUED TO BOTH AN INDIVIOUS THE FORFEITURE IS DEEMED TO BE ASSES A PLEA OF NO CONTEST TO THE VIOLATION	AYS FROM THE DATE MENT OF SAFETY & SHINGTON AVENUE, ADUAL CREDENTIAL SSED AGAINST EACH
Please reference "NOTICE OF F	RIGHT TO CONTEST" on backside of pink	сору.
A Member of the Board		_
#3053DI SC (11/14)		

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### COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 17-BA(085	FINAL DECISION AND ORDER ORDER #	000585
	(2.6) No.15	
☐ Individual Credential Holder Name License #	Establishment Name License # 4259 - 72	
3930 N. BROOKFIELD RDC	BROOKFIELD WI	53845 zip ,
TV 471 CJ MUL	-14-2018 Date	Time
On the above stated time, date and location, an investigation be corrected.  G: G: Nails failed to Maintain  Safe condition.	-	·
In violation of Section (OS 4.82(S) of	□ Wis. Stats. OR  INVESTIGATION	Wis. Adm. Code 7-5-2018
Signature of Division Investigative Staff	Title OWNIV	Date 9/14/>(X
Signature of Licensee OR	Establishment Owner	Date Date
Pursuant to Wis. Stat. § 454.15(3), the licensing authoraddition to other disciplinary action against your license.	•	
PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLD \$ 18.6. BY MAILING A CHECK OR MONEY ORDS OF THIS CITATION, TOGETHER WITH THE SIGNED OF PROFESSIONAL SERVICES, DIVISION OF LEGAL SER PO BOX 7190, MADISON, WI 53707-7190. IF THIS CITATION HOLDER AND AN ESTABLISHMENT, ONE HALF OF THE INCREDENTIAL. PAYMENT SHALL BE TREATED AS A PLEACONSENT TO AN ORDER OF FORFEITURE, NOT TO EXCE	ER NO LATER THAN TWENTY (20) DA  COPY OF THIS FORM TO: DEPARTE  RVICES & COMPLIANCE, 1400 E. WAS  FION IS ISSUED TO BOTH AN INDIV  FORFEITURE IS DEEMED TO BE ASSES  A OF NO CONTEST TO THE VIOLATION	YS FROM THE DATE MENT OF SAFETY & SHINGTON AVENUE, IDUAL CREDENTIAL SSED AGAINST EACH
Please reference "NOTICE OF RIGHT	TO CONTEST" on backside of pink o	copy.
A Member of the Board	8/30/18 Date	_

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