

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 #: (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 285</u>	FINAL DECISION AND ORDER ORDER # <u>0005857</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>GIGI NAILS</u> <u>4259-72</u>

Street 3930 N. BROOKFIELD RD C City BROOKFIELD WI Zip 53045
Day of Week WEDNESDAY Date 2-24-2018 Time _____

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

Gigi Nails assisted in the unlicensed practice of aesthetics by allowing Dep Tran to provide aesthetics services while Gigi Nails did not have an aesthetics establishment license or a cosmetology establishment license.

In violation of Section Cos 2.045(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Signature of Division Investigative Staff [Signature] Title INVESTIGATOR Date 7-5-2018
Signature of ☐ Licensee OR ☒ Establishment Owner Date 7/25/2018

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

8/30/18 AUG 06 2018
Date

DEPT OF SAFETY & PROFESSIONAL SERVICES
DIVISION OF LEGAL SERVICES & COMPLIANCE

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

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Safety and Professional Services

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17BAC085</u>	FINAL DECISION AND ORDER ORDER # <u>000585</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>GIGI NAILS</u> <u>4259-71</u>

3932 N. Brookfield Rd C BROOKFIELD WI 53045
Street City Zip

WEDNESDAY 2-14-2018 _____
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.

Gigi Nails stored cleaning and disinfecting equipment in an
unsecured location.

In violation of Section Cos 3.01(6) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
7-5-2018
Signature of Division Investigative Staff Title Date
owner
Signature of ☐ Licensee OR ☒ Establishment Owner Date
8/16/2018

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 Rohmeyer
A Member of the Board

8/30/18
Date

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17 BACORS</u>	FINAL DECISION AND ORDER ORDER # <u>000585</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>GIGI NAILS</u> <u>4259-72</u>

3930 N. Brookfield Rd C Brookfield WI 53045
Street City Zip
WEDNESDAY 2-14-2018
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.

Gigi nails failed to dispose of used single-use equipment, fully submerge reusable contact equipment in disinfectant, keep disinfectant in a closed, covered container, and change disinfectant daily.

In violation of Section Cos 4.10 of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] INVESTIGATOR 7-5-2018
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 8/16/2018
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.

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 Rohner
A Member of the Board

8/30/18
Date

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17BAC085</u>	FINAL DECISION AND ORDER ORDER # <u>000585</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>GIGI NAILS</u> <u>4759-72</u>

Street 3930 N. Brookfield Rd C City BROOKFIELD WI Zip 53845
Day of Week WEDNESDAY Date 2-14-2018 Time _____

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

GIGI NAILS WAS KEPT IN A DIRTY AND UNSANITARY
CONDITION.

In violation of Section (OS 4.02(1)) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Signature of Division Investigative Staff [Signature] Title INVESTIGATOR Date 7-5-2018
Signature of [Signature] ☐ Licensee OR ☒ Establishment Owner Date 8/16/2018

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 \$ 200.00 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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[Signature]
A Member of the Board

8/30/18
Date

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>27 BAC 285</u>	FINAL DECISION AND ORDER ORDER # <u>000585</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>GIGI NAILS</u> <u>4259-72</u>

393 N. Brookfield Rd C BROOKFIELD WI 53045
Street City Zip
Wednesday 2-24-2018
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.

Reusable and Single-use Contact equipment was stored
outside of a covered container.

In violation of Section Cos 4.02(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Investigation 2-5-2018
Signature of Division Investigative Staff Title Date
alorquid Owner 8/16/2018
Signature of ☐ Licensee OR ☒ Establishment Owner Date

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Al Rehman
A Member of the Board

8/30/18
Date

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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>17BAC085</u>	FINAL DECISION AND ORDER ORDER # <u>000585</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>G-Gi Nails 4259-72</u>

3930 N. BROOKFIELD RD C BROOKFIELD WI 53045
Street City Zip
WEDNESDAY 2-14-2018
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.

G-Gi Nails failed to maintain foot spa basins in a sanitary and safe condition.

In violation of Section OS 4.02(5) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
7/17/17 INVESTIGATOR 7-5-2018
Signature of Division Investigative Staff Title Date
alsoopys owner 8/16/2018
Signature of ☐ Licensee OR ☒ Establishment Owner Date

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