

## 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>18BAC024</u>	FINAL DECISION AND ORDER ORDER # <u>0006024</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>5150-71</u>
<u>WORLD NAILS &amp; SPA</u>	

2064 Lime Kiln Road GREEN BAY WI 54311  
Street City Zip  
THURSDAY 12-6-2018 \_\_\_\_\_  
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.

World Nails & Spa assisted in the unlicensed practice of Manicuring  
by allowing Le Bui to provide manicuring services without a  
manicurist or cosmetologist license.

In violation of Section Cos 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
[Signature] INVESTIGATOR 3-27-2019  
Signature of Division Investigative Staff Title Date  
[Signature] ☐ Licensee OR ☒ Establishment Owner 4-8-19  
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 \$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

4-12-19  
Date

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## COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>18BAC024</u>	FINAL DECISION AND ORDER ORDER # <u>0006</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>5250-71</u>

2064 LIME KILN ROAD GREEN BAY WI 54311  
Street City Zip

THURSDAY 12-6-2018 \_\_\_\_\_  
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.

World Nails & Spa allowed Huyen Bich Nguyen to provide  
waxing services within the establishment although the  
establishment is not licensed to provide these services.

In violation of Section Cos 2.045C1 of Wis. Stats. OR ☒ Wis. Adm. Code  
[Signature] INVESTIGATOR 3-27-2019  
Signature of Division Investigative Staff Title Date

Signature of ☐ Licensee OR ☒ Establishment Owner 4-8-19  
Date

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4-12-19  
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## COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 18BAC024

FINAL DECISION AND ORDER  
ORDER # 000618

☐ Individual Credential Holder Name  
License # \_\_\_\_\_

World Nails & Spa  
☒ Establishment Name  
License # S150-71

2064 LME Kiln Road GREEN BAY WI 54321  
Street City Zip

THURSDAY 12-6-2018 \_\_\_\_\_  
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.

World Nails & Spa failed to dispose of manicure instruments  
that cannot be cleaned and disinfected or sterilized following  
each use.

In violation of Section Cos 4.20(4) of

☐ Wis. Stats.

OR

☒ Wis. Adm. Code

[Signature]  
Signature of Division Investigative Staff

Investigator  
Title

3-27-2019  
Date

Signature of ☐ Licensee OR

☒ Establishment Owner

4-8-19  
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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## COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>18BAC024</u>	FINAL DECISION AND ORDER <u>0006</u>
<input type="checkbox"/> Individual Credential Holder Name	ORDER # <u>World Nails &amp; Spa</u>
License # _____	<input checked="" type="checkbox"/> Establishment Name
	License # <u>S150-71</u>

2064 Lime Kiln Road GREEN BAY WI 54322  
Street City Zip  
THURSDAY 12-6-2018 —  
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.

World Nails & Spa stored cleaning and disinfecting substances  
in unsecured locations.

In violation of Section 3.01(6), Cos of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
[Signature] Investigator 3-27-2019  
Signature of Division Investigative Staff Title Date  
[Signature] 4-8-19  
Signature of ☐ Licensee OR ☒ Establishment Owner Date

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## COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>18BAC024</u>	FINAL DECISION AND ORDER ORDER # <u>0006124</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>5150-71</u>

2064 Lime Kiln Road GREEN BAY WI 54311  
Street City Zip  
THURSDAY 12-6-2018 —  
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.

WORLD NAILS & SPA was not maintained in a safe and sanitary condition.

In violation of Section Cos 4.01(1) of The Image ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
Investigator 3-27-2019  
Signature of Division Investigative Staff Title Date  
De 4-8-19  
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.

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Al Rohmeyer  
A Member of the Board

4-12-19  
Date

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## COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>18BAC024</u>	FINAL DECISION AND ORDER <u>0006124</u>
	ORDER # <u>World Nails &amp; Spa</u>
<input type="checkbox"/> Individual Credential Holder Name	<input checked="" type="checkbox"/> Establishment Name
License # _____	License # <u>5250-71</u>

2064 Lime Kiln Road Green Bay WI 54311  
Street City Zip

THURSDAY 12-6-2018 \_\_\_\_\_  
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.

World Nails & Spa failed to follow proper procedure for disinfection of contact equipment.

In violation of Section Cos 4.02(3) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
[Signature] Investigator 3-27-2019  
Signature of Division Investigative Staff Title Date

Signature of ☐ Licensee OR ☒ Establishment Owner 4-8-19  
Date

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## COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>18BAC024</u>	FINAL DECISION AND ORDER <u>00061-2</u>
_____	ORDER # _____
_____	<u>WORLD NAILS &amp; SPA</u>
<input type="checkbox"/> Individual Credential Holder Name	<input checked="" type="checkbox"/> Establishment Name
License # _____	License # <u>5150-71</u>

2064 Lime Kiln Road GREEN BAY WI 54311  
Street City Zip  
THURSDAY 12-6-2018 \_\_\_\_\_  
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.

WORLD NAILS & SPA did not store clean contact equipment in a covered container.

In violation of Section Cos 4.02(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code  
[Signature] Investigator 3-27-2019  
Signature of Division Investigative Staff Title Date  
[Signature] [Signature] 4-8-19  
Signature of ☐ Licensee OR ☒ Establishment Owner Date

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