WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE#	17 BAC 08 Ho	FIN. ORI	al decision and order DER# Sun Wails	OD06149
✓ Individual Credent License # 5163			Establishment Name nse # 2149-71	
2641 N. 27 ^t Street	1 Street	Milwa J City	Kee	53 <i>21</i> 0 Zip
Day of Week		<u>/0 - 6</u> Date	91-18	Time
he corrected	and Sun Nail	is assisted	tion has disclosed the follow in the unlicensed lices to be provide was	practice of
In violation of	Section Cox. 2.0		☐ Wis. Stats. OR	₩is. Adm. Code
Signature of Division I	nvestigative Staff		Title Bu'and	Date <u>04-18-20</u> Date
Signature of	☐ Licensee	OR	Establishment Owner	Date
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S 500 BY M. OF THIS CITATION, PROFESSIONAL SERVE PO BOX 7190, MADISO HOLDER AND AN EST CREDENTIAL. PAYM	AILING A CHECK OR M TOGETHER WITH THE VICES, DIVISION OF I DN, WI 53707-7190. IF TABLISHMENT, ONE HA ENT SHALL BE TREATE	ONEY ORDER NO SIGNED COPY OF SIGNED COPY OF THIS CITATION IS LF OF THE FORFE. D AS A PLEA OF N	AY DEPOSIT A FORFEITUR LATER THAN TWENTY (20) DF THIS FORM TO: DEPA & COMPLIANCE, 1400 E. W S ISSUED TO BOTH AN INI ITURE IS DEEMED TO BE AS O CONTEST TO THE VIOLAT E AMOUNT OF THE DEPOSIT	DAYS FROM THE DATE RTMENT OF SAFETY & VASHINGTON AVENUE, DIVIDUAL CREDENTIAL SESSED AGAINST EACH TION CITED ABOVE AND

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