

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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Correcting information on the DSPS website: An individual who believes that information on the website is inaccurate may contact DSPS@wisconsin.gov

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>18 BAC 036</u>	FINAL DECISION AND ORDER ORDER # <u>ORDER0006396</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name <u>HAPPY NAILS & SPA</u> License # <u>3612-71</u>

<u>1701 DEMING WAY #6-12D</u>	<u>MIDDLETON</u>	<u>53562</u>
Street	City	Zip
<u>THURSDAY</u>	<u>5/16/2019</u>	<u>12:45 PM</u>
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.

HAPPY NAILS AND SPA STORED CLEANING AND DISINFECTING EQUIPMENT IN AN UNSECURED LOCATION.

In violation of	Section <u>Cos 3.01(6)</u> of	<input type="checkbox"/> Wis. Stats.	OR	<input checked="" type="checkbox"/> Wis. Adm. Code
<u>[Signature]</u>		<u>INVESTIGATOR</u>		<u>8/9/19</u>
Signature of Division Investigative Staff		Title		Date

Signature of	<input type="checkbox"/> Licensee	OR	<input type="checkbox"/> Establishment Owner	Date
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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.

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

[Signature]
A Member of the Board

Al. Rohmeyer
DPS Chief
Legal Counsel,
Delegatee

08/10/2019
Date

9/6/2019

#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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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>18 BAC 036</u>	FINAL DECISION AND ORDER ORDER # <u>ORDER 0006396</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>HAPPY NAILS AND SPA</u> <u>3612-71</u>

1701 DEMING WAY # 6-120 MIDDLETON 53562
Street City Zip
THURSDAY 5/16/2019 12:45 PM
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.

HAPPY NAILS AND SPA DID NOT STORE BRUSHES, NAIL FILES, BUFFER BLOCKS, TOWELS, TDE SPACER, APPLICATORS FOR WAXING, PAPER TOWELS, WAX STRIPS AND SCISSORS IN A COVERED CONTAINER.

In violation of Section Cos 4.02(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] INVESTIGATOR 8/9/19
Signature of Division Investigative Staff Title Date

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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[Signature]
A Member of the Board
Al Rehman
Dsps. Chief
Legal Counsel,
Delegatee

08/10/2019
Date
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<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>3612-71</u>

1701 DEMING WAY #G-120 MIDDLETON 53562
Street City Zip
THURSDAY 5/16/2019 12:45 PM
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.

HAPPY NAILS AND SPA MAINTAINED EQUIPMENT AND TOOLS
FOR PROVIDING WAXING SERVICES IN AN UNSANITARY OR
UNSAFE CONDITION.

In violation of Section Cos 4.01 (1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Greg Heib INVESTIGATOR 8/9/19
Signature of Division Investigative Staff Title Date

Signature of ☐ Licensee OR ☐ Establishment Owner Date

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A Member of the Board

Al Rohmeyer
DPS Chief Legal
Counsel, Delegate

Date

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