

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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The status of an appeal may be found on court access websites at:

<http://ccap.courts.state.wi.us/InternetCourtAccess> and <http://www.courts.state.wi.us/wscga>

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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

SEP 27 2019

DLSC CASE FILE # <u>19 BAC 004</u>	FINAL DECISION ORDER # <u>ORDER 0006459</u>
<input type="checkbox"/> Individual Credential Holder Name	<input checked="" type="checkbox"/> Establishment Name
License # _____	License # <u>2706-71</u>

1288 N Summit Ave Ste 112 Oconomowoc 53066-4466
Street City Zip

Wednesday August 7, 2019 4:30 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.

CQ Nails Spa did not store brushes and wax wood
wax applicators in a covered container.

In violation of Section Cos 4.02(4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] Investigator 9/17/2019
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 9/24/19
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 \$ 100 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] DSPS Chief
A Member of the Board Legal Counsel,
Delegatee

10-1-19
Date

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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>19 BAC 004</u>	FINAL DECISION AND ORDER ORDER # <u>ORDER 0006459</u> <u>CQ Nails Spa</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>2706-71</u>

1288 N Summit Ave. Ste 112 Oconomowoc 53066-4466
Street City Zip

Wednesday August 7, 2019 ~1:30 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.

CQ Nails Spa's Establishment license was expired from April 1, 2019 to July 18, 2019, CQ Nails Spa provided waxing services outside of a licensed establishment.

In violation of Section Cos 2.045(1)/3.01(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] Investigator 9/17/2019
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 9/24/19
Signature of Date

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PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE IN THE AMOUNT OF \$ 500 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, DSPS Chief 10-1-19
A Member of the Board Legal Counsel, Date
Delegatee

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CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # <u>19 BAC004</u>	FINAL DECISION # <u>ORDER 0006459</u>
<input type="checkbox"/> Individual Credential Holder Name	<input checked="" type="checkbox"/> Establishment Name
License # _____	License # <u>2706-71</u>

1288 N Summit Ave Ste. 112 Oconomowoc 53066-4466
Street City Zip

Wednesday August 7, 2019 ~ 1:30 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.

CQ Nails Spa stored cleaning and disinfecting equipment
in an unsecured location.

In violation of Section Cos 3.01(6) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] Investigator 9/17/2019
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 9/24/19
Signature of _____ Date

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A Member of the Board Legal Counsel, Date
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DLSC CASE FILE # <u>19BAC004</u>	FINAL DECISION AND ORDER ORDER # <u>ORDER 0006459</u> <u>CQ Nails Spa</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>2706-71</u>

1288 W Summit Ave. Ste. 12 Oconomowoc 53066-4466
Street City Zip

Wednesday August 7, 2019 ~1:30 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.

CQ Nails Spa did not keep the Barbicide in a
covered container.

In violation of Section Cos 4.02(5)/4.10(2) ☐ Wis. Stats. OR ☒ Wis. Adm. Code
[Signature] Investigator 9/17/2019
Signature of Division Investigative Staff Title Date
[Signature] ☐ Licensee OR ☒ Establishment Owner 9/24/19
Signature of Date

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