

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

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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 087</u>	FINAL DECISION ORDER # <u>ORDER 0006493</u>
<u>Amy Knecht</u>	
<input checked="" type="checkbox"/> Individual Credential Holder Name	<input type="checkbox"/> Establishment Name
License # <u>85964-82</u>	License # _____

2227 S 57th Street Milwaukee 53219
Street City Zip
Saturday January 5, 2019
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.

Amy Knecht participated in the unlicensed practice of Cosmetology
by providing cosmetology services without a license from
April 1, 2015 to September 23, 2019.

In violation of Section Cos 2.04(1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
B-75 Investigator
Signature of Division Investigative Staff Title Date
Amy Knecht 11-16-2019
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.

PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE IN THE AMOUNT OF \$ 1,000 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.

Al Rehman DSPS Chief Legal Counsel, 10-16-19
A Member of the Board Delegatee Date

4822 Madison Yards Way
PO Box 7190
Madison WI 53707-7190
RETURN SERVICE REQUESTED



Email: dspo@wisconsin.gov

Tony Evers, Governor
Dawn Crim, Secretary

September 19, 2019

AMY KNECHT
2227 S 57TH STREET
MILWAUKEE WI 53219

Re: Case number 17 BAC 087

**ADDENDUM TO CITATION FOR ADMINISTRATIVE FORFEITURE -
PAYMENT PLAN**

Dear Ms. Knecht,

You have received one or more citations for violations of the Cosmetology rules and have requested the opportunity to enter into a payment agreement to resolve those citation(s). By returning an original signed copy of this letter along with partial payment, you accept the forfeitures imposed on the citation(s) you received and agree to pay the forfeiture amount(s) in full. To enter into this agreement and to accept the payment plan below:

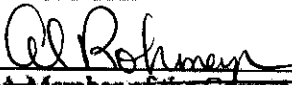
- You must sign and date this document below and return the original to Investigator Brian Henry at the address listed above (use the enclosed return envelope).
- You must also include a partial payment of 20% of the total amount due on the citation(s) when returning this document. 20% of \$1000 is \$200.
- You must return at least the white copy of the signed and dated citation(s) with this document.
- Subsequent payments of \$100 are due every 30 days following the date of the previous payment due date until the full amount has been paid and must be sent to the Department Monitor at the address above. In order to assure each payment is credited properly, all payments must reference the case number, 17 BAC 087, somewhere on the check.
- You agree that if you fail to timely submit payment of the forfeiture as set forth above, your license may, in the discretion of the board or its designee, be SUSPENDED, without further notice or hearing, until you have complied with payment of the forfeiture(s).

I hereby accept the forfeiture(s) imposed by the attached citation(s) and the terms set forth above.


Signature of Licensee or Establishment Owner

11-16-2019
Date

So Ordered:


A Member of the Cosmetology
Examining Board, or Designee

**DSPS Chief Legal Counsel,
Delegatee**

10-16-2019
Date