## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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# Wisconsin Department of Safety and Professional Services Mail To: P.O. Box 7190 1400 E. Washington Avenue

Madison, WI 53707-7190

FAX #: Phone #:

(608) 266-2264 (608) 266-2112 Madison, WI 53703

E-Mail: dsps@wisconsin.gov Website: http://dsps.wi.gov

#### COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE #	19 BAC 05	5/	FINAL DECISION AND ORDER # URD	<u>LKUU</u>	06633
☐ Individual Creder License #	ntial Holder Name		⊠ Establishment Name License # 4207-	_	
1631 Miller Street	Park Way		N. Milwaukee		53214 Zip
Wednesday Day of Week		00	tober 30, 2014 Date		FO7 PM
be corrected.		_	on/inspection has disclosed the	_	
<u>Dasis Nail 8</u>	500 failed to	dispas	se of manicure	<u>Inst</u>	ruments
that canno	t be disinfe	cted fe	sllowing each	use.	
In violation of	(os Section 4.10 (4	of	f Wis. Stats.	OR	Ø Wis. Adm. Code V10/2020
Signature of Division	Investigative Staff		Title		Date
Haruba			Owner		01-15-20
Signature of	☐ Licensee	OR	☐ Establishment C	wner	Date
	tat. § 454.15(3), the lic ciplinary action agains	_	ority is authorized to impo	se a forfei	iture in lieu of or in
S 100.2 BY MOF THIS CITATION PROFESSIONAL SEIPO BOX 7190, MADIS HOLDER AND AN ESCREDENTIAL. PAYM	MAILING A CHECK OR TOGETHER WITH TH RVICES, DIVISION OF SON, WI 53707-7190. I STABLISHMENT, ONE H MENT SHALL BE TREAT	MONEY ORD  HE SIGNED OF  LEGAL SE  F THIS CITA  IALF OF THE  TED AS A PLE	DER MAY DEPOSIT A FOR DER NO LATER THAN TWEN COPY OF THIS FORM TO: RVICES & COMPLIANCE, I TION IS ISSUED TO BOTH FORFEITURE IS DEEMED TO BA OF NO CONTEST TO THE DEED THE AMOUNT OF THE D	TY (20) DA DEPARTI 400 E. WAS AN INDIV D BE ASSES VIOLATION	AYS FROM THE DATE MENT OF SAFETY & SHINGTON AVENUE, TOUAL CREDENTIAL SSED AGAINST EACH
Plea	se reference "NOTICI	OF RIGHT	TO CONTEST" on backsid	le of pink (	copy.
<u>.</u>	& Rohneyer	DSPS Chie	ef Legal Counsel. \- 24	.903-0	) 

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

A Member of the Board

Delegate@

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### COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE #	19 BAC 051	FINA ORD	AL DECISION AND PROPERTY	R&006633
			asis Nail Spa	2
☐ Individual Crede License #	ntial Holder Name		Establishment Name nse # 4207-71	
1631 Miller	Parkway	W.Mili	waukee	53214 Zip
Street	,	•		_
Wednesday Day of Week		October	· 30, 2019	1:07 PM
Day of Week		Date		Time
On the above stated be corrected.	time, date and location, an	investigation/inspec	ction has disclosed the fo	llowing violation, which must
Oasis Nail 9	Spa assisted in	the unlicer	sed practice	of manicuring
	Ny T Troung.			
	manicuring			
In violation of	Section Cos 2.0	4(1) of		OR Wis. Adm. Code
Signature of Division	Thurstinative Staff	<del>.</del>	Investigator Title	1/10/2020
Signature of Division	ii mvesnganve Statt			01-15-20
Signature of	☐ Licensee	OR	☐ Establishment Own	
Domanant to Wis 6	Stat & 454 15(2) the lices	esing authority is	authorized to impose	a forfeiture in lieu of or in
	sciplinary action against y		authorized to impose	a forfetture in neu of or in
PLEASE TAKE NOT \$ 500 \( \text{500} \) BY OF THIS CITATION PROFESSIONAL SE PO BOX 7190, MADI HOLDER AND AN E CREDENTIAL. PAY CONSENT TO AN OR	FICE THAT THE CREDEN MAILING A CHECK OR MON, TOGETHER WITH THE ERVICES, DIVISION OF IT ISON, WI 53707-7190. IF ISTABLISHMENT, ONE HAIMENT SHALL BE TREATER RDER OF FORFEITURE, NO	TIAL HOLDER MA ONEY ORDER NO SIGNED COPY C LEGAL SERVICES THIS CITATION IS LF OF THE FORFEI D AS A PLEA OF NO OT TO EXCEED THE	LATER THAN TWENTY OF THIS FORM TO: D & COMPLIANCE, 1400 S ISSUED TO BOTH AN ITURE IS DEEMED TO BE O CONTEST TO THE VICE AMOUNT OF THE DEPO	
	ease reference "NOTICE (			
O	Le Rohmer	DSPS Chief Legal	Counsel, 1-24-26	20

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Delegatee\_

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### COSMETOLOGY EXAMINING BOARD

### **CITATION FOR ADMINISTRATIVE FORFEITURE**

DLSC CASE FILE # 19 BAC 051	FINAL DECISION AND DERED ORDER #	006633
	oasis Nail Spa	
☐ Individual Credential Holder Name License #	■ Establishment Name     License # 4207 - 71	
1631 Miller Park Way	N. Milwaukee	53214 Zip
	·	• -
Wednesday Oc Day of Week	tober 30, 2019	(107 PM
•	Date	
On the above stated time, date and location, an investigate be corrected.	ion/inspection has disclosed the following	g violation, which must
Oasis Nail Spa failed to kee	o disinfectant used	for
decontamination in a covered		
Occurred to the second	2. Harrick	
In violation of Section Co.S. $4.10(2)$		Wis. Adm. Code
Comex EHEIZL	Investigator	1/10/2020
Signature of Division Investigative Staff	Title	Date
Harse	wner	01-15-20
Signature of	☐ Establishment Owner	Date
Pursuant to Wis. Stat. § 454.15(3), the licensing autl	pority is authorized to impose a forf	eiture in lieu of or in
addition to other disciplinary action against your license		citate in nea of of in
DI FACE MAKE MOTIOE THAT THE OPENTIAL HOLD	DER MAN DEROGET A FORDER	D
PLEASE TAKE NOTICE THAT THE CREDENTIAL HOIS 100 · COME BY MAILING A CHECK OR MONEY OR		
OF THIS CITATION, TOGETHER WITH THE SIGNED		
PROFESSIONAL SERVICES, DIVISION OF LEGAL SI		
PO BOX 7190, MADISON, WI 53707-7190.   IF THIS CITA HOLDER AND AN ESTABLISHMENT, ONE HALF OF THE		
CREDENTIAL. PAYMENT SHALL BE TREATED AS A PL		
CONSENT TO AN ORDER OF FORFEITURE, NOT TO EXC		
Please reference "NOTICE OF RIGHT	F TO CONTEST" on backside of pink	conv
6 6	-	copj.
Ul Jahmey DSPS Ch	ief Legal Counsel, 1-24-2020 Delegatee Date	<del></del>
A Member of the Board	Delegate Date	

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### COSMETOLOGY EXAMINING BOARD

### **CITATION FOR ADMINISTRATIVE FORFEITURE**

DLSC CASE FILE	# 19 BAC 05		FINAL DECISION AND CRIDE ORDER #	006633
		<del></del>	Oasis Nail Spa	
□ Individual Cred License #	ential Holder Name		区 Establishment Name License # <u>420フ~フィ</u>	
1631 Miller Street	Park Way	<b>₩</b> . Cit	Milwaukee	53214 Zip
<u>Wednesda</u> Day of Week	1		per 30, 2019	l:07 PM Time
On the above stated be corrected.	time, date and location, a	n investigation/i	nspection has disclosed the follow	ving violation, which must
Gasis Nai	1 Spa did no	t Store	Clean Cotton,	foot files and
	n a covered		· ·	
In violation of  Signature of Divisio	Section Cos 4.0	52(4) of	□ Wis. Stats. OR Investigator Title	
Hartso	J		owner	01-15-20
Signature of	☐ Licensee	OR	☐ Establishment Owner	Date
	Stat. § 454.15(3), the lic isciplinary action agains		ry is authorized to impose a fo	orfeiture in lieu of or in
S O S BY OF THIS CITATION PROFESSIONAL SE PO BOX 7190, MAD HOLDER AND AN E CREDENTIAL. PAY	MAILING A CHECK OR IN, TOGETHER WITH THE ERVICES, DIVISION OF DISON, WI 53707-7190. IN ESTABLISHMENT, ONE HOW THE TREAT	MONEY ORDER  IE SIGNED CO  LEGAL SERV  F THIS CITATIO  ALF OF THE FO  ED AS A PLEA	R MAY DEPOSIT A FORFEITUR NO LATER THAN TWENTY (20 PY OF THIS FORM TO: DEPA ICES & COMPLIANCE, 1400 E. ON IS ISSUED TO BOTH AN IN RFEITURE IS DEEMED TO BE A OF NO CONTEST TO THE VIOLA OF THE AMOUNT OF THE DEPOSIT	) DAYS FROM THE DATE ARTMENT OF SAFETY & WASHINGTON AVENUE, IDIVIDUAL CREDENTIAL SSESSED AGAINST EACH TION CITED ABOVE AND
Ple	ease reference "NOTICE	OF RIGHT TO	O CONTEST" on backside of pi	ink copy.
_	$\sim$		gal Counsel, 1-24-2020	
( ),'	2. Kohmeur	D212 Cutet ref	gai Counsei, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	)

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A Member of the Board

Delegates.

Wisconsin Department of Safety and Professional See Action

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LET SAFETY & PROFESSIONAL SERVICES

### COSMETOLOGY EXAMINING BOARD

### CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 19 BAC 051	FINAL DECISION AND ORDER ORDER # URDER U	06633
	Oasis Nail Spa	
☐ Individual Credential Holder Name License #	Establishment Name License # 4207-71	
1631 Miller Park Way	W Will aukes	53214
Street	W. Milwaukee City	Zip
Madnesday	October 30, 2019	1:07 PM
Wednesday Day of Week	Date 50, 2017	Time
On the above stated time, date and location, an investigate corrected.	gation/inspection has disclosed the following	ng violation, which must
Gasis Nail Spa Stored Clea	uning and disinfecting	4
equipment in an unsecured	location.	
In violation of Section Cos 3.01(6)	of Wis. Stats. OR	✓ Wis. Adm. Code
amx EHOB-	Investigator	1/10/2020
Signature of Division Investigative Staff	Title	Date
- Janko	OWNER	01-15-20
Signature of	☐ Establishment Owner	Date
Pursuant to Wis. Stat. § 454.15(3), the licensing a addition to other disciplinary action against your lic		eiture in lieu of or in
PLEASE TAKE NOTICE THAT THE CREDENTIAL IS 100. BY MAILING A CHECK OR MONEY OF THIS CITATION, TOGETHER WITH THE SIGNIPROFESSIONAL SERVICES, DIVISION OF LEGAL PO BOX 7190, MADISON, WI 53707-7190. IF THIS CHOLDER AND AN ESTABLISHMENT, ONE HALF OF TOCKEDENTIAL. PAYMENT SHALL BE TREATED AS A CONSENT TO AN ORDER OF FORFEITURE, NOT TO E	ORDER NO LATER THAN TWENTY (20) DED COPY OF THIS FORM TO: DEPAR SERVICES & COMPLIANCE, 1400 E. WACITATION IS ISSUED TO BOTH AN INDIFIE FORFEITURE IS DEEMED TO BE ASSIPLEA OF NO CONTEST TO THE VIOLATIC	DAYS FROM THE DATE TMENT OF SAFETY & ASHINGTON AVENUE, VIDUAL CREDENTIAL ESSED AGAINST EACH
0.01	hief Legal Counsel, 1-24-2020 Delegatee. Date	
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