WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

r					
DLSC CASE FILE # AMY NOVAK	19 BAC 026		VAL DECISION AND COLDER# ORDE	R O D	06920
Individual Credential Holder Name License # 1680-86			☐ Establishment Name License #		
324 WASHINGTO	ON AVE STE 4	WAU	ISAU WI		54403
Street		City	City		Zip
TUESDAY	Jun 18, 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 NOVAK AI	OMITTED TO PROVI	DING AESTHET	ICS SERVICES OUT	SIDE A	LICENSED
ESTABLISHMENT BETWEEN APRIL 8, 2019 AND AUGUST 25, 2019.					
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	O 0 A45(1)	D 01/1)			
In violation of	Section Cos 2.045(1)	V3.01(1) of	☐ Wis. Stats.	OR	🗵 Wis. Adm. Code
Cligabeth L Bi	<u> </u>		Investigator		07/21/2020
Signature of Division	h_		Title .		Date 7/45/Aon
Signature of	Licensee	OR	☐ Establishment O	wner	Date
Parsuant 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.					
OF THIS CITATION, & PROFESSIONAL S 53707-7190. IF TH ESTABLISHMENT, O PAYMENT SHALL BE AN ORDER OF FORFE	ICE THAT THE CREDE MAILING A CHECK OR I TOGETHER WITH TO EERVICES, DIVISION OF IS CITATION IS ISSUE THE HALF OF THE FOR TREATED AS A PLEA EITURE, NOT TO EXCEE	MONEY ORDER NO HE SIGNED COPY OF LEGAL SERVI JED TO BOTH A FEITURE IS DEEM OF NO CONTEST TO ID THE AMOUNT O	O LATER THAN TWENT OF THIS FORM TO: (CES & COMPLIANCE, IN INDIVIDUAL CRE ED TO BE ASSESSED O THE VIOLATION CIT F THE DEPOSIT.	'Y (20) DA DEPAI PO BOX DENTIAI AGAINST I'ED ABO	AYS FROM THE DATE RTMENT OF SAFETY (7190, MADISON, WI HOLDER AND AN BACH CREDENITAL. VE AND CONSENT TO
Please reference "NOTICE OF RIGHT TO CONTEST" on reverse side of this form.					
<u> </u>	. Kohmeyer		8-11-8	७६ ०	
A MC	mber of the Board DSPS	Chief Legal Coun	Date Sel.		
#3053DLSC (02/20)		Delegatec.	- .		Olasitan 4 o 4
Ch 454 State	•	_			Citation 1 of 1

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