WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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Wisconsin Department of Safety and Professional Services

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4822 Madison Yards Way Madison, WI 53705

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

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE# 19 BAC 071		0	INAL DECISION A RDER # Natural Nail Bar	nd order ORDER	0007725
☐ Individual Credential Holder Name License #			⊠ Establishment Name License # <u>1436-69</u>		
4353 West Wiscon	nsin Avenue	Арр	leton		54913
Street		City			Zip
Tuesday		Feb	Feb 25, 2020		
Day of Week	,	Date			Time
On the above stated be corrected.	time, date and location	, an investigation/ins	pection has disclose	d the followin	g violation, which must
Natural Nail Bar v	was dirty and unsanita	ny.	A	, , , , , , , , , , , , , , , , , , ,	
In violation of	Section 4.01(1)	of	☐ Wis, Stats,	OR	☑ Wis. Adm. Code
	<u> </u>		Investigator Title		03/22/2021 Date
Signature of Division	i investigative Stair		11110		4/15/202/
Signature of	☐ Licensee	OR	□ Establishme	ent Owner	Date
PLEASE TAKE NOT \$100.00 BY TO THIS CITATION & PROFESSIONAL 53707-7190. IF THE TABLISHMENT, OP AYMENT SHALL BETABLISHMENT, OP AYMENT SHALL BETABLISHMENT S	sciplinary action againment THE CREIMAILING A CHECK ON, TOGETHER WITH SERVICES, DIVISION HIS CITATION IS ISONE HALF OF THE PO	nst your license. DENTIAL HOLDER R MONEY ORDER R THE SIGNED COF FOR LEGAL SER SOUED TO BOTH DREBITURE IS DEE RA OF NO CONTEST	MAY DEPOSIT A TO LATER THAN TO Y OF THIS FORM VICES & COMPLIA AN INDIVIDUAL MED TO BE ASSES	FORFEITURE WENTY (20) D TO: DEPA NCE, PO BO CREDENTIA SED AGAINS	IN THE AMOUNT OF DAYS FROM THE DATE RTMENT OF SAFETY X 7190, MADISON, WIL HOLDER AND AN TEACH CREDENTIAL.
_Q	se reference "NOTIC. L Rolling Williams of the Board.	E OF RIGHT TO C DSPS Chief Legal Delegate	Counsel, 12-	orse side of th	is form.

#3053DLSC (02/20) Ch.454, Stats.

Citation 4 of 7

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DLSC CASE FIL	B# 19 BAC 071	0	FINAL DECISION AND ORDER ORDER #Natural Nail Ber ORDER 0007725				
☐ Individual Credential Holder Name License #		X	☑ Establishment Name License # 1436-69				
4353 West Wis	consin Avenue	App	leton		54913		
Street		City			Zip		
Tuesday		Feb					
Day of Week		Date			Time		
be corrected.	ed time, date and location,						
	r did not store brushes, t losed container	ouffer blocks cotto	n,scissors, tweezers,	wax strips	and brushes were		
In violation of Signature of Divisi	Section 4.02(4)	of	. □ Wis. Stats. Investigator Title	OR	☑ Wis. Adm. Code 03/22/2021 Date		
	11		21		4/15/202		
Signature of	☐ Licensee	OR	☑ Establishment	Owner	Date		
Addition to other of the purchase Take No. \$100.00 BY OF THIS CITATION OF THIS CITATION OF THE PROFESSIONAL 53707-7190. IF ESTABLISHMENT PAYMENT SHALL	Stat. § 454.15(3), the lidisciplinary action against OTICE THAT THE CRED Y MAILING A CHECK OR ON, TOGETHER WITH TO SERVICES, DIVISION THIS CITATION IS ISS, ONE HALF OF THE FOLES.	ST YOUR LICENSE. ENTIAL HOLDER IS MONEY ORDER NOTHE SIGNED COPY OF LEGAL SERVE SUED TO BOTH REFEITURE IS DEEN A OF NO CONTEST	MAY DEPOSIT A FOR COLATER THAN TWEET OF THIS FORM TO THE TO THE THE THAN THE THE THE THE THE THE THE TO THE VIOLATION OF THE	RFEITURE NTY (20) D O: DEPA E, PO BO REDENTIA D AGAINS	IN THE AMOUNT OF AYS FROM THE DATE RTMENT OF SAFETY X 7190, MADISON, W L HOLDER AND AN I EACH CREDENTIAL		
	RFEITURE, NOT TO EXCE	OF RIGHT TO C	ONTEST" on reverse		s form.		
<u>. ()</u> A-1	C (Colments) Member of the Board	SPS Chief Legal Co Delegate	ounsel, 17-6- Date	7021			
#3053DLSC (02/20	n				and the		

Ch.454, Stats.

Citation 5 of 7