WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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P.O. Box 7190

Madison, WI 53707-7190

FAX #: Phone #:

(608) 266-2264 (608) 266-2112 4822 Madison Yards Way Madison, WI 53705

RECEIVED

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

OCT 6 - 2022

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DIV LEGAL SERVICES & COMPLIANCE DEPT SAFETY & PROFESSIONAL SERVICES

DLSC CASE FILE #	19 BAC 068		FINAL DECISION AND ORDER 0008259				
			Seasons Nail And W	ax			
☐ Individual Crede License #	ntial Holder Name		Establishment Name License # 5531-71				
190 N. Main Stree	et e.	Fond	du Lac		54935		
Street		City	_,, , , , , , , , , , , , , , , , , , ,		Zip		
Wednesday		Mar	Mar 9, 2022		11:15 am		
Day of Week		Date			Time		
be corrected.	time, date and location, as	· · · · · · · · · · · · · · · · · · ·					
	id Wax admitted to prov ptember 24, 2019. 4 Sea	-					
In violation of	Section Cos 2.04(1)	of	☐ Wis. Stats. Investigator	OR	₩ Wis. Adm. Code 09/27/2022		
Signature of Division	n Investigative Staff		Title lay		Date 10-3-22		
Signature of	☐ Licensee	OR	Establishment	Owner	Date		
Pursuant to Wis. S addition to other di	Stat. § 454.15(3), the lic sciplinary action against	ensing authority your license.	is authorized to imp	ose a forfe	eiture in lieu of or in		
\$500.00 BY OF THIS CITATION & PROFESSIONAL 53707-7190 IF THE STABLISHMENT, OP AYMENT SHALL BE AN ORDER OF FORM	MAILING A CHECK OR MAILING A CHECK OR MAILING A CHECK OR MITTER WITH TO SERVICES, DIVISION OF THE FORM OF THE FEITURE, NOT TO EXCENTISE REFERENCE "NOTICE"	MONEY ORDER N HE SIGNED COP OF LEGAL SERV UED TO BOTH FEITURE IS DEEN OF NO CONTEST ED THE AMOUNT	IO LATER THAN TWE Y OF THIS FORM T VICES & COMPLIANC AN INDIVIDUAL CI MED TO BE ASSESSED TO THE VIOLATION OF THE DEPOSIT.	NTY (20) D O: DEPA Œ, PO BO REDENTIA D AGAINS' CITED ABO	AYS FROM THE DATE RTMENT OF SAFETY X 7190, MADISON, WI L HOLDER AND AN T EACH CREDENTIAL. OVE AND CONSENT TO		
AM	DE Kenneye	DSPS Chief Leg Delegat	Date '	1202	2_		
#30E3D1 6C (03/30)	•				Citation 1 of A		

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

Citation 1 of 4

Mail To:

P.O. Box 7190 Madison, WI 53707-7190

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Madison, WI 53705

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

DLSC CASE FILE # 19 BAC 068	FINAL DECISION AND ROTER 0008259 ORDER #			
	4 Seasons Nail And Wax			
☐ Individual Credential Holder Name License #	⊠ Establishment Name License # <u>5531-71</u>			
190 N. Main Street	Fond du Lac	54935		
Street	City	Zip		
Wednesday	Mar 9, 2022	11:15 am		
Day of Week	Date	Time		
On the above stated time, date and location, an invebe corrected.	stigation/inspection has disclosed the	following violation, which must		
4 Seasons Nail And Wax was not maintained in	an orderly and sanitary condition.	4 Seasons Nail And Wax		
stored cleaning and disinfecting equipment in a	n unsecured location.			
	·			
Co. 2 01/1) 9-2 01	(6)			
In violation of Section Cos 3.01(1)&3.01		OR Wis. Adm. Code		
- ant Silver	Investigator Title	° 09/27/2022 Date		
Signature of Division Investigative Staff	1.0	1,2-2-22		
Signature of Licensee OF	Establishment Ov	wner Date		
	_			
Pursuant to Wis. Stat. § 454.15(3), the licensing addition to other disciplinary action against your	g authority is authorized to impos- license.	e a forfeiture in lieu of or in		
PLEASE TAKE NOTICE THAT THE CREDENTIAL \$ 100.00 BY MAILING A CHECK OR MONE OF THIS CITATION, TOGETHER WITH THE STATEMENT, ONE HALF OF THE FORFEIT PAYMENT SHALL BE TREATED AS A PLEA OF NAN ORDER OF FORFEITURE, NOT TO EXCEED THE	TY ORDER NO LATER THAN TWENT GNED COPY OF THIS FORM TO: EGAL SERVICES & COMPLIANCE, TO BOTH AN INDIVIDUAL CRE JRE IS DEEMED TO BE ASSESSED O CONTEST TO THE VIOLATION CT	TY (20) DAYS FROM THE DATE DEPARTMENT OF SAFETY PO BOX 7190, MADISON, WI DENTIAL HOLDER AND AN AGAINST EACH CREDENTIAL.		
Please reference "NOTICE OF R	IGHT TO CONTEST" on reverse si	ide of this form.		
A Member of the Board	SPS Chief Legal Counsel, 11 11 3	022_		
	= ···•			

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

Citation <u>-2</u> of <u>4</u>

Committed to Equal Opportunity in Employment and Licensing

P.O. Box 7190

Madison, WI 53707-7190

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Madison, WI 53705

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

COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

		··· <u>·</u> :			
DLSC CASE FILE	# 19 BAC 068	FII OH	NAL DECISION AND RDER #	POER (008259
		<u>4</u>	Seasons Nail And Wa	ax	· .
☐ Individual Credential Holder Name License #		-	☑ Establishment Name License # 5531-71		
190 N. Main Stre	et	Fond	du Lac		54935
Street		City	City		Zip ·
Wednesday		Mar	Mar 9, 2022		11:15 am
Day of Week	· · · · · · · · · · · · · · · · · · ·	Date	. <u></u>		Time
On-the above stated be corrected.	time, date and location, a	n investigation/insp	pection has disclosed the	e following	y violation, which must
4 Seasons Nail A	nd Wax maintained equ	ipment and tools :	for providing manicur	ing servic	es in an unsanitary
1	ion; failed to dispose of		- · · · · · · · · · · · · · · · · · · ·		, ,
semi-solid substa	nces in a container that	would prevent co	ntamination of the unu	ised portion	on of that substance.
In violation of	Section Cos 4.01(1),	(3r), &(4) of	☐ Wis. Stats.	OR	☑ Wis. Adm. Code 09/27/2022
CMES	n Investigative Staff		Investigator Title		Date
Signature of Divisio	in investigative Staff		- lun	_	11)-3-22
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 \$100.00 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, 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.					
Ple	ase reference "NOTICE	OF RIGHT TO C	ONTEST" on reverse	side of thi	s form.
A Member of the Board Delegates Delegates					
#2053171 @@ (02/20	`	_ · · • 3 ·			04 P 2 C 4

Ch.454, Stats.

Citation 3 of 4

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COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

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DLSC CASE FILE	# 19 BAC 068	_	NAL DECISION AND RDER #	· · · · · · · · · · · · · · · · · · ·	008259
			Seasons Nail And W	ax	
☐ Individual Cred	lential Holder Name	☑ Establishment Name License # 5531-71			,
190 N. Main Stre	eet 🧠	Fond	Fond du Lac		54935
Street		City	City		Zip
Wednesday		Mar	Mar 9, 2022		11:15 am
Day of Week		Date		· 	Time
be corrected.	l time, date and location, ar	<u> </u>			-
4 Seasons Nail A	and Wax did not store but	fer blocks and 1	flip flops in a covered	container.	
In violation of	Section Cos 4.02(4)	of	☐ Wis. Stats.	OR	☑ Wis. Adm. Code
at the second	01		Investigator	ø	09/27/2022
Signature of Division	on Investigative Staff		Title U		Date (1) -3 -2.7
Signature of	☐ Licensee	OR	Establishment	Owner	Date
	OL 4 0 454 4500 45 - 12-		is authorized to imp	ara a farf	aiture in lien of on in
Pursuant to Wis.	Stat. § 454.15(3), the lice listing state of the lice list is a second s	ensing authority voor license.	is authorized to imp	05e a 1011	entitle in hea or or m
PLEASE TAKE NO \$100.00 BY OF THIS CITATIO & PROFESSIONAL 53707-7190. IF ESTABLISHMENT, PAYMENT SHALL	OTICE THAT THE CREDE MAILING A CHECK OR I ON, TOGETHER WITH TO SERVICES, DIVISION OF THIS CITATION IS ISSUED ONE HALF OF THE FOR BE TREATED AS A PLEA REFEITURE, NOT TO EXCER	NTIAL HOLDER MONEY ORDER I HE SIGNED COI OF LEGAL SER JED TO BOTH FEITURE IS DEE OF NO CONTEST	NO LATER THAN TWE PY OF THIS FORM T VICES & COMPLIANC AN INDIVIDUAL CI MED TO BE ASSESSE TO THE VIOLATION (NTY (20) D O: DEPA E, PO BO REDENTIA D AGAINS	DAYS FROM THE DATE LRTMENT OF SAFETY IX 7190, MADISON, WI L. HOLDER AND AN T EACH CREDENTIAL.
Ple	ease reference "NOTICE	OF RIGHT TO	EONTEST" on reverse	side of th	is form.
	Member of the Board	DSPS Chief Le	-	1202	2

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

Citation 4 of 4

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