

NYCServ Violation Copy

Internet



0802382516



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Ashwin Vasan, MD, PhD
Commissioner

SUMMONS • FOR CIVIL PENALTIES ONLY
SUMMONS NUMBER: 0802382516

ENFORCEMENT AGENCY NAME: DEPT. OF HEALTH AND MENTAL HYGIENE
DIVISION: Environmental Health Services
Bureau/Unit: Veterinary and Pest Control Services (Vector Surveillance and Control)
AGENCY ADDRESS AND PHONE NUMBER: 42-09 28th Street, 14th Floor, Queens, NY 11101 Phone: 718-289-1791

RESPONDENT: Colm McKeever

ADDRESS: 19 Foxwood Road

West Nyack, New York 10994

JOB ID: VP57449

PHONE:

DATE AND TIME OF OCCURRENCE: 8/24/2022 11:25:00 AM

PLACE OF OCCURRENCE: 538 WEST 38 STREET, Manhattan

Block: 709 Lot: 60

You must respond to the Summons. You can appear on the hearing date and the location below or choose another option. For other options on how to respond, see the back of this page.

HEARING DATE: 9/23/2022

AT: 08:30 AM

☒ RESPONDENT MUST APPEAR IN PERSON
OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS:

☒ Manhattan

☐ Staten Island

☐ Bronx

☐ Queens

☐ Brooklyn

66 John St, 10th Fl
New York, NY
10038

350 St. Mark's Pl,
Main Fl, Staten
Island, NY 10301

260 E. 161st St, 6th Fl
Bronx, NY 10451

31-00 47th Ave,
4th Fl Long Island
City, NY 11101

9 Bond St, 7th Fl
Brooklyn, NY
11201

INSTRUCTIONS FOR RESPONDING TO THIS SUMMONS ARE ON THE BACK OF THIS PAGE.

REFER TO THE SUMMONS NUMBER ABOVE ON ALL CORRESPONDENCE.

WARNING: If you do not respond, you may be found automatically responsible and you may owe larger penalties. If you do not pay any imposed penalties, you may lose your ability to keep or get City license, permit or registration. The City might also take further legal action against you. See the back for more information.

Violation Code	NYC Health Code	Violation Description	Minimum Penalty	Maximum Penalty
AHH5	3.19	Respondent, made false and misleading statements, or presented forged documents, reproductions and alterations in that on April 26, 2022, the respondent failed to comply with the New York City Health Code §3.19(a) by submitting to the Department a Rental Horse Certificate of Health form for a horse named Ryder which included a false date of birth of (01/01/2009) instead of the birth year of 1999 as noted in Ryder's Rabies Vaccination Certificate and in an invoice for Ryder by the examining veterinarian, Dennis M. Farrell. A Rental Horse Certificate of Health form is required to be submitted to the Department in order to receive a license to use a horse in a Rental Horse Business.	1000.00	

NYC Charter Sections 1048 and 1049-a and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings. For hearing options, see other side of this notice.

I, an employee of the agency named above, affirm under penalty of perjury that I personally observed the commission of the violation(s) charged above and/or verified their existence through a review of departmental records. False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law.

Aurelia Balan/363

PHS/VPHS



812

Name/ID:

Rank/Title:

Signature:

Agency Code:

I acknowledge that I have received a copy of this Summons, a copy of the inspection report, instructions for responding and that I am authorized to accept service of this Summons.

Received by: _____

Title: _____

Date: _____



★ 0 8 0 2 3 8 2 5 1 6 ★