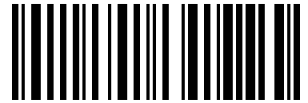


NYCServ Violation Copy

Internet



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SUMMONS • FOR CIVIL PENALTIES ONLY



603

SUMMONS NUMBER: 0207 297 229

ENFORCEMENT AGENCY: Dept. of Sanitation	
AGENCY CONTACT INFORMATION: 311	DIVISION: Bcc
LAST NAME, FIRST, MIDDLE, AND SUFFIX (Print) <u>Dakota United Group LLC</u>	
CELL PHONE # <u>OWNER</u>	
STREET ADDRESS <u>215-16 Northern Blvd</u>	
CITY <u>Queens</u>	STATE <u>NY</u> ZIP <u>11361</u>
ID NUMBER:	
TYPE OF ID/ISSUED BY:	
DATE OF OCCURRENCE: <u>05/07/19</u> TIME OF OCCURRENCE: <u>1040 AM</u>	
PLACE OF OCCURRENCE: <u>510 215-16 Northern Blvd</u>	
BOROUGH OF OCCURRENCE: <u>Queens</u> CB No. <u>11</u>	
Alternative Service	

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: 06/07/19 AT: 8:30 AM

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Queens See reverse side for address

[borough]

Phone: (844)628-4692

FOR HEARING OPTIONS, SEE 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 a City license, permit or registration. The City might also take further legal action against you. See the back for more information.

Details of Violation(s)	
Section/Rule <u>NYC AC 16-118.2A</u>	OATH Code <u>5 2 6</u>
Mail-In Penalty: \$ <u>100.00</u>	Maximum Penalty: \$ <u>300.00</u>
☐ Respondent must appear in person	
<u>AT 11:00 AM observed person's plastic wrappers, crushed cans at curb well within 18' of street during the 1000 AM - 1100 AM Commercial Delivery Time</u>	
☐ Property Removed ☐ 1-2 Family ☐ Multiple Dwelling ☒ Commercial	
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.	
I, an employee of the enforcement 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.	
REPORT LEVEL (Fill 4 spaces: Civil, Del., Inf., etc.)	<u>DELIN</u>
COMPLAINANT'S NAME (Printed) <u>Supr Sodaro</u>	TAX REGISTRY NUMBER <u>8572849</u>
AGENCY <u>829</u>	
NOTICE ALSO SENT TO:	
LAST NAME <u>Dakota United Group LLC</u>	
STREET ADDRESS <u>475 Northern Blvd STE 12</u>	
CITY <u>Great Neck</u>	STATE <u>NY</u> ZIP <u>11021</u>

OATH



0207 297 229