NYCServ Violation Copy

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SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0208 852 317

ENFORCEMENT AGENCY: Dept. of Sanitation

AGENCY CONTACT INFORMATION: 311 DIVISION: BCC

LAST NAME OR COMPANY NAME (Print) Dakota United Group LLC FIRST NAME

CELL PHONE: Unknown

STREET ADDRESS: 215-16 Northern Blvd APT/NO.

CITY Queens STATE NY ZIP 11361

ID NUMBER:

TYPE OF ID/ISSUED BY:

DATE OF OCCURRENCE: 09/12/19 TIME OF OCCURRENCE: 10:15AM

PLACE OF OCCURRENCE: 215-16 Northern Blvd

BOROUGH OF OCCURRENCE: Queens CB No. 11

☒ 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 form.

HEARING DATE: 10/15/19 AT: 9:30AM

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 NYCAC 16-118 (2,A) OATH Code 5 0 6

Mail-In Penalty: $ 100.00 Maximum Penalty: $ 300.00

☐ Respondent must appear in person

AM/Po did observe papers, crushed cup, paper bag, cigarette butts scattered about NYS sidewalk during the 1000-1100 AM commercial rubbish time

☐ 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.

RANK (TITLE) SIGNATURE OF COMPLAINANT: Sergio Sodano REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.): QE111

COMPLAINANT'S NAME (Printed): Sergio Sodano TAX REGISTRY NUMBER: 915784 AGENCY: 829

NOTICE ALSO SENT TO LAST NAME: Dakota United Group LLC FIRST NAME

STREET ADDRESS: 475 Northern Blvd ste 12

CITY: Great neck STATE: NY ZIP: 11021

0208 852 317

OATH