NYCServ Violation Copy

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SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0213 494 371

ENFORCEMENT AGENCY: Dietmar Detering
AGENCY CONTACT INFORMATION: ddetering@gmail.com **DIVISION:**

LAST NAME OR COMPANY NAME (Print): ~~SHAR JEWELERS CORP~~ | FIRST NAME:
CELL PHONE #:
STREET ADDRESS: 3756 Junction Blvd | APT. NO.:
CITY: Queens | STATE: NY | ZIP: 11368
ID NUMBER:
TYPE OF ID/ISSUED BY:

DATE OF OCCURRENCE: 6/4/2022 | TIME OF OCCURRENCE: 3:15 PM
PLACE OF OCCURRENCE: 3756 Junction Blvd
BOROUGH OF OCCURRENCE: Queens | CB No.:
☐ 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: 10/4/2022 **AT:** 9 AM

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Manhattan 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: Ad Code 24-244(b) **OATH Code:** AN95

Mail-In Penalty: $ 440 **Maximum Penalty:** $ 1,750

☐ **Respondent must appear in person**

I personally observed a small megaphone playing pre-recorded advertising message on a table in front of this store.

☐ Property Removed ☐ 1-2 Family ☐ Multiple Dwelling ☐ Commercial

OATH

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 | REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.)
COMPLAINANT'S NAME (Printed): Dietmar Detering | TAX REGISTRY NUMBER | AGENCY: 999

~~NOTICE ALSO SENT TO~~
LAST NAME: Detering | FIRST NAME: Dietmar
STREET ADDRESS: 3961 47th ST
CITY: Sunnyside | STATE: NY | ZIP: 11104

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