NYCServ Violation Copy

Internet

0216401507

0215000005005024

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0216 401 507

ENFORCEMENT AGENCY: ERIC EISENBERG

AGENCY CONTACT INFORMATION: ERICNOISE@~~-DIVISION:-~~HOTMAIL.COM

LAST NAME OR COMPANY NAME (Print)	FIRST NAME
SQUARE PIZZA	

CELL PHONE #:

STREET ADDRESS 316 W 39TH ST APT. NO.

CITY NEW YORK STATE NY ZIP 10018

ID NUMBER:

TYPE OF ID/ISSUED BY:

DATE OF OCCURRENCE: 09 / 24 / 22 TIME OF OCCURRENCE: 5:45PM

PLACE OF OCCURRENCE: 316 W 39TH ST

BOROUGH OF OCCURRENCE: MANHATTAN 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: 09 / 11 / 23 **AT:** 9:00AM

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 NYC AD. CODE 24-244(B) OATH Code AN 9 7

Mail-In Penalty: $ 1320 Maximum Penalty: $ 5250

☐ Respondent must appear in person I OBSERVED RESPONDENT PLAYING SOUND FROM SPEAKER OUTSIDE OF BUSINESS, AND/OR THROUGH APERTURE OF BUSINESS TO SIDEWALK AREA, (WHERE IT WAS AUDIBLE) FOR COMMERCIAL/ BUSINESS ADVERTISING PURPOSES. PRIOR SUMMONS #'S INCLUDE 0216390910 0216396263 AND 0216405714 (THIRD OR SUBSEQUENT VIOLATION)

OATH

☐ 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 REPORT LEVEL (If 4 spaces Comm'd, Sqd, Unit, etc.)

COMPLAINANT'S NAME (Print) ERIC EISENBERG TAX REGISTRY NUMBER AGENCY 999

~~EISENBERG~~ FIRST NAME ~~ERIC~~

~~PHONE YOU CAN BE REACHED AT~~

LAST NAME

STREET ADDRESS PO BOX 2452

CITY ~~NEW YORK~~ STATE ~~NY~~ ZIP ~~10108~~

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