

# NYCServ Violation Copy

Internet



0216401507

0215000005005024

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0216 401 507

|                                                                    |            |       |
|--------------------------------------------------------------------|------------|-------|
| <b>ENFORCEMENT AGENCY:</b> ERIC EISENBERG                          |            |       |
| <b>AGENCY CONTACT INFORMATION:</b> ERICNOISE@-DIVISION-HOTMAIL.COM |            |       |
| LAST NAME OR COMPANY NAME (Print)                                  | FIRST NAME |       |
| SQUARE PIZZA                                                       |            |       |
| CELL PHONE #:                                                      |            |       |
| STREET ADDRESS                                                     | APT. NO.   |       |
| 316 W 39 <sup>TH</sup> ST                                          |            |       |
| CITY                                                               | STATE      | ZIP   |
| NEW YORK                                                           | NY         | 10018 |
| ID NUMBER:                                                         |            |       |
| TYPE OF ID/ISSUED BY:                                              |            |       |
| DATE OF OCCURRENCE: 09 / 24 / 22 TIME OF OCCURRENCE: 5:45PM        |            |       |
| PLACE OF OCCURRENCE: 316 W 39 <sup>TH</sup> ST                     |            |       |
| BOROUGH OF OCCURRENCE: MANHATTAN CB No.                            |            |       |
| <input type="checkbox"/> 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

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.

|                                                                                                                                                                                                                                                                                                                                                               |                        |                                                      |    |        |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------|----|--------|---|
| <b>Details of Violation(s)</b>                                                                                                                                                                                                                                                                                                                                |                        |                                                      |    |        |   |
| Section/Rule                                                                                                                                                                                                                                                                                                                                                  | NYC AD. CODE 24-244(B) | OATH Code                                            | AN | 9      | 7 |
| Mail-In Penalty: \$ 1320                                                                                                                                                                                                                                                                                                                                      |                        | Maximum Penalty: \$ 5250                             |    |        |   |
| <input type="checkbox"/> Respondent must appear in person                                                                                                                                                                                                                                                                                                     |                        | <input type="checkbox"/> 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)                                                                                              |                        |                                                      |    |        |   |
| <input type="checkbox"/> Property Removed <input type="checkbox"/> 1-2 Family <input type="checkbox"/> Multiple Dwelling <input type="checkbox"/> 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 specify Comm'd, Spt, Unit, etc.)  |    |        |   |
| ERIC EISENBERG                                                                                                                                                                                                                                                                                                                                                |                        | 999                                                  |    |        |   |
| COMPLAINANT'S NAME (Print)                                                                                                                                                                                                                                                                                                                                    |                        | TAX REGISTRY NUMBER                                  |    | AGENCY |   |
| EISENBERG                                                                                                                                                                                                                                                                                                                                                     |                        |                                                      |    | 999    |   |
| LAST NAME                                                                                                                                                                                                                                                                                                                                                     |                        | FIRST NAME                                           |    |        |   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                |                        | CITY                                                 |    | STATE  |   |
| PO BOX 2452                                                                                                                                                                                                                                                                                                                                                   |                        | NEW YORK                                             |    | NY     |   |
| CITY                                                                                                                                                                                                                                                                                                                                                          |                        | STATE                                                |    | ZIP    |   |
|                                                                                                                                                                                                                                                                                                                                                               |                        |                                                      |    | 10108  |   |

OATH



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