

NYCServ Violation Copy

Internet



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SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0218 036 868

CITIZEN PETITIONER: Dietmar Detering		
CITIZEN PETITIONER CONTACT INFORMATION: ddetering@gmail.com		
LAST NAME OR COMPANY NAME (Print)	FIRST NAME	
XXXXXX: Kokomo Caribbean Restaurant		
STREET ADDRESS	APT. NO.	
65 Kent Avenue		
CITY	STATE	ZIP
Brooklyn	NY	11249
ID NUMBER:		
TYPE OF ID/ISSUED BY:		
DATE OF OCCURRENCE: 06 / 09 / 2023		
TIME OF OCCURRENCE: 6:03 PM		
PLACE OF OCCURRENCE: 65 Kent Ave		
BOROUGH OF OCCURRENCE: Brooklyn		
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: 04 / 02 / 2024 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 NYC Ad. Code 24-244(b)	OATH Code AN96	
Mail-In Penalty: \$ 880	Maximum Penalty: \$ 3,500	
☐ Respondent must appear in person I personally observed this		
restaurant deploy speakers, outside, in order to attract attention for		
this business. *SECOND OFFENSE* of this respondent. Prior's		
summons#: 000289083M		
☐ 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.		
Per Section 1049-a(d)(1)(b) of the New York City Charter, which provides that the form and wording of summonses shall be prescribed by the Board,		
THIS SUMMONS CANNOT BE SWORN TO OR AFFIRMED		
SIGNATURE OF CITIZEN PETITIONER	REPORT LEVEL (Fill 4 spaces Comm'd, Sgd, Unit, etc.)	
CITIZEN PETITIONER'S NAME (Printed)	TAX REGISTRY NUMBER	AGENCY
Dietmar Detering		999
NOTICE ALSO SENT TO	FIRST NAME	
LAST NAME	Detering	Dietmar
STREET ADDRESS		
3961 47th ST		
CITY	STATE	ZIP
Sunnyside	NY	11104

OATH



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