NYCServ Violation Copy

Internet

0218089832

0678000001001013

NEW YORK CITY DOT

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0218 089 832

ENFORCEMENT AGENCY: Dept. of Transportation

AGENCY CONTACT INFORMATION: ______ DIVISION: ______

LAST NAME OR COMPANY NAME (LINE 1): QAHWAH HOUSE - BAYRIDGE (KM)

CELL PHONE #:

STREET ADDRESS: 8602 4th AVENUE APT. NO.

CITY: BKLYN STATE: N.Y. ZIP: 11209

ID NUMBER: ______

TYPE OF ID/ISSUED BY: ______

DATE OF OCCURRENCE: 3/31/2025 TIME OF OCCURRENCE: 11:24AM

PLACE OF OCCURRENCE: 8602 4th AVE

BOROUGH OF OCCURRENCE: BROOKLYN CB No. ______

☐ Alternative Service

You must respond to the Summons. See the reverse side for options on how to respond to this summons.

HEARING DATE: 7/10/2025 **AT:** 8:30AM

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

BROOKLYN 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: 34 RCNY 5-02(a) OATH Code: D S 4

Mail-In Penalty: $ 1,000 Maximum Penalty: $ 1,000

A/T/P/O I observed the above respondent continuing to operate a sidewalk cafe without a license and revocable consent. Aff (KM) There was no application on file with DOT as of the final registration date 8/3/24. This is a subsequent offense

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: HWS INS K. Matheson

REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.): H 6 5 9

COMPLAINANT'S NAME (Printed): Kareem Matheson

TAX REGISTRY NUMBER: 000659

AGENCY: 841

NOTICE ALSO SENT TO

LAST NAME FIRST NAME

STREET ADDRESS

CITY STATE ZIP

OATH

1907 summons issued 3/19/25

#0218089853

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