NYCServ Violation Copy

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0218100989

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NEW YORK CITY DOT

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0218 100 989

ENFORCEMENT AGENCY: Dept. of Transportation

AGENCY CONTACT INFORMATION: _____ DIVISION: _____

RESPONDENT NAME OR COMPANY NAME (Print)	FIRST NAME
PINK NORT	
CELL PHONE #:	
STREET ADDRESS: 36-06 30TH AVENUE	APT. NO.
CITY: QUEENS	STATE: NY ZIP: 11103
ID NUMBER: 50126875	
TYPE OF ID/ISSUED BY: DOHMH FSEP	

DATE OF OCCURRENCE: 9 / 6 /2024 TIME OF OCCURRENCE: 10:15AM

PLACE OF OCCURRENCE: 36-06 30TH AVENUE

BOROUGH OF OCCURRENCE: QUEENS 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: 12 / 17 /2024 AT: 8:30AM

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

QUEENS 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 34RCNY5-02(a) OATH Code D S 4

Mail-In Penalty: $ 1,000.00 Maximum Penalty: $ 1,000.00

I OBSERVED THE ABOVED RESPONDENT CONTINUING TO OPERATE A SIDEWALK CAFE WITHOUT A LICENSE AND REVOCABLE CONSENT. THERE WAS NO APPLICATION ON FILE WITH DOT AS OF THE FINAL REGISTRATION DATE OF 8/3/2024. THIS IS A SUBSEQUENT OFFENSE FIRST OFFENSE ISSUED 8/16/2024.

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.)
APP. INSP. HES Paloma M.	H867
COMPLAINANT'S NAME (Printed) / TAX REGISTRY NUMBER	AGENCY
PALOMA MARTICH 000867	841

NOTICE ALSO SENT TO	FIRST NAME
LAST NAME	
STREET ADDRESS	
CITY	STATE ZIP



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