

NYCServ Violation Copy

Internet



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SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0218 114 299

ENFORCEMENT AGENCY: Dept. of Transportation	
AGENCY CONTACT INFORMATION: _____ DIVISION: _____	
LAST NAME OR COMPANY NAME (Print) / FIRST NAME <i>King Crabbeating Station</i>	
CELL PHONE#: _____	
STREET ADDRESS <i>2435 86 Street</i>	
CITY <i>Brooklyn</i>	APT. NO. _____
STATE <i>NY</i>	ZIP <i>11214</i>
ID NUMBER: <i>1500941730</i>	
TYPE OF ID/ISSUED BY: <i>DOHMH</i>	
DATE OF OCCURRENCE: <i>8/14/24</i> TIME OF OCCURRENCE: <i>10:16am</i>	
PLACE OF OCCURRENCE: <i>2435 86 Street</i>	
BOROUGH OF OCCURRENCE: <i>Brooklyn</i> 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: *11/26/24* 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.

Section/Rule <i>34-PCNY 5-02(a)</i> Details of Violation(s)		OATH Code <i>DIS3</i>
Mail-In Penalty: \$ <i>500</i>	Maximum Penalty: \$ <i>500</i>	
<i>I observed the above respondent operating a sidewalk cafe without a license and without consent. There was no application on file with DOT as of the final registration date of 8/3/24.</i>		
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 <i>Asst Inspector</i>	REPORT LEVEL (Fill in space) Comm'd, Sgt, Unit, etc. <i>H 686</i>	OATH
COMPLAINANT'S NAME (Print) <i>S. Durant</i>	TAX REGISTRY NUMBER <i>010106816</i>	
NOTICE ALSO SENT TO	AGENCY <i>841</i>	
LAST NAME		
STREET ADDRESS		
CITY	STATE	ZIP



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