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NYC Environmental Protection

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0218 122 448

ENFORCEMENT AGENCY: Dept. of Environmental Protection

AGENCY CONTACT INFORMATION: 718-596-3689 DIVISION: DPPM

LAST NAME OR COMPANY NAME (Print): BIG BITE GOURMET DELI CORP. FIRST NAME:

CELL PHONE #:

STREET ADDRESS: 1500 PITKIN AVENUE APT. NO.:

CITY: BROOKLYN STATE: N.Y ZIP: 11212

ID NUMBER:

TYPE OF ID/ISSUED BY:

DATE OF OCCURRENCE: 1/22/25 TIME OF OCCURRENCE: 12:25 PM

PLACE OF OCCURRENCE: 1500 PITKIN AVENUE

BOROUGH OF OCCURRENCE: BROOKLYN CB No.:

☐ Alternative Service

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

HEARING DATE: 4/10/25 **AT:** 10:30AM

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 24-524(f) ADMIN. CODE OATH Code: P C 2

Mail-In Penalty: $ 600 Maximum Penalty: $ 2000

2nd OFFENSE - FAILURE TO COMPLY WITH COMMISSIONER'S ORDER #E72445. DID NOT PROVIDE A RECEIPT FOR THE PROPER DISPOSAL OF FATS, OIL AND GREASE

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.): 1401

COMPLAINANT'S NAME (Printed): CHIACHIN CHENDANG TAX REGISTRY NUMBER:

AGENCY: DEP 824

NOTICE ALSO SENT TO FIRST NAME

LAST NAME

STREET ADDRESS

CITY STATE ZIP

0218 122 448