

NYCServ Violation Copy

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SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0219 472 835

ENFORCEMENT AGENCY: Dept. of Transportation	
AGENCY CONTACT INFORMATION: _____ DIVISION: _____	
LAST NAME OR COMPANY NAME (Print)	FIRST NAME
Casa Del Mar Restaurant	
CELL PHONE #:	
STREET ADDRESS _____ APT. NO. _____	
CITY _____	STATE _____ ZIP _____
Bronx	Ny 10457
ID NUMBER: 50085919	
TYPE OF ID/ISSUED BY: DDMH FSEP	
DATE OF OCCURRENCE: 8/21/24 TIME OF OCCURRENCE: 12:00pm	
PLACE OF OCCURRENCE: 1779 Webster Avenue	
BOROUGH OF OCCURRENCE: Bronx 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: 12/03/24 AT: 8:30 AM

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Bronx 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 34RCNY 5-02(a)	OATH Code D S 3
Mail-In Penalty: \$ 500	Maximum Penalty: \$ 500
I observed the above respondent operating a Sidewalk Cafe without a license and revocable consent. There was no application on file with DOT as of the final registration date of 8/3/24	
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 App. H.S. Cindy Diaz	REPORT LEVEL (Fill 4 spaces Comm'd, Sgt, Unit, etc.) H 8 7 5
COMPLAINANT'S NAME (Printed) Cindy Diaz	TAX REGISTRY NUMBER 1000875
AGENCY 841	
NOTICE ALSO SENT TO	FIRST NAME
LAST NAME	
STREET ADDRESS	
CITY	STATE ZIP

OATH



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