NYCServ Violation Copy

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0219482185

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NEW YORK CITY DOT

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0219 482 185

ENFORCEMENT AGENCY: Dept. of Transportation

AGENCY CONTACT INFORMATION: _____ DIVISION: _____

LAST NAME OR COMPANY NAME (Print)	FIRST NAME
MIMI'S PIZZA	
CELL PHONE #:	
STREET ADDRESS: 247 EAST 86TH STREET	APT. NO.
CITY: New York	STATE: NY ZIP: 10028
ID NUMBER: 50107643	
TYPE OF ID/ISSUED BY: DOH MH ESCP	

DATE OF OCCURRENCE: 9/6/24 TIME OF OCCURRENCE: 0815

PLACE OF OCCURRENCE: 247 EAST 86TH Street

BOROUGH OF OCCURRENCE: Manhattan 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: 12/17/24 **AT:** 8:30AM

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Manhattan 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 4

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

I observed the above respondent continues to operate a sidewalk cafe, without a license and revocable consent. There was no application on file with DOT as of final registration of 8/3/24. This is a subsequent offense. First offence 8/15/24

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.)
HLS Inspector	H 3
COMPLAINANT'S NAME (Printed) Karen Johnson	TAX REGISTRY NUMBER 000737
	AGENCY 841

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

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