

NYCServ Violation Copy

Internet



0219482185

0515000002002055



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) MIMI'S PIZZA	FIRST NAME _____
CELL PHONE #: _____	
STREET ADDRESS 217 EAST 86TH STREET	APT. NO. _____
New York	ZIP 10028
ID NUMBER: 5D107643	
TYPE OF ID/ISSUED BY: DOH MH EEP	
DATE OF OCCURRENCE: 9/6/24 TIME OF OCCURRENCE: 0815	
PLACE OF OCCURRENCE: 217 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 34(2)(a)	OATH Code DS4
Mail-In Penalty: \$ 1,000	Maximum Penalty: \$ 1,000
Observed the above respondent continuing to operate sidewalk cafe, without a license and rideable consent. There was no application on file with DOT as of first registration of 8/3/24. This is a subsequent offense. First offense 8/15/23	
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 HRS Inspector [Signature]	REPORT LEVEL (Fill 4 spaces Convicts, Sols, Unat, etc.) H732
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



0219 482 185