NYCServ Violation Copy

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NEW YORK CITY DOT

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0219 500 060

ENFORCEMENT AGENCY: Dept. of Transportation

AGENCY CONTACT INFORMATION: _____ DIVISION: _____

LAST NAME OR COMPANY NAME (Print): AY KEBAB FIRST NAME

CELL PHONE #:

STREET ADDRESS: 8602 4TH AVE APT. NO.

CITY: BROOKLYN STATE: N.Y. ZIP: 11209

ID NUMBER: _____

TYPE OF ID/ISSUED BY: DOHMH ESEP

DATE OF OCCURRENCE: 1/15/25 TIME OF OCCURRENCE: 9:02AM

PLACE OF OCCURRENCE: 8602 4th AVE

BOROUGH OF OCCURRENCE: BROOKLYN 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: 4/24/25 **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.

Details of Violation(s)

Section/Rule 34 RCNY 5-02(a) OATH Code D 5 3

Mail-In Penalty: $500.00 Maximum Penalty: $500.00

A/T/P/O I observed the above respondent operating a sidewalk/roadway cafe without a license and revocable consent there was no application on file with DOT as of the

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: HOS INVS K Matheson

REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.): H659

COMPLAINANT'S NAME (Printed): Kareem Matheson TAX REGISTRY NUMBER: 000659 AGENCY: 841

NOTICE ALSO SENT TO

FIRST NAME

LAST NAME

STREET ADDRESS

CITY STATE ZIP

OATH final registration date of 2/3/26

0219 500 060