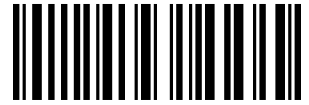


# NYCServ Violation Copy

Internet



0219506742

0657000001001085



SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0219 506 742

|                                                                         |                                  |
|-------------------------------------------------------------------------|----------------------------------|
| <b>ENFORCEMENT AGENCY: Dept. of Transportation</b>                      |                                  |
| AGENCY CONTACT INFORMATION: _____ DIVISION: _____                       |                                  |
| LAST NAME (PRINT) <u>PHILLIPS</u>                                       | FIRST NAME _____                 |
| CELL PHONE #: _____                                                     |                                  |
| STREET ADDRESS <u>8602 4th Avenue</u> APT. NO. _____                    |                                  |
| CITY <u>Brooklyn</u>                                                    | STATE <u>NY</u> ZIP <u>11209</u> |
| ID NUMBER: _____                                                        |                                  |
| TYPE OF ID/ISSUED BY: _____                                             |                                  |
| DATE OF OCCURRENCE: <u>03/22/2025</u> TIME OF OCCURRENCE: <u>5:14PM</u> |                                  |
| PLACE OF OCCURRENCE: <u>8602 4th Avenue</u>                             |                                  |
| BOROUGH OF OCCURRENCE: <u>Brooklyn</u> CB No. _____                     |                                  |
| <input type="checkbox"/> Alternative Service                            |                                  |

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

HEARING DATE: 06/26/2025 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.

|                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------|
| Section/Rule <u>34 RCNY § 22(a)</u>                                                                                                                                                                                                                                                                                                                           | Details of Violation(s) _____                                                    | OATH Code <u>D S 4</u> |
| Mail-In Penalty: \$ <u>1,000</u>                                                                                                                                                                                                                                                                                                                              | Maximum Penalty: \$ <u>1,000</u>                                                 |                        |
| <u>I observed the above Respondent Continuing to Operate a Sidewalk Cafe without a License and Permissible Content. This is a subsequent offense. Previous Summons # 218078053 issued on 3/9/2025.</u>                                                                                                                                                        |                                                                                  |                        |
| 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<br><u>APP. Insp. H2S</u>                                                                                                                                                                                                                                                                                                | REPORT LEVEL<br>(Fill in spaces)<br>Commt's, Spts, Utrls, etc.<br><u>H 0 3 3</u> |                        |
| COMPLAINANT'S NAME (Printed)<br><u>Felix J. Price</u>                                                                                                                                                                                                                                                                                                         | TAX REGISTRY NUMBER<br><u>000833</u>                                             | AGENCY<br><u>841</u>   |
| NOTICE ALSO SENT TO _____ FIRST NAME _____                                                                                                                                                                                                                                                                                                                    |                                                                                  |                        |
| LAST NAME _____                                                                                                                                                                                                                                                                                                                                               |                                                                                  |                        |
| STREET ADDRESS _____                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                        |
| CITY _____                                                                                                                                                                                                                                                                                                                                                    | STATE _____                                                                      | ZIP _____              |

OATH



0219 506 742