NYCServ Violation Copy

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NEW YORK CITY DOT

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0219 509 510

ENFORCEMENT AGENCY: Dept. of Transportation

AGENCY CONTACT INFORMATION: _____ DIVISION: _____

LAST NAME OR COMPANY NAME: Bahwah FIRST NAME: House

CELL PHONE #:

STREET ADDRESS: 8602 4th Ave APT. NO.

CITY: Bklyn STATE: NY ZIP: 11209

ID NUMBER: _____

TYPE OF ID/ISSUED BY: _____

DATE OF OCCURRENCE: 4 / 20 / 25 TIME OF OCCURRENCE: 10:11 Am

PLACE OF OCCURRENCE: 8602 4th Ave Bklyn

BOROUGH OF OCCURRENCE: Kings 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: 7 / 31 / 25 **AT:** 8:30 Am

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS

Kings 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 4

Mail-In Penalty: $ 1000.00 Maximum Penalty: $ 1000.00

I observed the above respondent continuing to operate a sidewalk cafe without a license and revocable consent. owner was given a summon on 3/31/2025 se# ~~2180842(KK)~~ 2180842

OATH 832

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: H & Inspector — REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.): 1461

COMPLAINANT'S NAME (Printed): Kevin Kilpatrick TAX REGISTRY NUMBER: 010675 AGENCY: 841

NOTICE ALSO SENT TO FIRST NAME

LAST NAME

STREET ADDRESS

CITY STATE ZIP

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