

NYCServ Violation Copy

Internet



48481770X

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SUMMONS * FOR CIVIL PENALTIES ONLY			
ENFORCEMENT AGENCY NAME: Department of Sanitation			
DIVISION: 829 MNHQ			
AGENCY ADDRESS AND PHONE NUMBER: 125 Worth Street, NY 311			
RESPONDENT:	GENDER:		
COCO ISLAND MART INC.			
RESPONDENT MAILING ADDRESS:	CELL PHONE:		
1980 86 STREET, Brooklyn, NY 11214			
RESPONDENT ID NUMBER:	TYPE OF ID AND ISSUED BY:		
FA0262170	Sanitary Inspection DOHMH Grade		
DATE AND TIME OF OCCURRENCE:		08/22/2024 08:00 PM	
PLACE OF OCCURRENCE:	BOROUGH: BK	CB NO: 11	
Front Of 1980 86 STREET			
You must respond to the Summons. You can appear on the hearing date and the location below or choose another option. For other options on how to respond, read further on this Summons.			
HEARING DATE: November 20, 2024 AT: 08:30 AM			
OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS: at any OATH location			
Read further on this Summons for address. Phone: (844)628-4692			
FOR HEARING OPTIONS, READ FURTHER ON THIS SUMMONS 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.			
DETAILS OF VIOLATION			
Law Description:	NYC Adm. Code --Sanitation Provisions --Title 16		
Section or Rule:	16-120(A)		
OATH Code:	Improper Receptacle (All Businesses) (SPQ)		
Mail-In Penalty: \$50.00	Maximum Penalty: \$300.00		
At T/P/O I did observe trash and/or organic waste placed out for private carter collection in bags instead of containers.			
Property Commercial			
NYC Charter Sections 1048, 1049, and 1049-a and the Rules of the City of New York authorizes 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: SUP	Report Level: MNHQ		
Name/ID: J. CUCCO , 1D6745	Agency: 829		
048481770X			

Mailing Date: 09/09/2024

Affirmation of Service

The Undersigned under the penalties of section 210.45 of the Penal Law, hereby affirms that he or she is not a party to the action, is over 18 years of age, and:

Alternative Service per NYC Charter §1049-a(d)(2)

☒ At the time indicated on the front of the Notice of Violation with the below referenced number,

☐ At _____ on _____ at _____
I attempted to personally serve the Notice of Violation with the below referenced number on the respondent named therein but was unable to do so because:

☒ having attempted entry into the premises, I found the premises locked and no one responded to any bells, knocks or calls.

☐ having entered the premises and having identified myself, I was:

☐ advised by _____
that respondent was not then present.

☐ advised by _____
that no officer, director, managing agent, or general agent of the respondent was present.

☐ unable to secure identification of the person(s) present.

☒ Therefore, I affixed a copy of the Notice of Violation with the below referenced number to the door of the premises at the time indicated above

I, an employee of the below agency, served this notice of violation in the manner described above. False statements made herein are punishable as a class A Misdemeanor pursuant to section 210.45 of the Penal Law. Affirmed under penalty of perjury.

Date 08/22/2024

Signature

J. CUCCO

Agency: 829

Summons Number

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DOF Address	
DSNY Address	
HPD Address	