

SCRN: CVPSSQV3
TERM: 2170

DEPT OF ENVIRONMENTAL PROTECTION
VIOLATION INQUIRY (HISTORY)

DATE: 6/22/17
TIME: 12:49:38

STATUS: HEARING COMPLETED

VIOLATION: 0191079231 ROLL: 08895 IMAGE: 06020 DISP: DISMISSED
DUE: NOTHING DUE

RESP LAST NAM: AITOMAR FIRST NAM: MOHAMED

HOUSE: 1150 BORO: 3 BROOKLYN

STREET: 71 STREET APT. NO:

CITY: BROOKLYN STATE: NY ZIP: 11228

VIOLATION ADDR: HOUSE: BORO: 1 MANHATTAN

STREET: C/O W 47 AND BROADWAY RTC:

VIO CODE: F18 SECTION: AC 17-315(E) ALJ ID: 9999

INF DESC: VEND IN BUS STOP, NEXT TO HOSPITAL/10 FT OF DRIVE, SUBWAY, CROSSWALK

ISSUE AGENCY: 056 POLICE DEPARTMENT RPT LVL: 0161

SERVICE: P PROPERTY REMOVED:

ISSUING OFFICER: FERRAZZO OFFICER ID: 955913

VIOLATION INPUT DATE: 05/12/17 MULTI OFFENSE: 000

VIOLATION DATE/TIME : 04/23/17 1055 TAX LIEN:

HEARING DATE/TIME: 06/01/17 1000 INT: 0.00+ DOCKET:

SCHEDULED LOCATION: H SAU: MANH IMPOSED AMOUNT : 0.00+

FACE AMOUNT: 50.00+ NET ALL ADJUSTS: 0.00+

LATE ADMIT : 50.00+ PAID TO DATE : 0.00+

MAX AMOUNT : 50.00+ BALANCE DUE : 0.00+

CMD: . MSG: *PRESS PF6 FOR DATE OF PRIOR HEARING

V

SCRN: CVPSSQV2
TERM: 2170

DEPT OF ENVIRONMENTAL PROTECTION
VIOLATION INQUIRY (HISTORY) - PAGE 01 OF 01

DATE: 6/22/17
TIME: 12:49:45

VIOLATION NO.: 0191079231

ROLL: 08895

IMAGE: 06020

EVENT ---BALANCE DUE---

SEQ	REC DATE	EVENT	AMOUNT	CHANGE	NEW BAL
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001	04/23/17	ISS - NEW VIOL ISSUANCE	+50.00	+50.00	+50.00
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RMK: , 1, 20170524, 1000, 9, R=08895, I=06020

002	05/31/17	DEF - DEFAULT PROC - BATCH	+50.00	+0.00	+50.00
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RMK: ,

003	06/01/17	SAU - ASSIGNED TO SAU	+0.00	+0.00	+50.00
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RMK: 20170601, H,

004	05/24/17	HRG - HEARING RESULTS	+0.00	-50.00	+0.00
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RMK: 9999, H, D, , S, N, , R= , I=

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RMK:

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RMK:

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RMK:

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CMD: MSG: REMARKS ARE SUPPRESSED - PRESS PF6 TO DISPLAY

V

NOTICE OF VIOLATION AND HEARING - FOR CIVIL PENALTIES ONLY
City of New York, Petitioner vs. Respondent

MOHAMED AITOMAR
 1150 71ST ST
 BROOKLYN, NY 11228 1304

RECORD ID 50055566		DECAL # AA05289			
TYPE OF LICENSE / PERMIT OR IDENTIFICATION NUMBER Health Department Permit/Decal AA05289				ISSUED BY DoHMH	
NOTICE ALSO SENT TO:				MAIL DATE 5/12/2017	
Date Of Offense 4/23/2017	Time 10:55 PM	Borough Manhattan	CB NO.	Violation Codes F18	
The Respondent is charged with violating the following Law or Rule:					
NYC ADMINISTRATIVE CODE/RULES OF THE CITY OF NEW YORK Food Vendor Provisions				OTHER CODES	
SECTION/RULE ADMIN CODE 17:315 (E)					
At <input checked="" type="checkbox"/>	Front Of	Opposite	Place of Occurrence C/O W 47 AND BROADWAY,,		
DETAILS OF VIOLATION AT TPO A/O OBS RESPONDENT OFFER AND SELLING FOOD FROM HIS MOBILE FOOD CART 8 FEET FROM CROSSWALK.					
MEASURE BY TAPE MEASURE					
PROPERTY REMOVED					
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	ALTERNATIVE SERVICE <input type="checkbox"/>			
Mail-In Penalty Schedule					
\$25 \$50 \$100 \$250	\$ _____	<input type="checkbox"/> NO MAIL-IN PENALTY	Maximum Penalty for Violation		
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Other	YOU MUST APPEAR	\$ _____		
Vendor Multiple Offense Schedule (See Reverse Side) <input type="checkbox"/>			See Date and Time Below	or see reverse side	
Date of Hearing <u>24</u>	Day of <u>May 2017</u>	8:30 AM	10:30 AM	1:00 PM	2:30 PM
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		

Section 1049-a of the NYC Charter and the Rules of the City of New York allow the Environmental Control Board to hold hearings. For hearing options, see other side.

WARNING: If you do not have a hearing (or pay by mail if permitted), the ticket will be decided against you and you will have to pay a fine. You may also have a license taken away or a new license request denied. The City may also go to Court and enter a judgment against you. See other side or www.nyc.gov/oath for more instructions.

I, an employee of the below agency, personally observed the commission of the civil violation charged 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.

RANK (TITLE) OF COMPLAINANT PO		REPORT LEVEL 0161
COMPLAINANT'S NAME FERRAZZO	TAX REGISTRY NUMBER 955913	AGENCY 056

No. 0191079231



0191079231

The agency named on the front of this summons has alleged that you committed the described violation or violations. If the Summons contains a "Mail-in Penalty," you may admit the charge and pay the penalty. Note: If the charge on the front of the summons states you must appear in person, you or an authorized representative must attend the hearing in person. See the front of this summons for the date, time and location of your hearing. In some cases, the agency that issued the Summons may offer you the chance to enter into a stipulation or settlement agreement. If you are eligible, the agency will send you a letter in the mail. To accept the stipulation or settlement, follow the instructions in the letter.

To admit the charge and pay the penalty by mail:

- Make the check or money order payable to "Finance Commissioner" in the amount shown in the Mail-in Penalty box and write the Summons Number on the check or money order.
- Within ten (10) days of the date on this Summons, mail a copy of this Summons and the check or money order to:
OATH Environmental Control Board, PO Box 2307, Peck Slip Station, New York NY 10272

To admit the charge and pay the penalty in person:

- On any business day before the Hearing Date listed on the front of this Summons, bring this Summons and your payment to an OATH Hearings Center where payment can be made between 8:00 AM and 3:30 PM. Checks, money orders and credit cards are accepted.

To admit the charge and pay the penalty online:

Go to <http://nyc-citypay.nyc.gov/citypay/ech>

If you do not admit the charge, the Independent NYC Office of Administrative Trials and Hearings will hear and decide your case. If you do not pay the penalty or appear for your hearing using one of the methods stated below, a default judgment may be entered against you and additional penalties may be imposed. If your date is NOT marked "MUST APPEAR IN PERSON," you may deny the charge and present a defense online, by phone or by mail. To see if you are eligible, go to nyc.gov/oath.

- **Online:** To submit a defense online, visit www.nyc.gov/oath.
- **Phone:** To schedule a hearing by phone, call (212) 436-0817.
- **Mail:** To submit a defense by mail, send a signed statement of facts that must say "My signature in this statement certifies that all facts in it are true", with all documents you wish to have considered to: **OATH Mail Unit, 66 John Street, 10th Floor, New York, NY 10038**

To deny the charge and present a defense in person:

- You or an authorized representative may appear in person on the hearing date at the time and location shown on this Summons.
- If no location is listed or checked off, you may appear at any OATH Hearings Center (see locations below).
- Please be fully prepared for a hearing at that time by bringing this Summons and all of your evidence with you.
- If you require assistance with English, free language assistance will be provided.
- **Reasonable Accommodation:** If you have a disability and require a reasonable accommodation on the day of your hearing, call the phone number listed below.

Note: YOU HAVE THE RIGHT TO BE INFORMED OF THE MAXIMUM PENALTY. If no maximum penalty is shown on the front of this Summons, inquire in person at any location below or call 1-844-628-4692 for more information. Higher penalties may be imposed for each repeated violation up to the maximum penalty allowed by law or regulation.

To view the law or rule you were charged with, go to: <http://72.43.120.254/nycnew/index.htm>

VENDOR MULTIPLE OFFENSE SCHEDULE (\$MIN/MAX)

1 st Offense:	\$50/50	3 rd Offense:	\$250/250
2 nd Offense:	\$100/100	4 th Offense:	\$500/500

OATH HEARINGS CENTERS

Tel: 1-844-OATH-NYC (1-844-628-4692)

www.nyc.gov/oath

- Manhattan: 66 John Street, 10th Floor, New York, NY 10038
- Brooklyn: 9 Bond Street, 7th Floor, Brooklyn, NY 11201
- Queens: 144-06 94th Avenue, Main Floor, Jamaica, NY 11435
- Bronx: 3030 Third Avenue, Room 250, Bronx, NY 10455
- Staten Island: 350 St. Mark's Place, Main Floor, Staten Island, NY 10301



SUMMONS • FOR CIVIL PENALTIES ONLY
NYC Police Department, Pétitioner vs Respondent:

LAST NAME (Printed) MUSIIC Food Vendor	FIRST NAME	INITIAL	Sex
STREET ADDRESS			
CITY Brooklyn		STATE	ZIP
AAUTS289			
TYPE OF LICENSE / PERMIT OR IDENTIFICATION NUMBER		7 <input type="checkbox"/> Cert. of Auth.	ISSUED BY
1 <input type="checkbox"/> Consumer Affairs License	4 <input type="checkbox"/> Vehicle Plate	8 <input type="checkbox"/> Build Reg. No.	<i>NYPD</i>
2 <input type="checkbox"/> Health Dept. License	5 <input type="checkbox"/> Meter Number	9 <input type="checkbox"/> Telephone No.	
3 <input type="checkbox"/> Motorist Identification	6 <input type="checkbox"/> Soc. Sec. No.	10 <input type="checkbox"/> Other	
NOTICE ALSO SENT TO		FIRST NAME	INITIAL
LAST NAME			
STREET ADDRESS			
CITY		STATE	ZIP

Date of Offense 04/23/17	AM <input type="checkbox"/> 10:15 PM <input type="checkbox"/>	Time JFA	Borough BRK	CB NO.	Violation Code F 1 1 8
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The Respondent is charged with violation of the following Law or Rule:

NYC ADMINISTRATIVE CODE/RULES OF THE CITY OF NEW YORK

1. <input type="checkbox"/> "Air Code" Provisions	5. <input type="checkbox"/> Sanitation Provisions	9. <input type="checkbox"/> Park Rules	11. <input type="checkbox"/> NYS Public Health Law
2. <input type="checkbox"/> "Noise Code" Provisions	6. <input type="checkbox"/> General Vendor Provisions	10. <input type="checkbox"/> Other	12. <input type="checkbox"/> NYC Health Code Provisions
3. <input type="checkbox"/> "Water Code" Provisions	7. <input checked="" type="checkbox"/> Food Vendor Provisions		13. <input type="checkbox"/> NYS VTL
4. <input type="checkbox"/> "Sewer Code" Provisions	8. <input type="checkbox"/> Transportation Provisions		14. <input checked="" type="checkbox"/> Other AC

SECTION/RULE

ADMN code 17:315 (E)

At	Front of	Opposite	Place of Occurrence
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>C/1 W-17 and Broadway</i>
DETAILS OF VIOLATION <i>AT TPO A/6 OFP RESPOND areas am J11:30 Fort from his mobile food cart with 8 feet from crosswalk. max BY TWO measure</i>			

Property Removed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No AC	<input type="checkbox"/> ALTERNATIVE SERVICE <input type="checkbox"/> 1-2 Family <input type="checkbox"/> Multiple Dwelling <input type="checkbox"/> Commercial
Mail-In Penalty Schedule \$25 \$50 \$100 \$250 \$ <input type="checkbox"/> Other Other	
<input type="checkbox"/> NO MAIL-IN PENALTY. YOU MUST APPEAR See Date and Time Below: See Date and Time Below:	
Maximum Penalty For Violation \$ <input type="checkbox"/> or see reverse side	
8:30 AM 10:30 AM 1:00 PM 2:30 PM	
1 2 3 4	
Vendor Multiple Offense Schedule (See Reverse Side) <input type="checkbox"/> 9	
Date of Hearing 24/5 Day of May 2017	

Section 1049-a of the NYC Charter and the Rules of the City of New York allow the OATH Environmental Control Board Tribunal to hold hearings. For Hearing options see other side.

WARNING: If you do not have a hearing (or pay by mail if permitted), the ticket will be decided against you and you will have to pay a fine. You may also have a license taken away or a new license request denied. The City may also go to Court and enter a judgment against you. See other side for more instructions.

I, an employee of the below agency, personally observed the commission of the civil violation charged 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.

RANK (TITLE) SIGNATURE OF COMPLAINANT PC	REPORT LEVEL (Fill 4 spaces Comm'd, Sod. Unit, etc.)	0 1 6 1
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COMPLAINANT'S NAME (Printed) PC Ferrara	TAX REGISTRY NUMBER 91519110	AGENCY NYPD
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OATH ECB

No. E 191 079 231



191 079 231

AFFIDAVIT (CERTIFICATE*) OF SERVICE

State of New York, County of New York SS: The undersigned being duly sworn deposes and says: That deponent is not a party to the action, is over 18 years of age, and:

At the time and place of occurrence did personally serve a true copy of this Summons on the respondent named therein.

On 1/23, 2017 at 10:55 AM/PM at L-87 did personally serve a true copy of this Summons on the respondent named therein by delivering said copy (two copies) to: Milana L-87

the respondent.
 a person of suitable age and discretion at respondent's place of business/abode.
 an officer/director/managing agent/(other): _____ of respondent corporation.
 designated agent in the Office of the Secretary of State, Albany, New York, as per Business Corporation Law §306(b).

Deponent herein describes the person served as follows:

<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Black Hair	<input type="checkbox"/> Fair Complexion	<input type="checkbox"/> Under 5'	<input type="checkbox"/> Under 100 Lbs.
<input type="checkbox"/> Female	<input type="checkbox"/> Brown Hair	<input checked="" type="checkbox"/> Medium Complexion	<input type="checkbox"/> 5'0" - 5'3"	<input type="checkbox"/> 100 - 150 Lbs.
<input type="checkbox"/> 14-20 Yrs.	<input type="checkbox"/> Blond Hair	<input type="checkbox"/> Dark Complexion	<input checked="" type="checkbox"/> 5'4" - 5'8"	<input checked="" type="checkbox"/> 150 - 200 Lbs
<input type="checkbox"/> 21-35 Yrs.	<input type="checkbox"/> Gray Hair		<input type="checkbox"/> 5'9" - 6'0"	<input type="checkbox"/> 200 - 250 Lbs
<input type="checkbox"/> 36-50 Yrs.	<input type="checkbox"/> Red Hair		<input type="checkbox"/> Over 6'	<input type="checkbox"/> 250 Lbs +
<input type="checkbox"/> 51-65 Yrs.	<input type="checkbox"/> White Hair			
<input type="checkbox"/> Over 65 Yrs.	<input type="checkbox"/> Balding			

Other Identifying Features _____

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

At the time indicated on the front of this Summons.

At _____ AM/PM on _____ 20 ____ at _____

I attempted to personally serve this Summons on the respondent named herein but was unable to do so because:

having attempted entry to 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 the respondent was not then present.

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

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

Service could not be made because _____

Therefore, I affixed a copy of this Summons to the door of the premises at the time indicated above.

Therefore, I delivered a copy of this Summons to _____, described above, whom I believe to be an employee of respondent at the premises, because employee:

So identified him/herself.
 Was performing work consistent with such employment.
 Other _____

Date 1/23/17 Signature [Signature]

Print Name PR Ferraro

Sworn to before me on _____

Signature of Certifying Officer Administering Oath

*If not sworn, this statement shall constitute a certificate of service.

Alternative Service Mailing Dates: _____



OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Hearings Division

66 John Street
10th Floor
New York, NY 10038
1-844-OATH NYC

June 13, 2017

**MOHAMED AITOMAR
1150 71 STREET
BROOKLYN, NY 11228**

**RE: Summons Number(s): 0191079231
Respondent Name: MOHAMED AITOMAR**

Dear Respondent:

Upon review of the above referenced summons(es), OATH has found service of the summons(es) was defective.

Therefore, OATH is administratively dismissing the above-referenced summons(es).

Thank you.

OATH Hearings Division

c.c. File

New York City Police Department

RHU_Admin Dism Letter 5_1_2017