

Certificate No.

09481856

# **Certificate of Inspection**

Record ID No.	Cross Reference No.	License No.		License Expiration Da	te Business Category	
5894-2020-CMPL				1 1	819	
Premises/Incident Address (	Location of Inspection)	Landmark	1			
Building No./Direction (NE, SW, et	c.) Street 1		Street 2	(Intersection only)		
609	Westchester	Avenue				
Apartment/Suite/Other	ZIP Coo	le	Borough			
		0455	Bror	X		
Contact Information and Add	Iress (if different from abo	ove address)				
Business Name (Individual, Partne	rship, Corporation)		Doing-Bu	usiness-As (DBA) Name		
Cauldwell Pha	rmacy Inc					
Cauldwell Pharmacy Inc Building No./Direction (NE, SW, etc.) Street 1			Street 2	Street 2 (Intersection only)		
Apartment/Suite/Other City	State	ZIP Code	Telephor	ne	Email	
			718-2	192-3800		

### Inspection Details (for Office Use Only)

Inspection Date	12020	Start Time	<b>2</b> :55 p.m.		End Time 3 : 25	
Туре	Clo Clo	EDA	G FTR	POO	PRQ	R PTL
□ R	RCS	REV	SUS	SUSA	UNL .	PG
Result	CAN	CLD		LIC	D NEA	
Result		D POS	RBO	UTL	U WAR	Other
<b>CPP</b> Participant	t	Yes I	No 🖸 N/A		CPP Sign Observed	🗆 Yes 🗖 No

### **Inspector Remarks**

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**NOTICE: Bribery is a crime**. A person who gives or offers a bribe to any employee of the City of New York, or an employee who takes or solicits a bribe, is guilty of a felony punishable by imprisonment and/or a significant fine. **Obstructing an inspector in the performance of his or her duties is punishable by civil and criminal penalties.** 

I/We affirm that on the noted Inspection Date:

- I/we inspected the business listed on the Certificate of Inspection and took appropriate action in accordance with the laws and rules administered and enforced by the Department of Consumer Affairs.
- I/we provided a copy of this Certificate of Inspection to the business by leaving a copy with the owner or an employee of the business.
- I/we understand that falsification of any part of the document may subject the certifying inspector(s) to civil and/or criminal penalties.

FOR INSPECTOR USE ONLY		The state of the second second	
Inspector Name (Print)	Inspector Signature	Enforcement Unit	Badge
M. Tavares	min	- LC2	71416
Inspector Name (Print)	Inspector Signature	Enforcement Unit	Badge
			1 1

FOR BUSINESS USE: I received a copy of this document.					
Name (Print)	Signature	Position/Title	Date 03126 12020		
J			01/29/2018		

#### DEPARTMENT COPY



March 31, 2020

Lorelei Salas Commissioner

42 Broadway New York, NY 10004

Dial 311 (212-NEW-YORK)

nyc.gov/dca

Re: Your Complaint against: CAULDWELL PHARMACY INC Case Number: 5894-2020-CMPL Investigation Result: No Violation

Dear Consumer:

Thank you again for contacting the NYC Department of Consumer Affairs (DCA). Above is the result of our investigation of the business.

If the result is "In Violation," DCA issued violations to the business.

If the result is "No Violation," DCA did not issue violations to the business. We will continue to monitor the business and its practices.

Sincerely,

**Consumer Services Division** 



\*5894-2020-CMPL\*



March 24, 2020

Lorelei Salas Commissioner

42 Broadway New York, NY 10004

Dial 311 (212-NEW-YORK)

nyc.gov/dca

Re: Case Number: 5894-2020-CMPL - Cauldwell Pharmacy INC

## **Regarding your complaint against Cauldwell Pharmacy INC**

Thank you for contacting the NYC Department of Consumer Affairs (DCA). We have carefully reviewed your complaint against Cauldwell Pharmacy INC and are investigating further. We will notify you of the results. Please allow up to six weeks.

If you do not hear from us after that time, you can call the Consumer Services Division at  $+1\ 212\ 487-4110$ .



\*5894-2020-CMPL\*