



ENTERED BY:

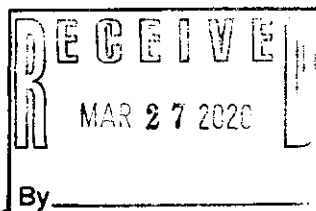
MAR 31 2020

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 05452926

ENFORCEMENT AGENCY: Department of Consumer Affairs

AGENCY ADDRESS AND WEBSITE: 42 Broadway, New York, NY 10004 • nyc.gov/dca



RESPONDENT:

MAILING ADDRESS:

Primary Care Pharmacy Inc
90-20 Sutphin Blvd

Address Line 1

Address Line 2 (if necessary)

Queens, NY 11435

City / State / ZIP Code

DBA:

LICENSE NO.:

EXPIRATION

DATE:

PHONE:

(718) 291-4747

Cell

PLACE OF OCCURRENCE:

☒ Same as Mailing Address☐ Intersection
☐ Landmark

No. / Direction (NE, SW, etc.) and Street

Street 2 (Intersection only)

City / State / ZIP Code

Borough

DATE OF

OCCURRENCE:

03/27/2020

TIME OF

INSPECTION:

1030 AM

PM

to 1105 AM

PM

You must respond to this summons. You can appear at the hearing (date and location below) or choose another option. For other options on how to respond, see the back of this summons.

HEARING DATE: 07/02/2020 AT: 1130 AM/PM

HEARING LOCATION: Office of Administrative Trials and Hearings (OATH)

BOROUGH: ☐ Bronx ☐ Brooklyn ☐ Manhattan ☒ Queens ☐ Staten Island (See reverse side for address.)

PHONE: (844) 628-4692

Refer to the Summons Number above on all communications.

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.

Record ID No.	7841-2020-CMPL	<input type="checkbox"/> Cross Reference No.	Business Category	810		
Type:	<input type="checkbox"/> PTL (Patrol)	<input type="checkbox"/> PRQ (Mediation)	<input checked="" type="checkbox"/> CRCS (Consumer Services Request)	<input type="checkbox"/> REV (License Revoked)	<input type="checkbox"/> SUS (License Suspended)	<input type="checkbox"/> Other
<input type="checkbox"/> Vehicle Seizure Form	No. pages:	2	No. vehicles seized:			

Respondent is charged with violating:

Key to Violations

A. TITLE 20 of the NYC ADMINISTRATIVE CODE (see columns 1, 2, and 3)	D. TITLE 1 of the NY CODES, RULES, and REGULATIONS (see column 3)						
B. TITLE 6 of the RULES OF THE CITY OF NEW YORK (see column 3)	E. NY GENERAL BUSINESS LAW (see column 3)						
C. NY AGRICULTURE & MARKETS LAW (see column 3)	F. TITLE 10 of the NYC ADMINISTRATIVE CODE, CHAPTER 1 (see column 3)						
	G. NYC Health Code (see column 3)						
	H. Other						
Start Date of Unlicensed Activity: (if applicable)	<input type="checkbox"/> Date of inspection <input type="checkbox"/> Date of license expiration						
	<input type="checkbox"/> Date of prior decision <input type="checkbox"/> Date of license suspension or revocation						
	<input type="checkbox"/> Date of prior settlement <input type="checkbox"/> Other:						
	<input type="checkbox"/> Date of contract						
RECIDIVISM: See all Pages for any recidivist charge(s). A "2nd," "3rd," or "4th" recidivist charge means a second, third, or fourth occurrence of the same or a related violation at the business location. Recidivists are subject to higher penalties, up to and including the maximum penalty. In addition, you may be subject to license suspension or revocation and/or sealing of your business. See Penalties section on back. Also see Title 6 of the Rules of the City of New York, beginning at Section 6-10, for a full schedule of potential penalties, which are available at: nyc.gov/dca.							
A-H	1	2	3	OATH Code	Recidivist Charge	Nature/Description of Violation	Counts
	CH.	SUB CH.	SEC.				
The number under "Counts" represents the number of individual violations of the Code, Rule, or other law with which you are being charged.							
B			5-42(b)(1)		2nd 3rd 4th	Merchant sells or offers for sale goods with	1
					2nd 3rd 4th		

Continued on Page 2

See additional violation pages, if applicable. If not admitting the charge(s), you MUST APPEAR IN PERSON.

NYC Charter Sections 1048 and 1049-a and the Rules of the City of New York authorize the NYC OATH to hold hearings. For hearing options, see other side of this summons.

I, an employee of the 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.

Method of Service: ☒ I/we affirm under penalty of perjury that on the Date of Occurrence, I/we served a copy of this summons in person on the Respondent by leaving a copy with: ☐ Respondent or Owner ☐ Manager ☐ Person/employee of suitable age/discretion ☐ Owner/Operator of seized vehicle

☐ To be served via United States Postal Service (See Affidavit/Affirmation of Service By Mail.)

Inspector Name (Print)

Inspector Signature

Badge

I received a copy of this summons on behalf of the Respondent.

Name (Print)

Signature

Position/Relationship to Respondent

Date

HOW TO RESPOND TO THIS CIVIL SUMMONS

The Department of Consumer Affairs (DCA) has charged you with the violation(s) listed on this summons. You must respond to this summons. You may send an authorized representative to respond for you. Free language help will be provided, if needed. **If you do not respond, you may automatically be found responsible, and you may owe larger penalties.** If the Environmental Control Board or the Office of Administrative Trials and Hearings orders you to pay a civil penalty, failure to pay that penalty in a timely manner could lead to the denial of an application for a license, permit, or registration, or to the suspension, termination, or revocation of a license, permit, or registration issued to you by a City agency. See the bottom of this page to learn more about penalties.

Option 1: DENY the charge(s)

If you deny the charge(s), you can give an explanation for why you think you are not responsible to a hearing officer, who will make a decision. If you are found responsible, you will still need to pay the penalty and may face higher penalties for future charges. To deny:

- Go to the Hearing Center in the borough checked on the first page of this summons at the date and time listed.
- Bring this summons and any evidence you may have that shows you are not responsible for the charge(s).
- Call 1-844-628-4692 if you have a disability and require a reasonable accommodation for the hearing.

Option 2: ADMIT to the charge(s)

You may get an Offer of Settlement in the mail with information on how to settle and/or cure the charge(s). If you settle or cure by mail, online, or in person, you may no longer need to attend your hearing. If you settle or cure, you are admitting to the charge(s) and may face higher penalties for future charges. See the first page of this summons for your Hearing Date.

Settle: Admit to the charge(s) and pay a penalty

- Your Offer of Settlement will tell you how much you need to pay. If you would like to settle, follow the instructions in the letter. *You must settle before your hearing.*
- If you do not receive an Offer of Settlement in the mail, you may still be able to settle. Visit DCA’s Settlement Unit at 42 Broadway, 5th Floor, New York, NY 10004 or send an email or a text to **LegalSettlements@dca.nyc.gov** before your hearing to see if settlement is an option.

Cure: Admit to the charge(s) without paying a penalty (only for certain first-time charges)

Not all charges are curable. If you received a charge that is curable, you may be able to correct it without paying a penalty. Follow the steps below.

- Your Offer of Settlement will include information about which charge(s) you can cure and how to admit the charge(s) and submit a certification that you cured the charge(s) by mail, online, or in person. *You must submit the Cure Certification within 30 days from the date the summons is issued and before your hearing.*
- If you do not receive an Offer of Settlement in the mail, you may still be able to cure. Visit DCA’s Settlement Unit at 42 Broadway, 5th Floor, New York, NY 10004 or send an email or a text to **LegalSettlements@dca.nyc.gov** before your hearing to see if curing is an option.
- Go to **nyc.gov/dca** for more information about curing a DCA charge.

Unlicensed Activity Charges

If you are charged with unlicensed activity, you must deny the charge(s) or admit the charge(s) as described above. You should also:

1. **Stop the unlicensed activity.**
2. Go to 42 Broadway, 5th Floor, New York, NY 10004 and meet with a DCA Settlement Officer or send an email or a text to **LegalSettlements@dca.nyc.gov**.
3. Apply for a license online at **nyc.gov/BusinessToolbox** or in person at the DCA Licensing Center (42 Broadway, Lobby, New York, NY 10004) or the NYC Small Business Support Center (90-27 Sutphin Blvd., 4th Floor, Jamaica, NY 11435).
4. **If your vehicle was seized, be sure to read the back of the Vehicle Seizure Form.**

Penalties

You have the right to be informed of the maximum penalty. If no maximum penalty is shown on the first page of this summons, ask in person at any OATH Hearing Center location below or call 1-844-628-4692. See below for additional information. Higher penalties may be imposed for each repeated violation up to the maximum penalty allowed by law or rule.

- Except for unlicensed activity (described below), maximum penalties for the violation(s) in this summons may include a fine of as much as \$15,000 for each violation; revocation or suspension of your DCA license; the sealing of your business premises; and/or the removal of your property. Copies of the laws and rules, which include the maximum penalties for specific violations, are available on the DCA website: **nyc.gov/dca**.

Unlicensed Activity Penalties: In most cases, the penalty for unlicensed activity is \$100 per violation per day. See the first page of this summons for the “Start Date of Unlicensed Activity” under the “Key to Violations” section, which is the date this penalty would begin. Pursuant to Section 1-19 of Title 6 of the Rules of the City of New York, you will be presumed to have engaged in the unlicensed activity every day from the “Start Date of Unlicensed Activity” through the Hearing Date. Penalties for unlicensed activity could exceed \$15,000.

Sidewalk Café Penalties: Your Sidewalk Café license may be suspended or revoked, and your sidewalk café and restaurant sealed for up to 30 days for a third violation of the Sidewalk Café Law or Rules. Your sidewalk café and restaurant may also be sealed for up to 30 days for a second violation for operating an unlicensed sidewalk café.

Sale of Toy or Imitation Firearms Penalties: If you are found to have offered to sell or sold a toy or imitation firearm on three (3) or more occasions within a two-year period, the premises where the violations occurred may be sealed for up to five (5) days. See Administrative Code Section 10-131(g) (1) for more details.

DCA encourages business owners to view the **Business Owner’s Bill of Rights**, available at **nyc.gov/bizrights**

Questions?

أسئلة؟ 任何疑問 Kesyon?
Вопросы? ¿Preguntas?
질문 있으세요? কোনো প্রশ্ন আছে কি?
www.nyc.gov/oath
844-OATH-NYC (844-628-4692)

OATH Hearing Center Locations

Manhattan: 66 John Street, 11th Floor, New York, NY 10038
Brooklyn: 9 Bond Street, 7th Floor, Brooklyn, NY 11201
Bronx: 3030 3rd Avenue, Room 250, Bronx, NY 10455
Queens: 31-00 47th Avenue, 4th Floor, Long Island City, NY 11101
Staten Island: 350 St. Mark’s Place, Staten Island, NY 10301



SUMMONS NUMBER: 05452926

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A. TITLE 20 of the NYC ADMINISTRATIVE CODE (see columns 1, 2, and 3)	E. NY GENERAL BUSINESS LAW (see column 3)
B. TITLE 6 of the RULES OF THE CITY OF NEW YORK (see column 3)	F. TITLE 10 of the NYC ADMINISTRATIVE CODE, CHAPTER 1 (see column 3)
C. NY AGRICULTURE & MARKETS LAW (see column 3)	G. NYC Health Code (see column 3)
D. TITLE 1 of the NY CODES, RULES, and REGULATIONS (see column 3)	H. Other

Respondent is charged with violating (continued):

A-H	1 CH.	2 SUB CH.	3 SEC.	OATH Code	Recidivist Charge	Nature/Description of Violation	Counts
The number under "Counts" represents the number of individual violations of the Code, Rule, or other law with which you are being charged.							
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	an excessive price increase during an imminent threat to public health. At time of inspection, inspector observed Tranex Health Care 9606 2 Series 12" Nitrile Exam gloves (50 pack) for \$15.76. Prices for gloves is excessive. Gloves are discounted to \$14.19, sale price is excessive.	
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th		
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th		
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					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th		

☐ continued on Page 3

Consumer Affairs Dealer in Products Disabled License

Business Name:

PRIMARY CARE PHARMACY INC

DBA/Trade Name:

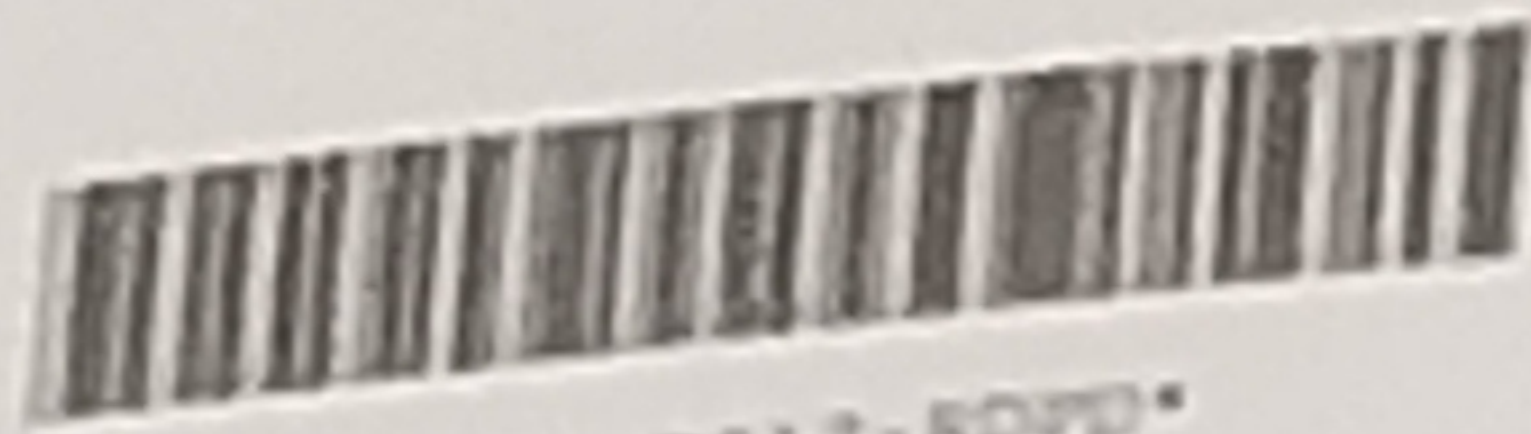
Business Address:

9020 SUTPHIN BLVD

JAMAICA, NY 11435-3636

License Number: 2006772-DCA

Issued: 02/27/2017 Expires: 03/15/2019



•8819-2017-RDPO•

New York City Department of Consumer Affairs
42 Broadway, New York, NY 10004



To file a
business
to nyc.

THERMOMETER EAR
***KPP
1 01/23/13
554-493

TRONEX[®]
HEALTHCARE

12" Powder-Free Nitrile
Tested For Use With Chemotherapy Drugs

S

To Open:
Push Tab & Lift

62-10

Co

Not Made with Natural Rubber Latex

738-918
003 PRIMARY
19C0 16T03
REG 90359 16T50
DIS 15.76
14.19

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HEALTHCARE

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PRIMARY 16T03
16T50
15.76
14.19
DIS 15.76
REG 14.19
CO 15.76
16T03
16T50
15.76
14.19

9662 Series
12" Powder-Free Nitrile Exam Gloves
Tested For Use With Chemotherapy Drugs In Accordance With ASTM D6978
(Non-Sterile)

S

S

To Open:
Push Tab & Lift



Single Use Only

CONTENTS:

50

Gloves By Weight

9662 Series
12" Powder-Free Nitrile Exam Gloves
Tested For Use With Chemotherapy Drugs In Accordance With ASTM D6978 (Non-Sterile)

S

To Open:
Push Tab & Lift

CONTENTS:

50

Gloves By Weight



Single Use Only

TRON
HEALTH CARE

52-10

Natural Rubber Latex

738-918
003
19C0
REG
DIS

16T03
16T50

COV 15.76
14.19

Not Made

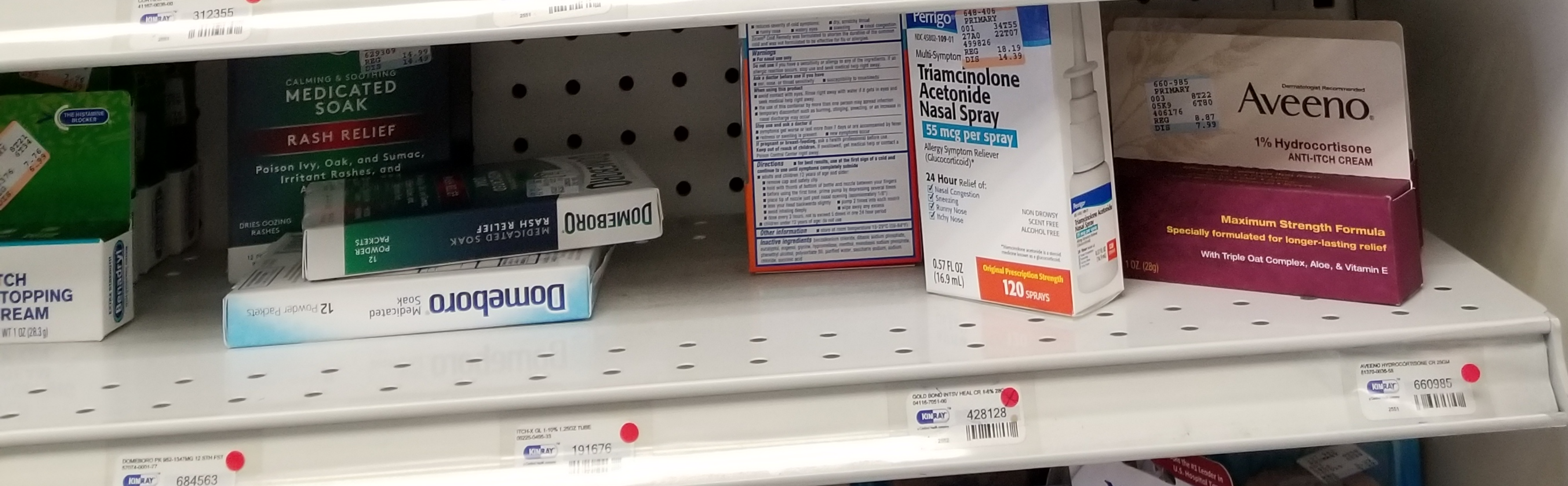
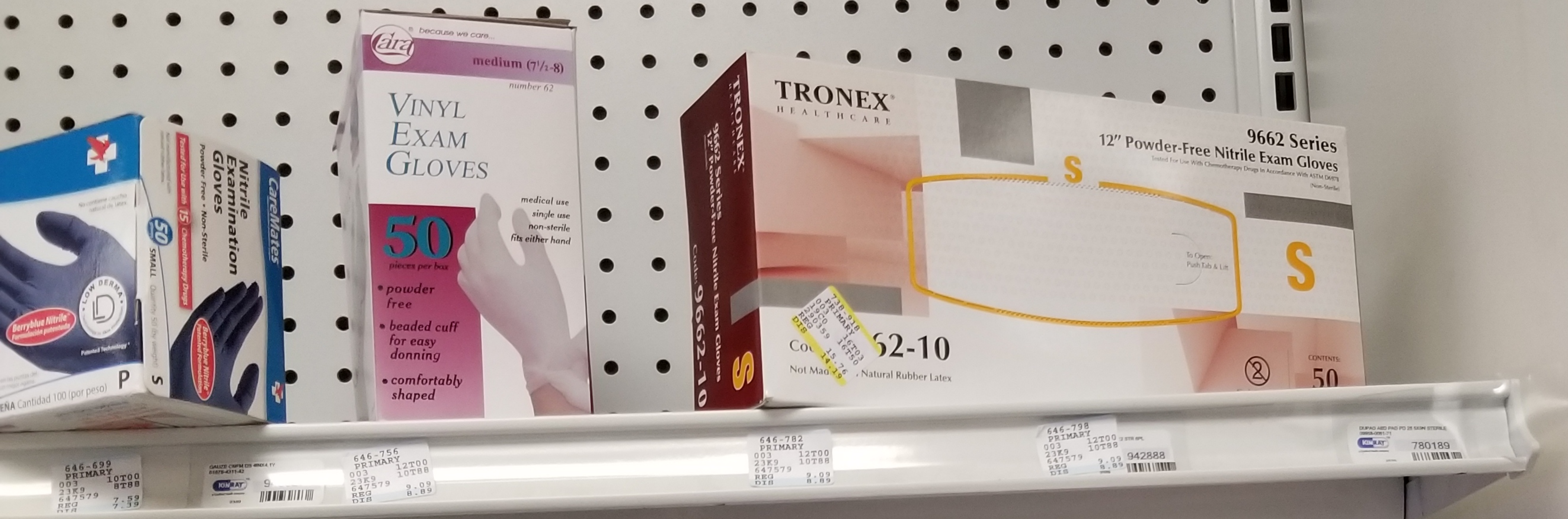
TRONEX[®]
HERALD CARE

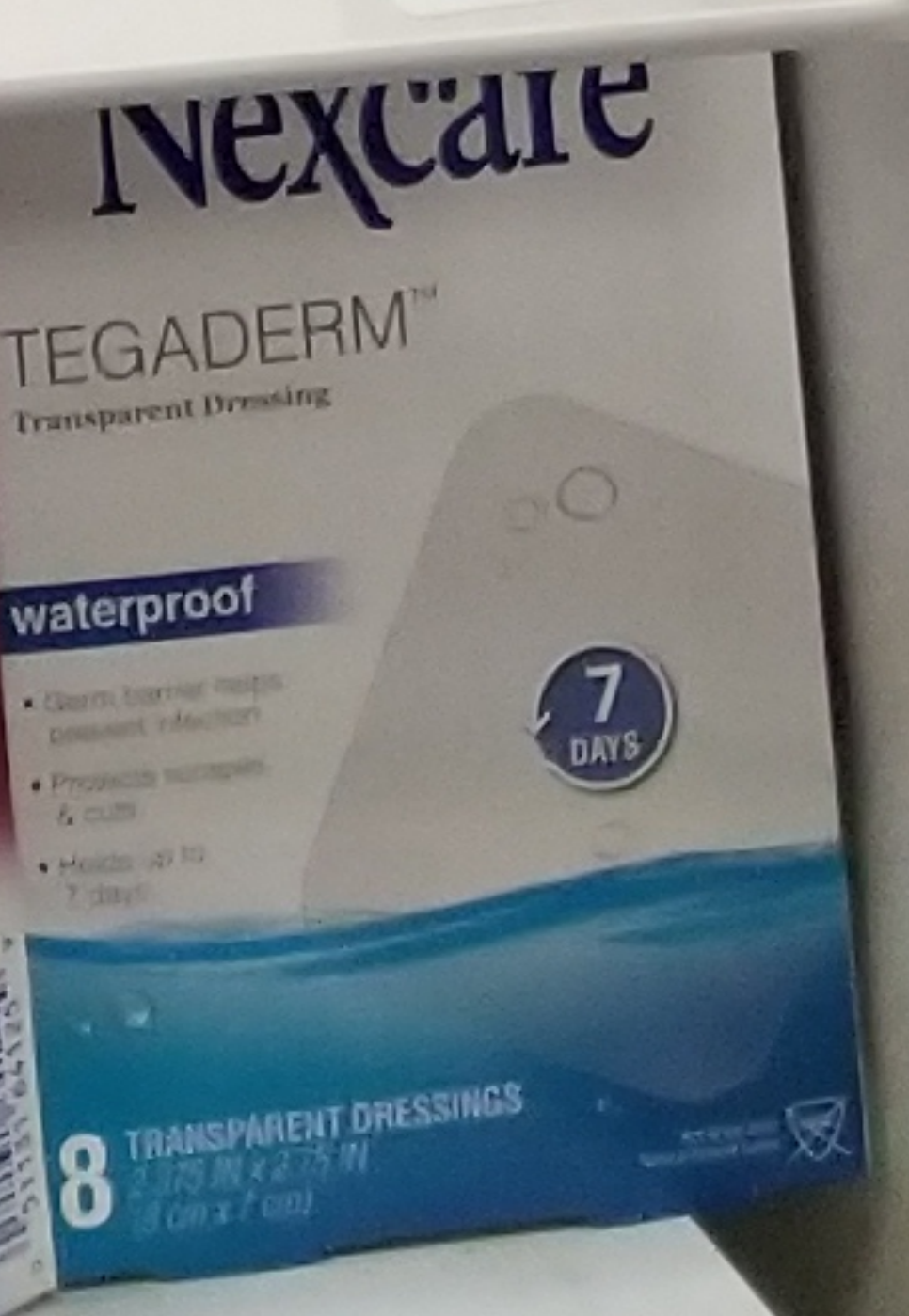
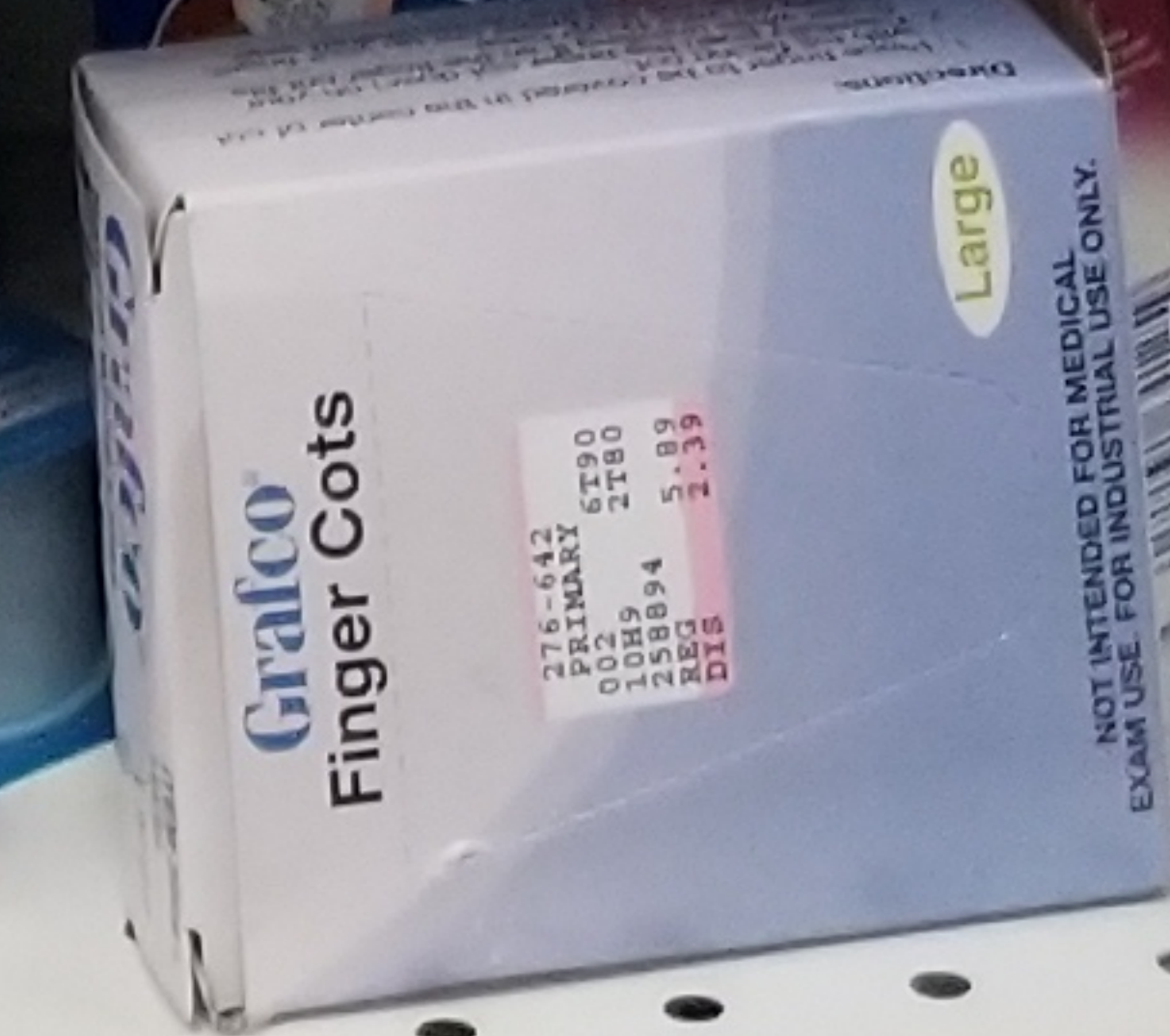
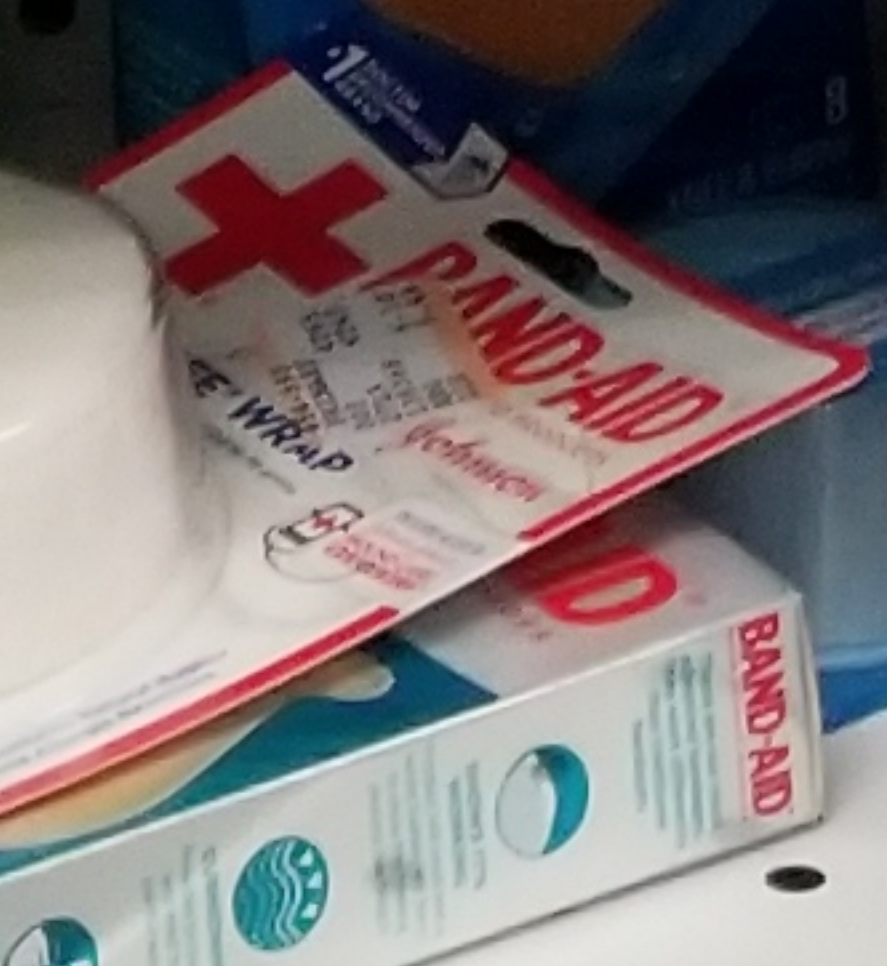
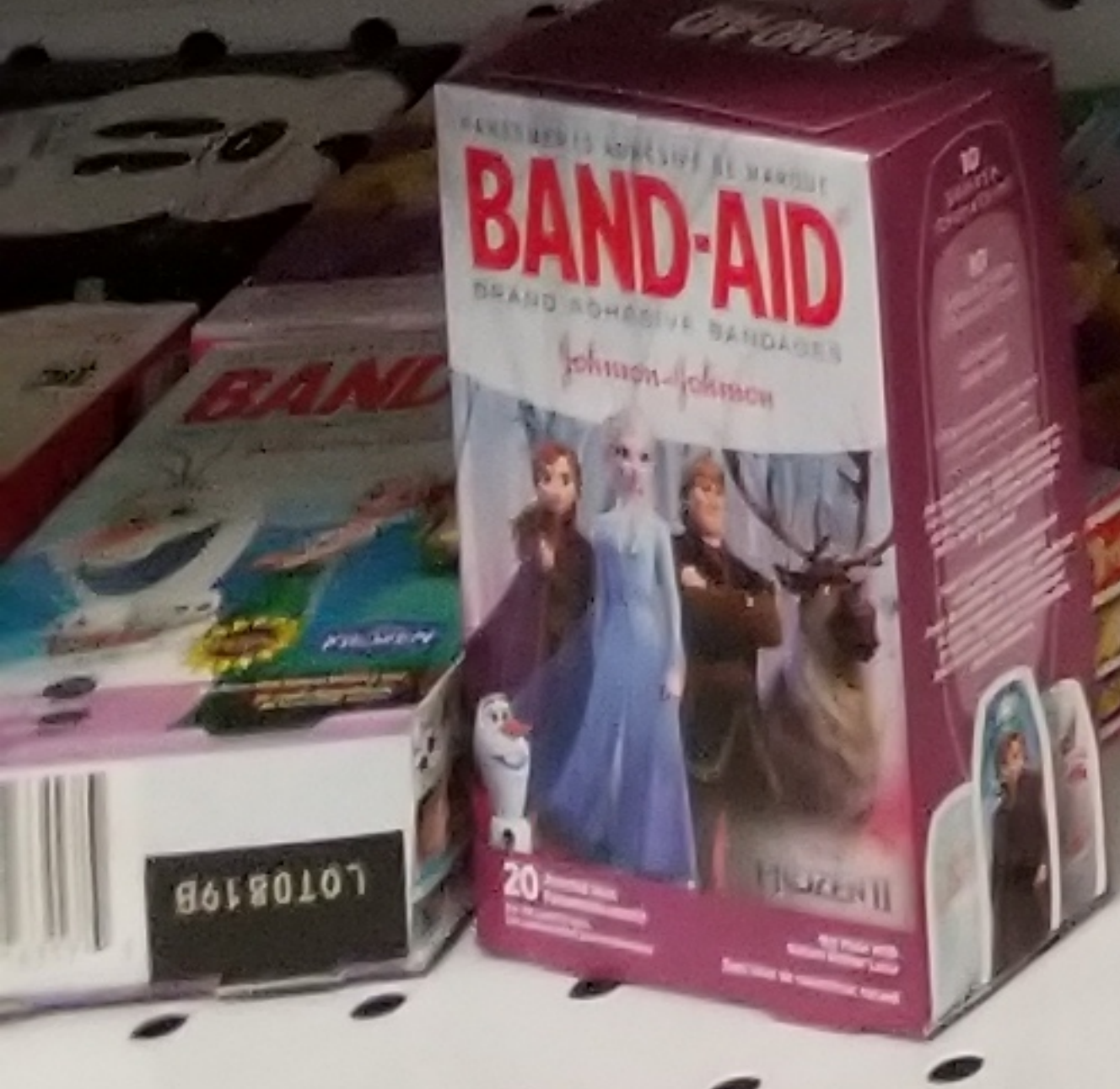
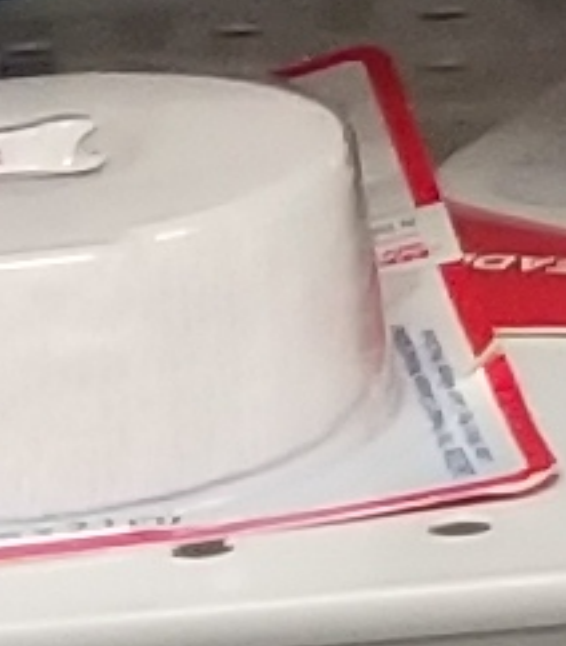
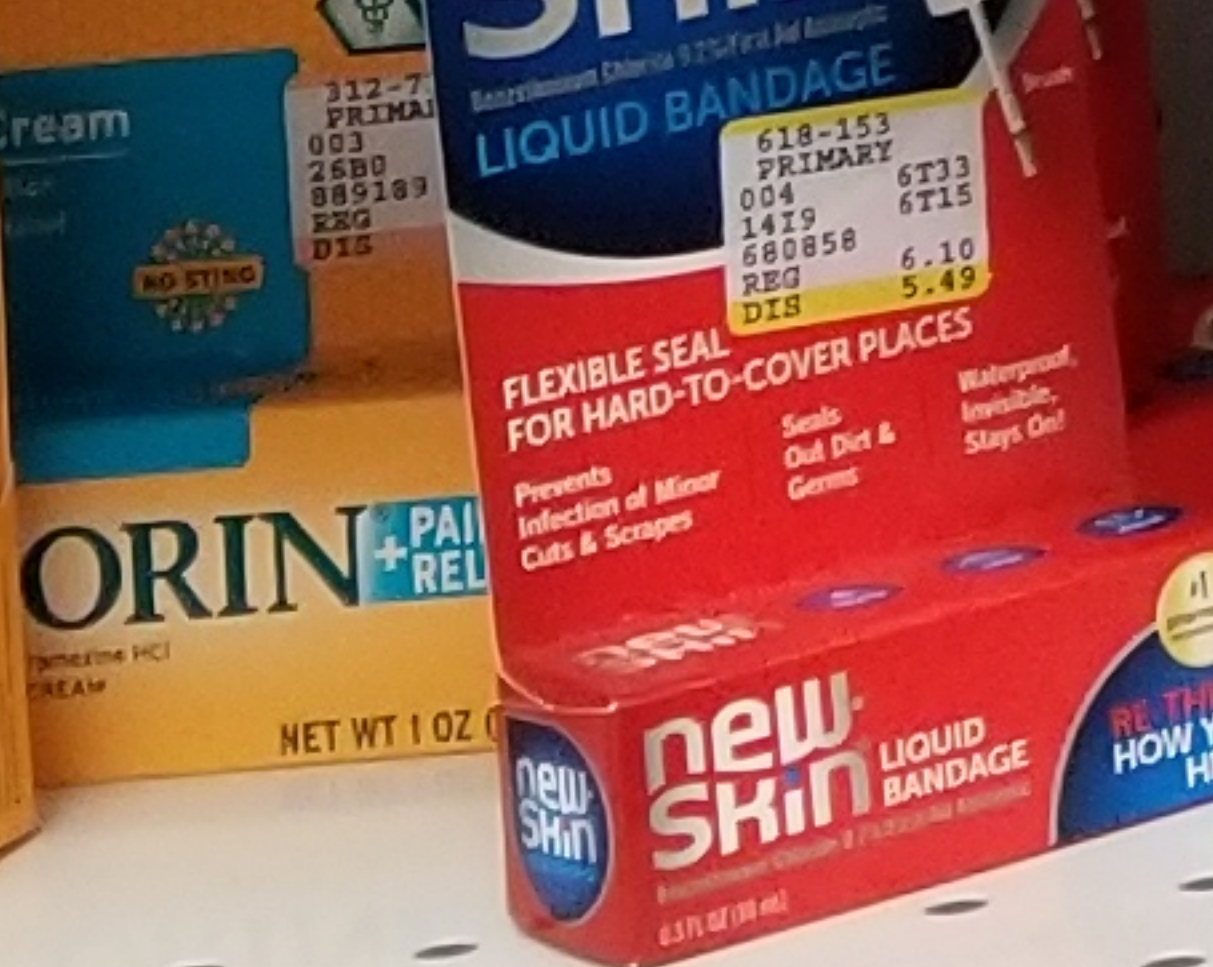
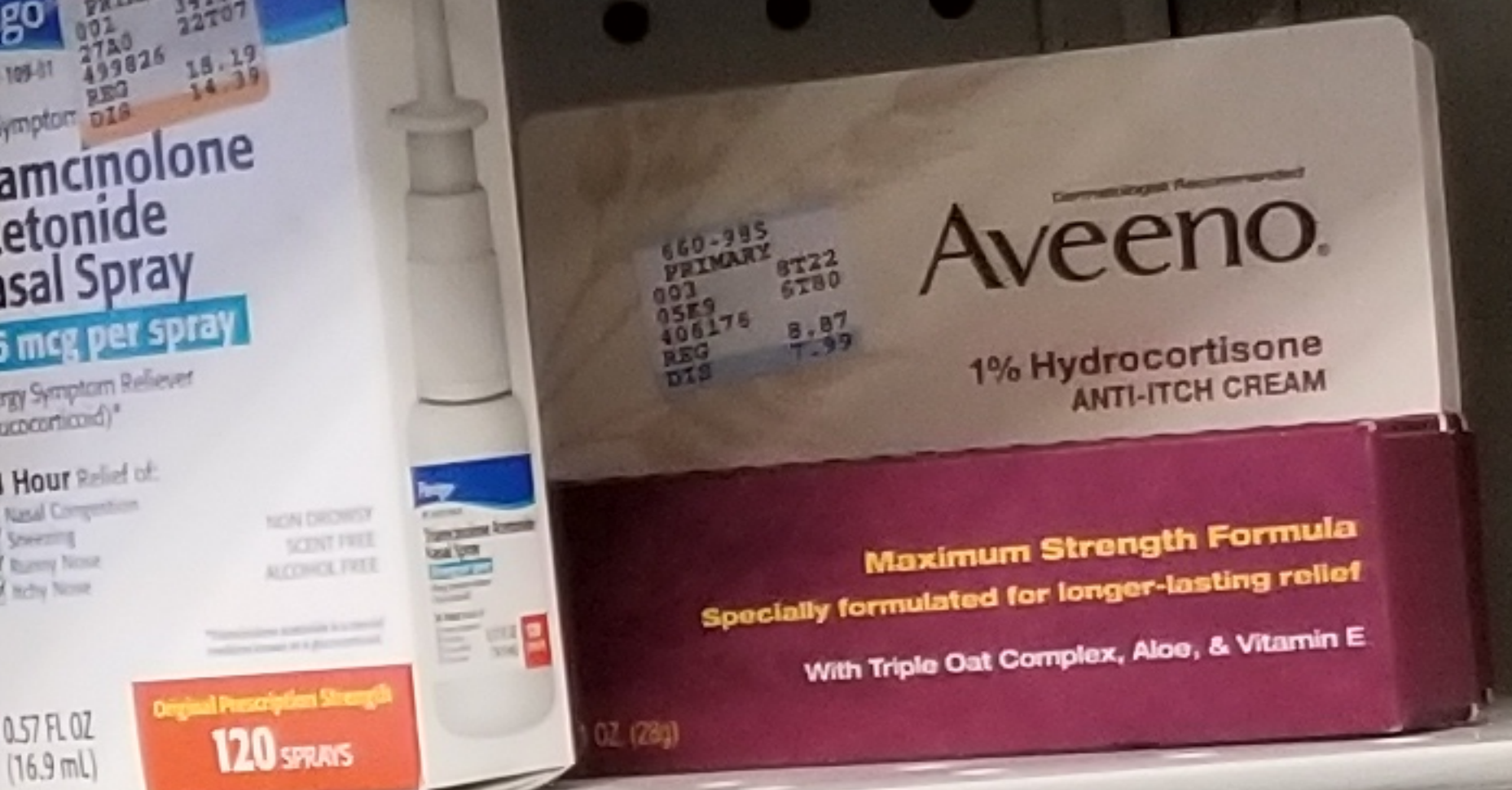
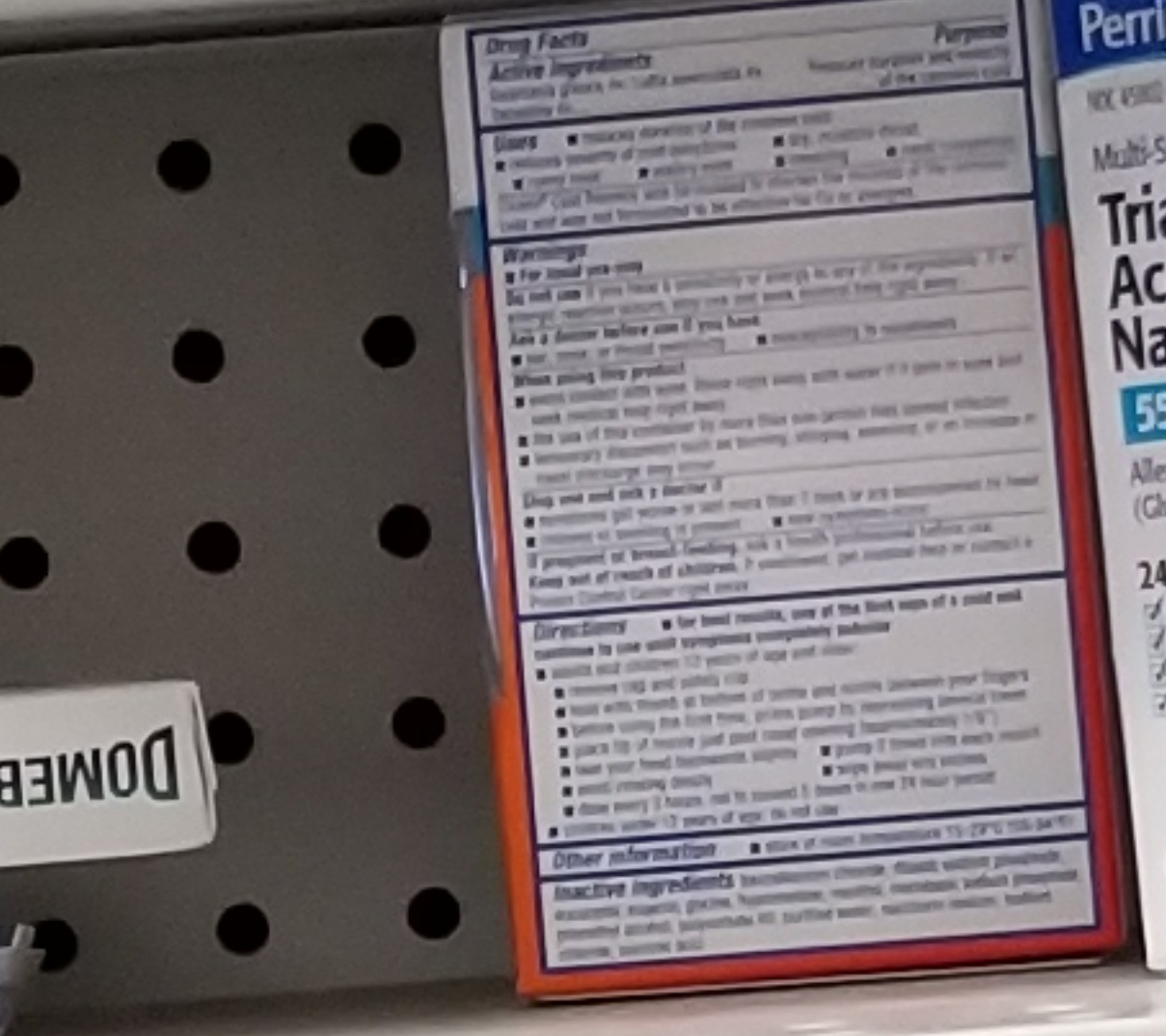
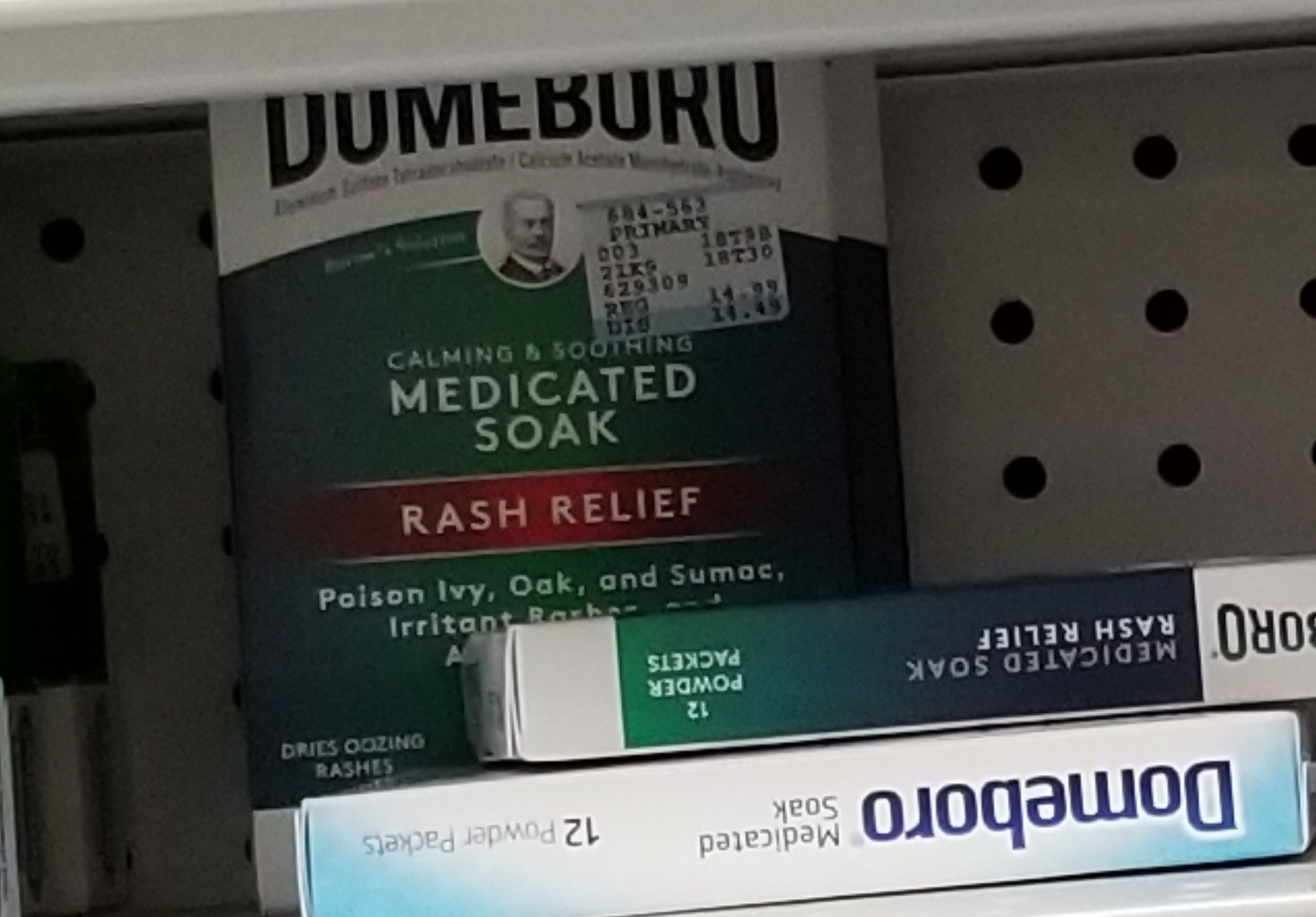
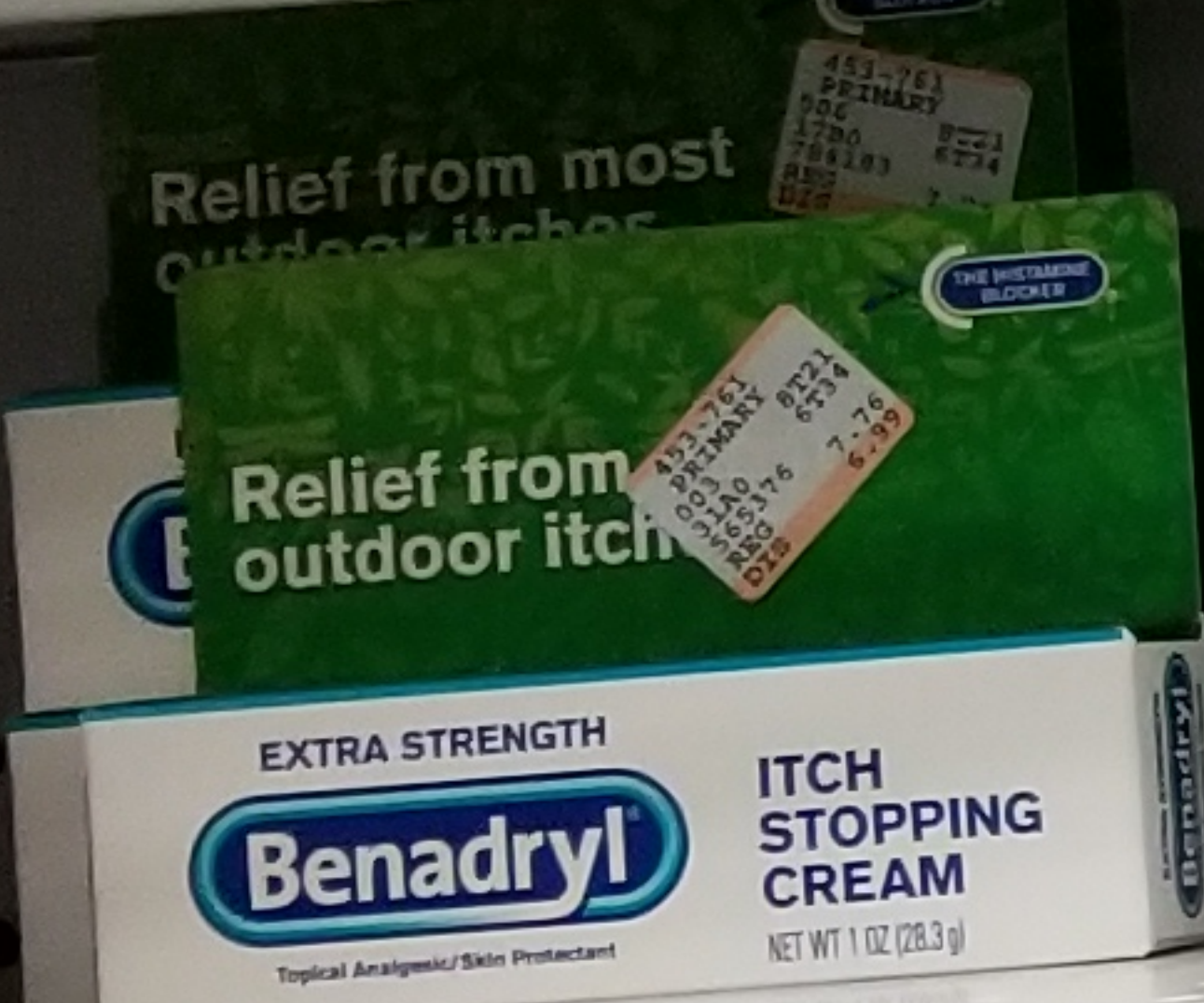
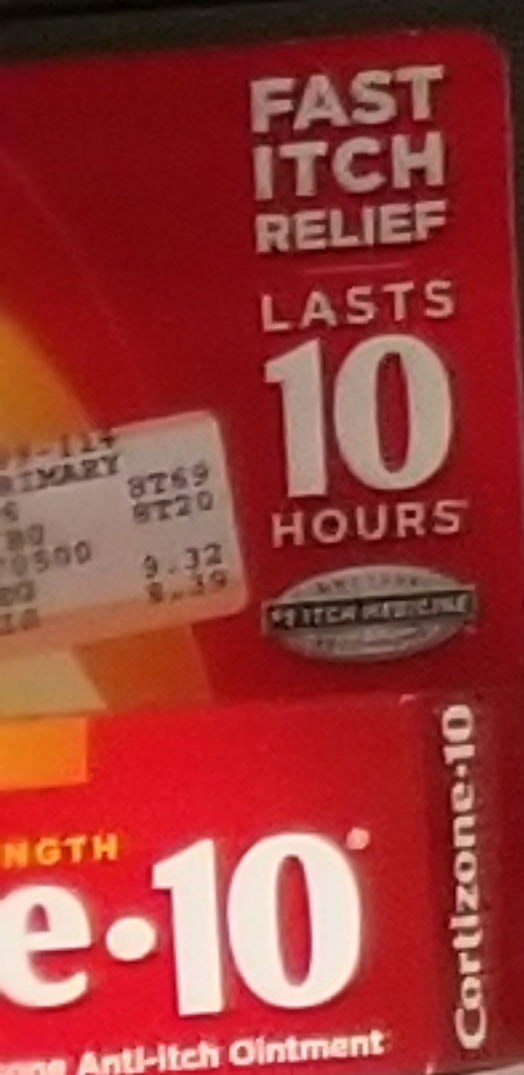
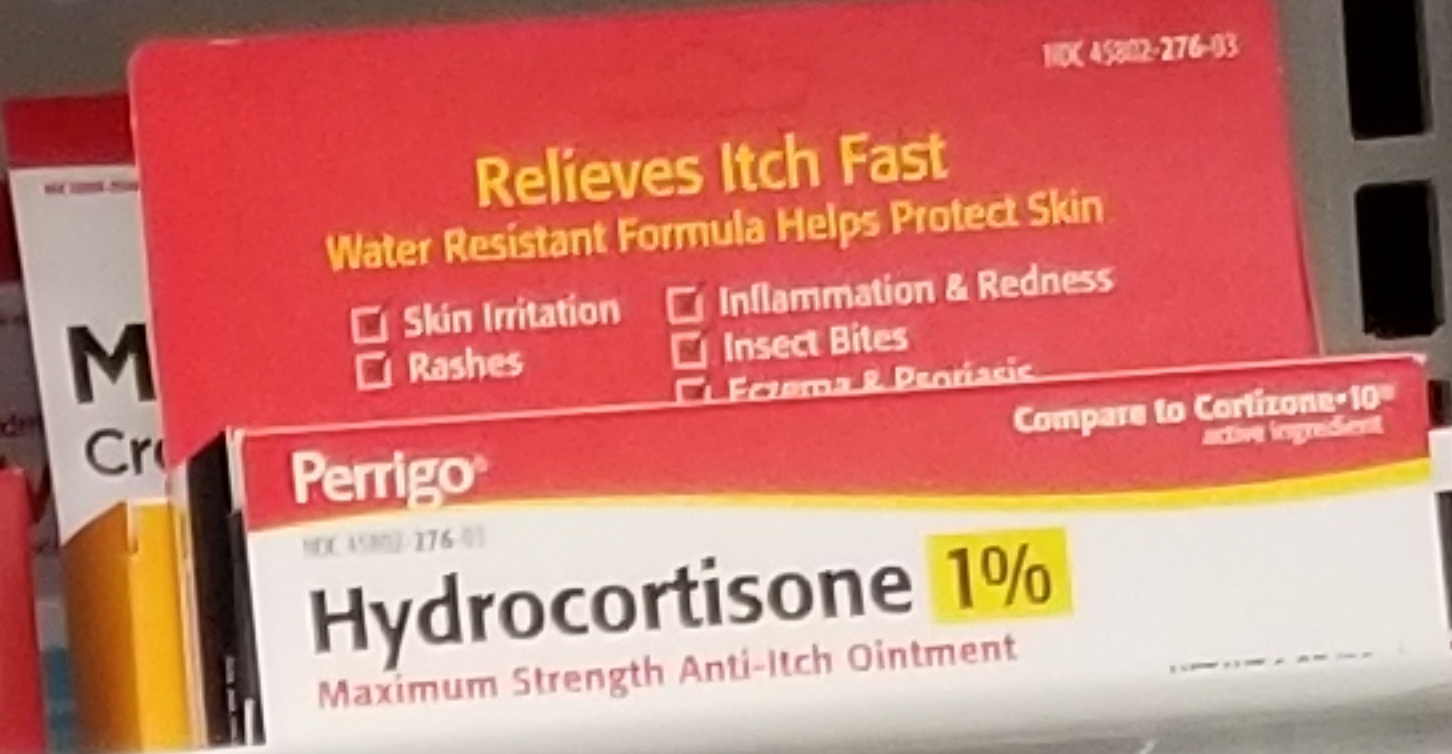
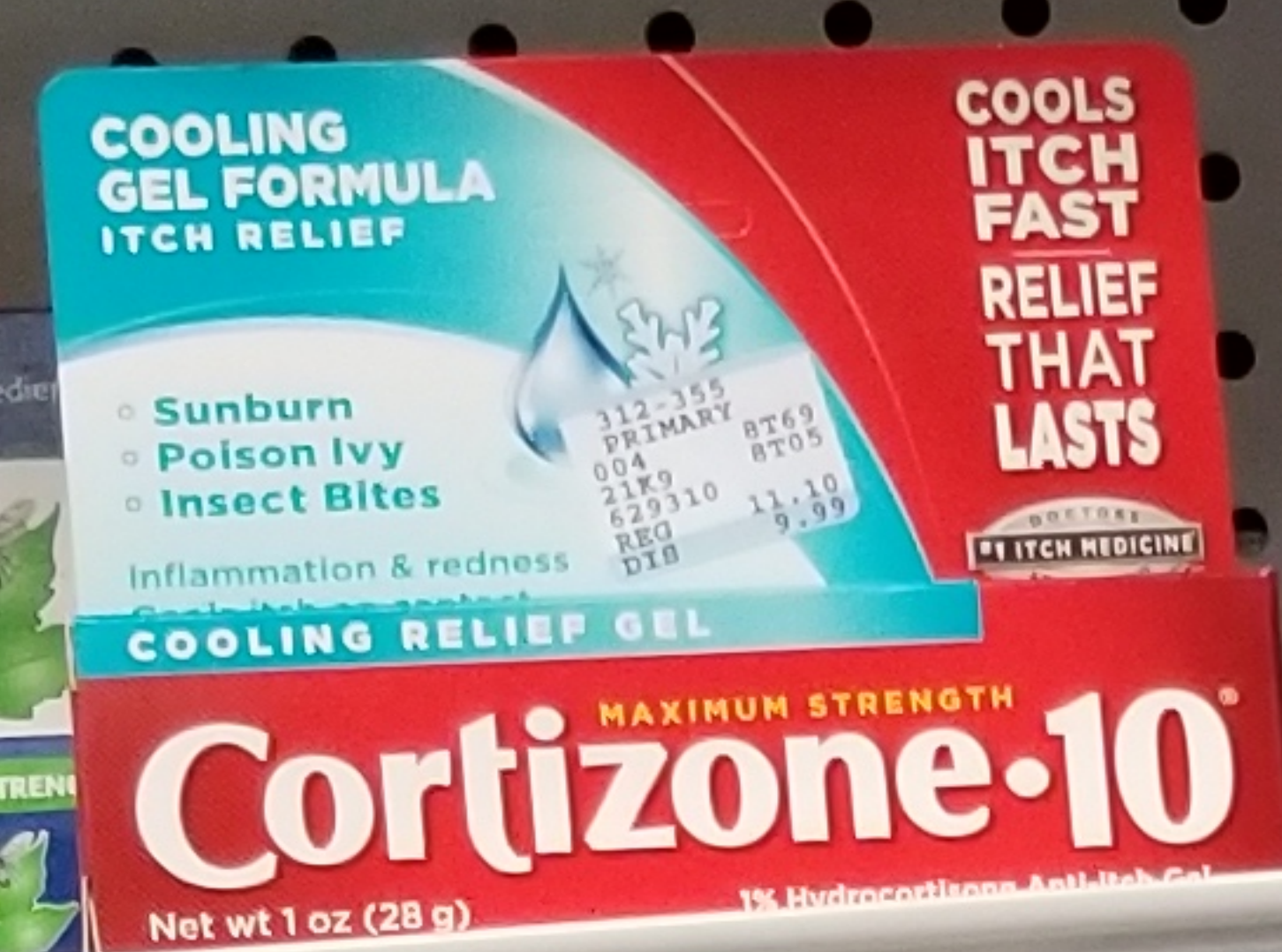
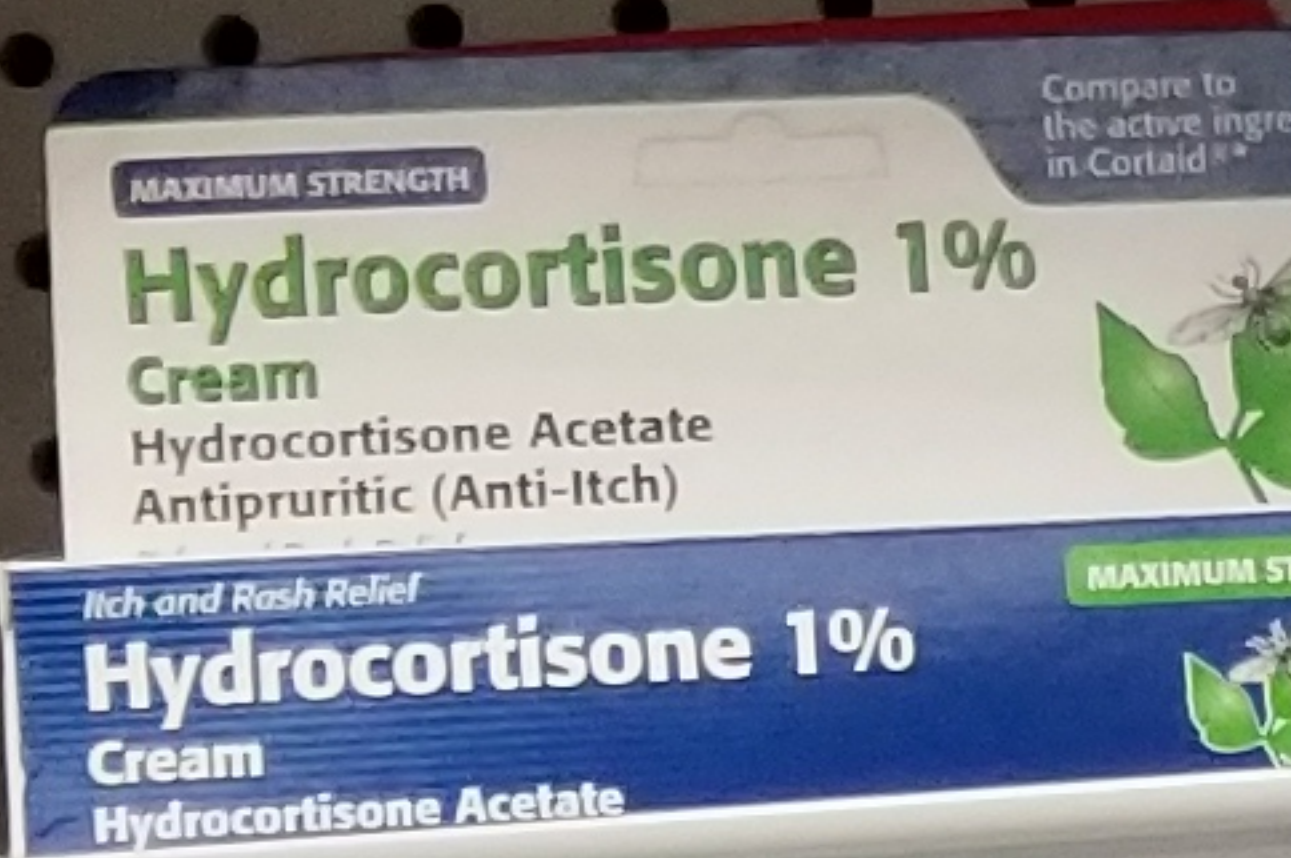
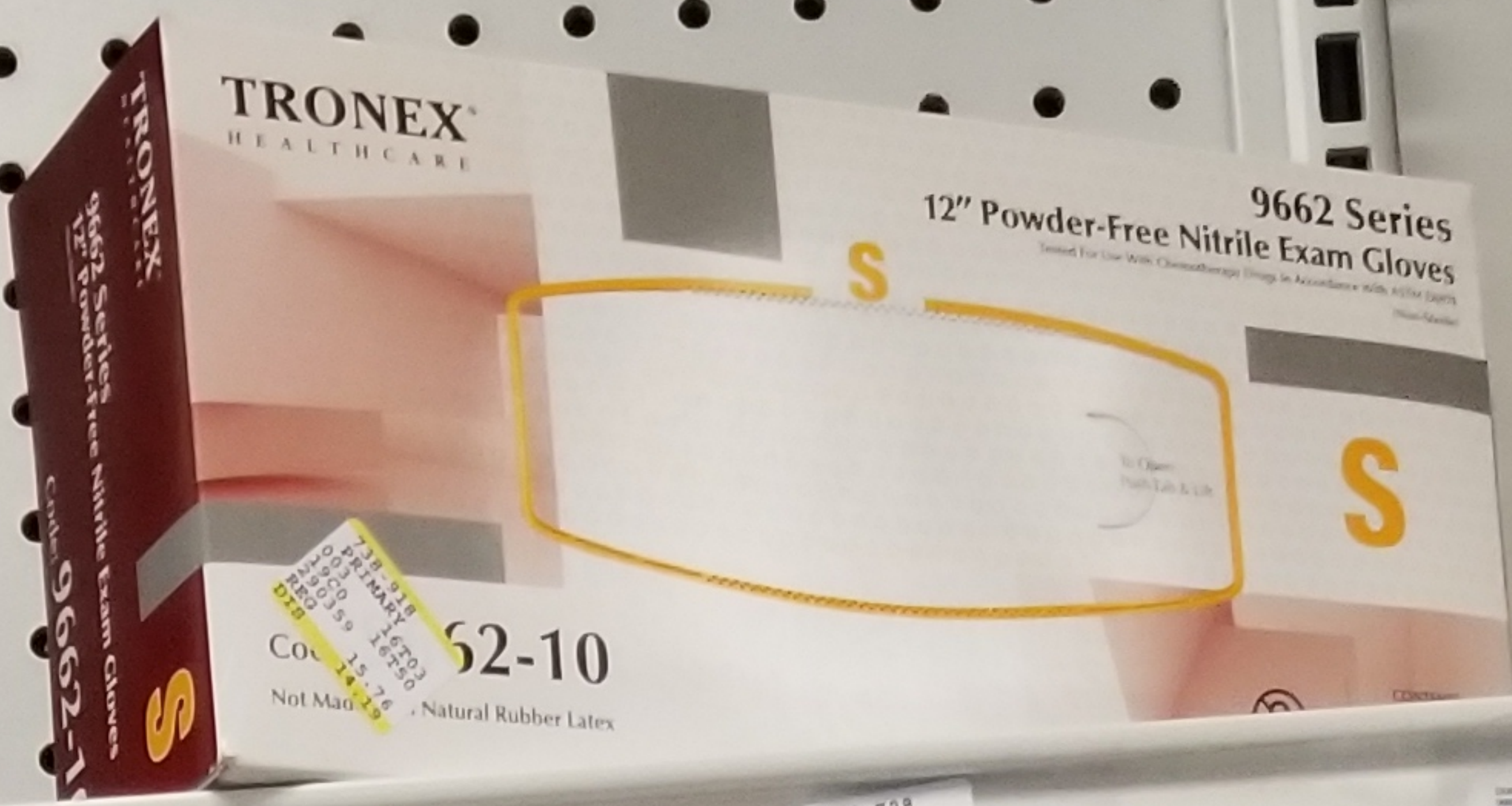
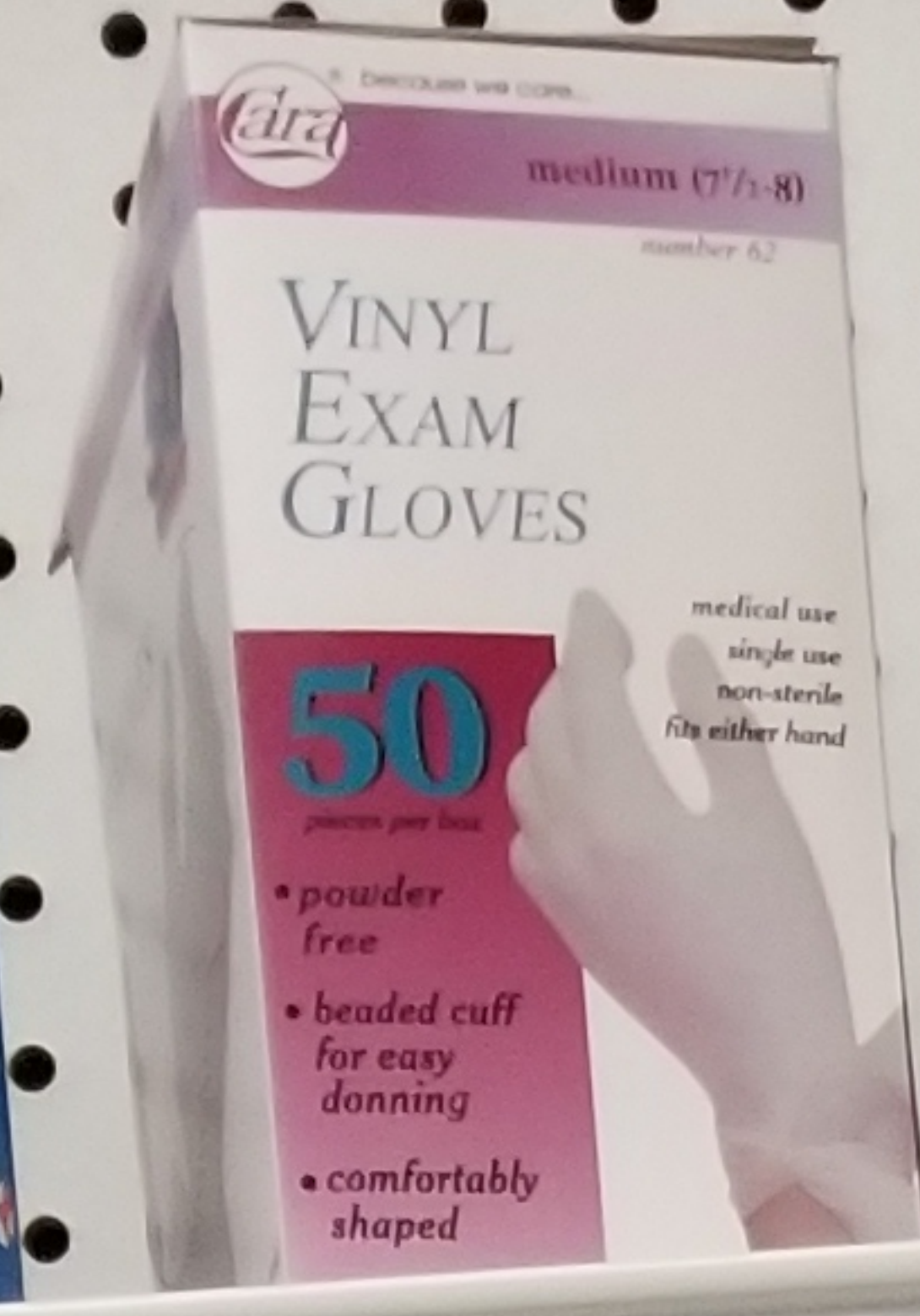
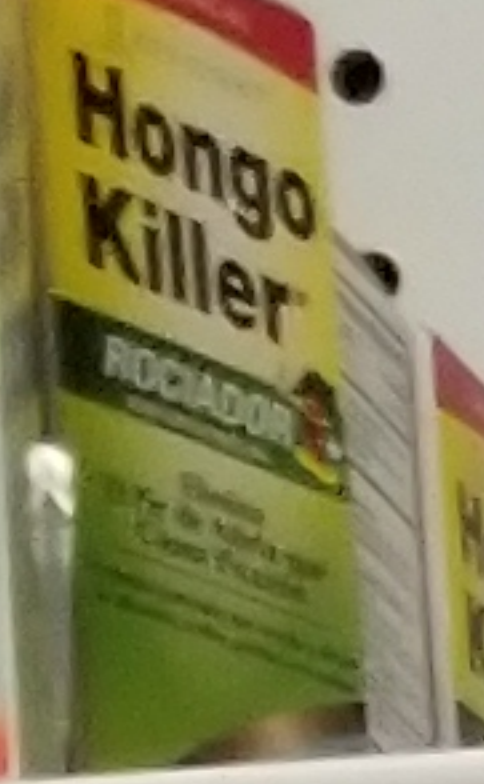
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738-918
PRIMARY
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1990359
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52-10

COO 15.76 , Natural Rubber Latex
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SUMMONS • FOR CIVIL PENALTIES ONLY

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RESPONDENT:

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Address Line 2 (if necessary)

City / State / ZIP Code

DBA:

LICENSE NO.:

EXPIRATION

DATE:

PHONE:

PLACE OF

OCCURRENCE:

☒ Same as Mailing Address

☐ Intersection

☐ Landmark

No. / Direction (NE, SW, etc.) and Street

Street 2 (Intersection only)

City / State / ZIP Code

Borough

DATE OF

OCCURRENCE:

TIME OF

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☐ PM

☐ PM

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E. NY GENERAL BUSINESS LAW (see column 3)

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G. NYC Health Code (see column 3)

H. Other

Start Date of Unlicensed Activity:

(if applicable)

☐ Date of inspection

☐ Date of license expiration

☐ Date of prior decision

☐ Date of license suspension or revocation

☐ Date of prior settlement

☐ Other:

☐ Date of contract

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Method of Service: ☒ I/we affirm under penalty of perjury that on the Date of Occurrence, I/we served a copy of this summons in person on the Respondent by leaving a copy with: ☐ Respondent or Owner ☐ Manager ☐ Person/employee of suitable age/discretion ☐ Owner/Operator of seized vehicle

☐ To be served via United States Postal Service (See Affidavit/Affirmation of Service By Mail.)

Inspector Name (Print)

Inspector Signature

Badge

I received a copy of this summons on behalf of the Respondent.

Name (Print)

Signature

Position/Relationship to Respondent

Date



SUMMONS NUMBER: 05452926

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					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	increase during an	
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	imminent threat to	
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	public health. At time	
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	of inspection, inspector	
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	observed Tronex Health	
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	Care 9606 2 Series 12"	
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	Nitrile Exam gloves (50	
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	pack) for \$15.76. Prices	
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	for gloves is excessive.	
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	Gloves are discounted to	
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	\$14.19, sale price is	
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	excessive.	
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th		
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th		
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th		
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th		
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th		
					<input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th		

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March 27, 2020

Lorelei Salas
Commissioner

42 Broadway
New York, NY 10004

Dial 311
(212-NEW-YORK)

nyc.gov/dca



Re: Case Number: 7841-2020-CMPL - PRIMARY CARE PHARMACY INC

**Regarding your complaint against PRIMARY CARE
PHARMACY INC**

Thank you for contacting the NYC Department of Consumer Affairs (DCA). We have carefully reviewed your complaint against PRIMARY CARE 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.



7841-2020-CMPL