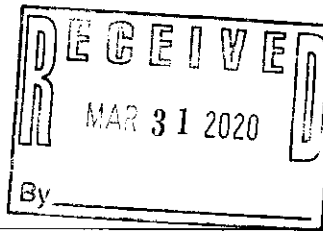




Consumer  
Affairs

ENTERED BY: *W*  
MAR 31 2020



Certificate No. 09468839

# Certificate of Inspection

Record ID No. <b>8735-2020-CMPL</b>	Cross Reference No.	License No.	License Expiration Date <b>1 / 1</b>	Business Category <b>810</b>
<b>Premises/Incident Address (Location of Inspection)</b> <input type="checkbox"/> Intersection <input type="checkbox"/> Landmark				
Building No./Direction (NE, SW, etc.) <b>185-12</b>	Street 1 <b>HILLSIDE AVE</b>		Street 2 (Intersection only)	
Apartment/Suite/Other	ZIP Code <b>11432</b>	Borough <b>04</b>		
<b>Contact Information and Address (if different from above address)</b>				
Business Name (Individual, Partnership, Corporation) <b>Tower Pharmacy &amp; Surgical</b>		Doing-Business-As (DBA) Name		
Building No./Direction (NE, SW, etc.)		Street 2 (Intersection only)		
Apartment/Suite/Other	City	State	ZIP Code	Telephone
		Email		

## Inspection Details (for Office Use Only)

Inspection Date <b>03/30/2020</b>	Start Time <b>1:13</b> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	End Time <b>1:20</b> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
Type	<input type="checkbox"/> CJO <input type="checkbox"/> EDA <input type="checkbox"/> FTR <input type="checkbox"/> POO <input type="checkbox"/> RCS <input type="checkbox"/> REV <input type="checkbox"/> SUS <input type="checkbox"/> SUSA <input type="checkbox"/> CAN <input checked="" type="checkbox"/> CLD <input type="checkbox"/> LDC <input type="checkbox"/> LIC <input type="checkbox"/> OOB <input type="checkbox"/> POS <input type="checkbox"/> RBO <input type="checkbox"/> UTL	<input type="checkbox"/> PRQ <input type="checkbox"/> PTL <input type="checkbox"/> UNL <input checked="" type="checkbox"/> Other <b>Price Gouging</b> <input type="checkbox"/> NEA <input type="checkbox"/> NVI <input type="checkbox"/> WAR <input type="checkbox"/> Other
Result		
CPP Participant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CPP Sign Observed <input type="checkbox"/> Yes <input type="checkbox"/> No

## Inspector Remarks


**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

Inspector Name (Print) <b>DE JERUJK</b>	Inspector Signature <i>[Signature]</i>	Enforcement Unit <b>LC4</b>	Badge <b>81214</b>
Inspector Name (Print)	Inspector Signature	Enforcement Unit	Badge

## FOR BUSINESS USE: I received a copy of this document.

Name (Print)	Signature	Position/Title	Date <b>1 / 1</b>
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01/29/2018



March 27, 2020

Lorelei Salas  
Commissioner

42 Broadway  
New York, NY 10004

Dial 311  
(212-NEW-YORK)

[nyc.gov/dca](http://nyc.gov/dca)



Re: Case Number: 8735-2020-CMPL - TOWER PHARMACY & SURGICAL

**Regarding your complaint against TOWER PHARMACY & SURGICAL**

Thank you for contacting the NYC Department of Consumer Affairs (DCA). We have carefully reviewed your complaint against TOWER PHARMACY & SURGICAL 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.



\*8735-2020-CMPL\*