



NOTICE OF VIOLATION

DOCKET NO. :

CAMIS NO. :

PERMIT NO. :

CITY OF NEW YORK DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PETITIONER, against

Respondent:  D.B.A:  Address:  Telephone:	Inspection Date:  Start Time:  Inspection Type:  Time Issued:
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A hearing in this matter has been scheduled for before the New York City Health Tribunal, a division of the Office of Administrative Trials and Hearings, located at 66 John Street, 11th Floor, New York, NY 10038.

You must respond to this notice of violation by either appearing at the scheduled hearing or by following one of the other options listed on the back of this notice. Failure to respond may result in a default judgment being issued against you, which means you will be found in violation of all allegations described below and any fines imposed will be doubled. Please read the back of this notice carefully, as it contains instructions regarding your rights, options, and obligations for responding to the allegations. You must include the Docket Number listed above in all correspondence and/or inquiries to the Health Tribunal.

VIOLATING CONDITIONS OBSERVED				
LINE ITEM	VIOLATION CODE	TOTAL CONDITION	CODE SECTION	DESCRIPTION
<input checked="" type="checkbox"/>	violation 1			
<input checked="" type="checkbox"/>	violation 2			
<input checked="" type="checkbox"/>	violation 3			

**You should submit a defense for each line item that you want to contest**

Department of Health & Mental Hygiene employees must show identification. Falsification of any statement made herein is an offense punishable by a fine of not more than \$500 or not more than 60 days imprisonment or both. NYC Administrative Code §10-154.

Proceedings will be held under the authority of the NYC Charter § 558 (as modified by Mayoral Executive Order No. 148 (June 8, 2011)); 24 Rules of the City of NY Chapter 7 and the NYC Health Code (as modified by Appendix to the Mayor's Committee on

I acknowledge that I have received a copy of this Notice of Violation and instructions for responding.

ISSUED BY:

RECEIVED BY:

Name:

Id No.:

Name:

Title:

Title:

Date:

Date:

Permit No. \_\_\_\_\_ Complaint No. \_\_\_\_\_ Inspection Date / / Time :  AM  PM Inspection Sequence  1  2  3  4 Initial  Reinspection



MONTH / DAY / 20 YR TIME ← HEARING DATE

## HEARING DECISION

(CHECK ONE)

APPEARANCE  DEFAULT  BY MAIL

DEFAULT VACATED  HEARING EXAMINER DATE: / / CONT'D

CAMIS NUMBER

PRIOR DOCKET NO.

Telephone ( )

### NOTICE OF VIOLATION DOCKET #

NO.	CONDITION	CODE SECTION	DESCRIPTION
			violation 1

NO.	CONDITION	CODE SECTION	DESCRIPTION
			violation 2

NO.	CONDITION	CODE SECTION	DESCRIPTION
			violation 3

You should submit a defense for each line item that you want to contest

NO.	CONDITION	CODE SECTION	DESCRIPTION

NO.	CONDITION	CODE SECTION	DESCRIPTION

NO.	CONDITION	CODE SECTION	DESCRIPTION

FINDINGS/COMMENTS	CONCLUSION
	DEFAULT PENALTY \$ \$

FINDINGS/COMMENTS	CONCLUSION
	DEFAULT PENALTY \$ \$

FINDINGS/COMMENTS	CONCLUSION
	DEFAULT PENALTY \$ \$

FINDINGS/COMMENTS	CONCLUSION
	DEFAULT PENALTY \$ \$

FINDINGS/COMMENTS	CONCLUSION
	DEFAULT PENALTY \$ \$

FINDINGS/COMMENTS	CONCLUSION
	DEFAULT PENALTY \$ \$

Persons Appearing/Title

d/b/a \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_

Borough \_\_\_\_\_

Address No. and Street \_\_\_\_\_

Respondent

TOTAL PENALTY MUST BE PAID WITHIN 30 DAYS OF RECEIPT OF DECISION TO AVOID A LATE PENALTY.

TOTAL PENALTY \$ \$

HEARING EXAMINER

DECISION DATE: / / SIGNATURE PRINT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE EMPLOYEES MUST SHOW IDENTIFICATION. FALSIFICATION OF ANY STATEMENT MADE HEREIN IS AN OFFENSE PUNISHABLE BY A FINE OF NOT MORE THAN \$500 OR NOT MORE THAN 60 DAYS IMPRISONMENT OR BOTH, NYC ADMIN. CODE - SECTION 10-154.

RECEIVED BY	D.O.H.M.H. REP. SIGNATURE	NAME (TYPED OR PRINTED)
BUREAU	I.D.#	SUPERVISOR'S SIGNATURE
		243601

IN THE MATTER OF FINDING OF VIOLATION AGAINST