

**CITY OF NEW YORK  
DEPARTMENT OF CONSUMER AFFAIRS**

**DEPARTMENT OF CONSUMER AFFAIRS,**

**Complainant,**

**-against-**

**SHIV SHANKER GROCERY INC.,**

**Respondent.**

**DEFAULT DECISION AND ORDER**

**Record No.: 223-2013-ADJC**

**NOH No.: 05330015**

**Respondent's Address:  
116-23 Jamaica Avenue  
Queens, NY 11418**

**Date: January 16, 2014**

The respondent is charged with the violations in the attached Notice of Hearing.

A hearing was scheduled for January 9, 2014. The respondent did not appear. The respondent is found **guilty upon default**.

The respondent is further found guilty of violating 6 RCNY Section 1-14 for failing to appear in person at the Department to answer the Notice of Hearing.<sup>1</sup>

**ORDER**

The respondent is therefore **ordered to pay to the Department of Consumer Affairs (DCA) a TOTAL FINE of \$1,700, which is immediately due and owing**, as follows:

1 NYCRR Section 220.1(a)	\$ 400
1 NYCRR Section 221.13(b)(18) (\$400 per count, for 2 counts)	\$ 800
6 RCNY Section 1-14	\$ 500
<b>TOTAL</b>	<b>\$1,700</b>

The respondent is further **ordered to remain in compliance with the stop-use order issued on October 12, 2013**.

<sup>1</sup> The respondent maintains a current stoop line stand license (no. 1428006).

**The Department will suspend the respondent's DCA license if the respondent fails to comply with this Decision and Order within thirty (30) days, including payment of the fine. Payment with a check that is dishonored or a credit card transaction that is denied or reversed will not be considered compliance with this Decision and Order. The licenses will not be reinstated until the respondent has served any suspension period ordered in this Decision and has paid ALL fines owed to the Department.**

**This constitutes the Decision and Order of the Department.**

**M. Mirro  
Administrative Law Judge**

**Mail payment of fine in the enclosed envelope addressed**

**to:**

NYC Department of Consumer  
Affairs  
Collections Division  
42 Broadway, 9<sup>th</sup> Floor  
New York, NY 10004

### **APPEAL INFORMATION**

You have 15 days to file a MOTION TO VACATE this decision. Your motion **must** include ALL of the following: 1) A check or money order for \$25 payable to the Department of Consumer Affairs; 2) the reason for your failure to appear on the hearing date; *and* 3) a sworn statement outlining a meritorious defense to the charge(s) in the Notice of Hearing.

**BY EMAIL:** Send your motion to [myappeal@dca.nyc.gov](mailto:myappeal@dca.nyc.gov) and, at the same time, mail the \$25 appeal fee to: DCA Administrative Tribunal, 66 John Street, 11<sup>th</sup> Floor, New York, NY 10038. Make sure to write the violation number(s) on your check or money order. **NOTE:** The determination on your motion to vacate may be sent to you by email if you choose to submit your motion to us by email.

**BY REGULAR MAIL:** Mail your motion and the appeal fee to: Director of Adjudication, Department of Consumer Affairs, 66 John Street, 11<sup>th</sup> Floor, New York, NY 10038. You must also mail **a copy** of your motion to: Legal Division, Department of Consumer Affairs, 42 Broadway, 9<sup>th</sup> Floor, New York, NY 10004. Make sure to include in your motion some indication or proof that you have sent a copy of the motion to DCA's Legal Division.

**Notice of Hearing**

<input type="checkbox"/> LL <input type="checkbox"/> OL <input type="checkbox"/> PL <input checked="" type="checkbox"/> WH	Certificate No. <b>5330015</b>			
<input checked="" type="checkbox"/> Cross Reference No. <b>5330016</b>	Record ID No. <b>1184-2013-ENFO</b>	Inspection ID No. <b>385</b>	License No. <b>---</b>	License Expiration Date <b>1 / 1</b>
Business Category <b>808</b>				
<b>Premises/Incident Address (Location of Inspection)</b> <input type="checkbox"/> Intersection <input type="checkbox"/> Landmark				
Building No./Direction (NE, SW, etc.) <b>116-23</b>		Street 1 <b>Jamaica Avenue</b>		Street 2 (Intersection only) <b>---</b>
Apartment/Suite/Other <b>---</b>		ZIP Code <b>11418</b>	Borough <b>09</b>	
<b>Contact Information and Address (if different from above address)</b>				
Respondent Name (Individual, Partnership, Corporation) <b>Shiv Shanker Grocery Inc</b>			Doing-Business-As (DBA) Name <b>---</b>	
Building No./Direction (NE, SW, etc.) <b>---</b>		Street 1 <b>---</b>		Street 2 (Intersection only) <b>---</b>
Apartment/Suite/Other <b>---</b>	City <b>---</b>	State <b>---</b>	ZIP Code <b>---</b>	Telephone <b>---</b> Email <b>---</b>

**Inspection Details (for Office Use Only)**

Inspection Date <b>10/12/13</b>	Start Time <b>12:20</b> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	End/Served Time <b>1:15</b> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<b>Attachments</b> <input type="checkbox"/> Continuation Sheet; No. pg(s): _____ <input type="checkbox"/> Vehicle Seizure Form; No. pg(s): _____; No. Vehicles Seized: _____ <input type="checkbox"/> Industry-specific Notice of Hearing
Type <input checked="" type="checkbox"/> FTL <input type="checkbox"/> REV <input type="checkbox"/> SUS <input type="checkbox"/> SUSA <input type="checkbox"/> FTR <input type="checkbox"/> CMP <input type="checkbox"/> REQ <input type="checkbox"/> Other	CPP Participant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
CPP Sign Observed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Key to Violations**

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. TITLE 17 of the NYC ADMINISTRATIVE CODE (see columns 1, 2, and 3)
D. TITLE 1 of the NY CODES, RULES, and REGULATIONS (see column 3)	H. TITLE 24 of the RULES OF THE CITY OF NEW YORK (see column 3)
I. Other ENTERED BY: _____ SCANNED BY: _____ RECEIVED BY: _____	

**The above entity is charged with violating:**

A-I	1 CH.	2 SUB CH.	3 SEC.	Nature/Description of Violation	Counts
D				220.1(a) Observed business using a scale for weighing cold cuts in deli section, which is not legal for commercial use in NYS - Electronic Scale	1
D				221.13(b)(18) Failed to post prices for pounds for assorted meats and cheeses offered for sale at the deli	2

See reverse side for important information.

**Notice of Hearing**

A-I	1 CH.	2 SUB CH.	3 SEC.	Nature/Description of Violation	Counts
2					
<b>Total Counts</b>					<b>3</b>

IN ACCORDANCE WITH THE POWERS OF THE COMMISSIONER OF THE NEW YORK CITY DEPARTMENT OF CONSUMER AFFAIRS, SET FORTH IN SECTION 2203 OF CHAPTER 64 OF THE N.Y.C. CHARTER AND, IF APPLICABLE, SECTION 20-104 OR SECTION 20-105 OF TITLE 20 OF THE N.Y.C. ADMINISTRATIVE CODE,

**You must appear for a hearing at the Department of Consumer Affairs (DCA) Adjudication Tribunal located at 66 John Street, 11th Floor, New York, NY. Your hearing is on this date and time:**

**December 5, 2013** at **9:30** a.m./p.m.

**DCA will seek maximum fines and other available penalties at the hearing.**

**Please bring this Notice to the hearing. This is the only notice of the hearing date that you will receive.**

I / We affirm under penalty of perjury that I / we observed the violations described in this Notice of Hearing on the noted Inspection Date.

**Method of Service**

I / We affirm that on this same date, I / we served a copy of this document in person on the Respondent by leaving a copy with the Respondent, an employee, or the owner. OR

I / We affirm that on this same date, I / we served a copy of this document on the operator/owner of the seized vehicle. OR

I affirm that on \_\_\_\_\_, I mailed a copy of this Notice of Hearing to the Respondent at: \_\_\_\_\_ (Date)

Premises/Incident Address  Contact Address

**FOR INSPECTOR USE ONLY**

Inspector Name (Print) <b>A. Gershkovich</b>	Inspector Signature <i>[Signature]</i>	Enforcement Unit <b>LC4</b>	Badge <b>8119</b>
Inspector Name (Print)	Inspector Signature	Enforcement Unit	Badge

**FOR RESPONDENT USE: I received a copy of this Notice.**

Name (Print) <b>Joseph Francis</b>	Signature <i>[Signature]</i>	Position/Title <b>manager</b>	Date <b>10/12/13</b>
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See reverse side for important information in Spanish. (Información importante al reverso)

10366

Date 10/12/13

# CONDEMNED

By

**DIVISION OF WEIGHTS & MEASURES  
NEW YORK CITY**

**DEPARTMENT OF CONSUMER AFFAIRS  
42 BROADWAY • NEW YORK, N.Y. 10004**

NAME Shiv Shanker

Grocery Inc

ADDRESS 116-23 Jamaica  
avenue 11418

TEL. No. ( ) -

DEVICE Electronic scale

MODEL NO. \_\_\_\_\_

SERIAL NO. 010665

### REASON FOR CONDEMNATION:

Not legal for  
trade in NYS

CERT.# 5330015 I.D.# 385 BADGE# 919

SIGNATURE [Signature]

SEE BACK FOR INSTRUCTIONS

t of  
Affairs

ENTERED BY: \_\_\_\_\_  
SCANNED BY: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_

OCT 16 2013

## Approval / Removal Order Form

Reference # <u>5330015</u>		WO # <u>2005620</u>	
License Expiration Date <u>11/1</u>	Start Time <u>12:20</u>	End/Served Time <u>1:15</u>	Certificate #
Doing-Business-As Name (DBA) <u>Grocery Inc</u>			Telephone #
Borough <u>Queens</u>	ZIP Code <u>11418</u>	Business Code <u>808</u>	

and Markets Law, Section 185, the following order is hereby issued:

g the device, system, or other item described below, which is being used in and Markets Law.

move from use or sale, for a reasonable period of time pending correction, item described below, which is being used or handled in violation of Article 16

ntly remove from use or sale the device, system, commodity, or other item handled in violation of Article 16 of the Agriculture and Markets Law.

Description and manufacturer's ID of Device (including brand name, model, and serial number)

Electronic Scale. SIN 010665

Condemn Tag(s) #

10366

Location of Device (Department)

Deli

Reason(s) for Issuing Order

Not legal for trade in NYS

Signature of Recipient

Name of Recipient

JOSEPH FRANCIS

Method of Delivery (WO)

In Person  Mail

You have the right to an administrative review of this order. To obtain review, send a written request postmarked within five (5) business days from the date of this order to: Director of Adjudication, DCA Tribunal, 66 John Street, New York, NY, 10038. Your request should include your e-mail address and any information which you believe supports withdrawal or modification of this order.

For questions regarding scales:

Contact the New York State Department of Agriculture and Markets: (518) 457-3452.

For scale inspection requests:

Please visit [www.nyc.gov/consumers](http://www.nyc.gov/consumers) and click on Business Toolbox to submit DCA's Scale Inspection Request Form online or call 311.