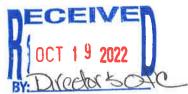


Notice of Appeal

This form is used to file an appeal of an order, notice, decision, determination, or ruling by the Allegheny County Health Department. Please complete this form (use additional pages as necessary). If more than one person or entity is filing this appeal, please attach a separate form for each additional appellant. A copy of the order, notice, decision, determination, or ruling must be attached to the Notice of Appeal.

Name DANE UARSHALL Mailing Address 4 5. GRAN DVI (A) AVE			
		City PITTSBURGH	State PA Zip 15705 Email DFILEY 28@ COM CAST. N
		Phone <u>412-491-6987</u> Fax (optional) <u>412-</u>	
If you are represented by an atto	rney, please provide contact information for your attorney:		
Name			
Mailing Address			
City	State Zip Email		
Phone	Fax (optional)		
objection here, you may be barred fr WE DID SWE SUBMITTED TO ALONG WITH	objections may be factual or legal and must be specific. If you fail to state an arom raising it later in your appeal. Use additional pages if necessary.) BMT A PLAN LEVICO AARON PUROSAY IN FGB 2002 - V# 1839 WHICH WAS CASHGO.		
<u> </u>			
	with the Allegheny County Health Department, I hereby certify is true and correct to the best of my information and belief. Date		

Allegheny County Health Department Attention: Hearing Officer 542 4th Avenue Pittsburgh, PA 15219







ALLEGHENY

August 01, 2022

Bob's Diner Enterprises Inc. c/o Dane Marshall 1817 McKees Rocks Road McKees Rocks, PA 15136

Re: Civil Penalty #166 Client #202203240003 Bob's Diner - Kennedy 1817 McKees Rocks Road - Kennedy

Dear Dane Marshall:

You are hereby notified that you violated Article III, "Food Safety", of the Allegheny County Health Department Rules and Regulations. Said violations were as follows:

Date(s): March 24, 2022

Section 330: Open and operating without a valid food permit.

Date(s): March 24, 2022

Section 334: Failure to submit plans and specifications for approval prior to construction

of a food facility.

As a result of the above violation(s), on behalf of the Director of the Allegheny County Health Department, it is hereby ordered that a civil penalty is being levied against you in the amount of \$2,000.00 for the violation of said sections. In order to resolve these violations without burden of further litigation, said amount of \$2,000.00 should be made payable to the "Food Safety Fund" and forwarded to the attention of Amanda Mator, Allegheny County Health Department, Food Safety Program, 2121 Noblestown Road, Suite 210, Pittsburgh PA 15205 no later than thirty (30) days after issuance of this notice. Failure to comply will result in further action including closure of your food facility.

If you need to further discuss the violations, payment schedule or settlement, please contact the Food Safety Program at (412)578-8044.

Pursuant to Article XI, entitled "Hearings and Appeals", you are hereby notified that you have thirty (30) days in which to file an appeal from the date of this notice. The appeal shall be filed in the office of the Director, 542 Fourth Avenue, Pittsburgh, PA 15219. In the event that an appeal is not filed within thirty (30) days from the date of this order, the within action shall become final.

If you have any questions regarding this matter, please do not hesitate to contact the undersigned.

Sincerely.

Amanda Mator Program Manager Food Safety Program

DEBRA BOGEN, MD. FAAP, FABM, DIRECTOR ALLEGHENY COUNTY HEALTH DEPARTMENT



2121 NOBLESTOWN ROAD . SUITE 210 . PITTSBURGH, PA 15205 PHONE: 412.578.8044 • FAX: 412.578.8190 WWW.ALLEGHENYCOUNTY.US/HEALTHDEPARTMENT





