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Notice of Appeal

**DIRECTOR'S
OFFICE**

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 WB Convenience Store

Mailing Address 801 W. Main Street

City Carnegie State PA Zip 15106 Email _____

Phone 412-276-2027 Fax (optional) _____

If you are represented by an attorney, please provide contact information for your attorney:

Name Jennifer L. Beresky (PA ID 316224)

Mailing Address 100 Ryan Court, Suite 9

City Pittsburgh State PA Zip 15205 Email jberesky@rig-consulting.com

Phone 412-693-3007 Fax (optional) _____

Describe your objections to the Department's actions and a statement describing the relief you want the Hearing Officer to grant. *(The objections may be factual or legal and must be specific. If you fail to state an objection here, you may be barred from raising it later in your appeal. Use additional pages if necessary.)*

WB Convenience Store received a negative food safety assessment report, noted as a low risk.
The report was based on the complaint of the neighboring property owner, however, this neighbor has
a documented animus against WB Convenience Store, as the Store had previously denied the
neighbor's request to use the Store's parking lot for a monthly rental fee. The Store has tried to
accommodate the neighbor with various other complaints, but the report we received pertained only
to Section 318 of the ACHD's Article III Food Safety Regulations and per that Section, the Store has
maintained clean dumpsters, equipped with lids that remain closed when not in use. We believe this
complaint was only made because of the neighbor's aforementioned unhappiness with our refusal to rent
parking to him; we request the Hearing Officer dismiss the negative report without further enforcement action.

By filing this Notice of Appeal with the Allegheny County Health Department, I hereby certify that the information submitted is true and correct to the best of my information and belief.

Signature *Joy L. Bly* Date 10-1-18

Appeals should be submitted in person or by mail to:
**Allegheny County Health Department
Attention: Hearing Officer
542 4th Avenue
Pittsburgh, PA 15219**