John J. Sollecito, Director (518) 457-1723

May 1, 1985

5802 Bar & Grill, Inc. 5802 6th Avenue Brooklyn, NY 11220

### Gentlemen:

Please take notice of the Default Order of the State Tax Commission enclosed herewith.

Please take further notice that pursuant to Section(s) 1138 of the Tax Law, any proceeding in court to review this decision must be commenced within 4 months from the date of this notice.

Inquiries concerning the computation of tax due or refund allowed in accordance with this decision may be addressed to the undersigned at the above address.

Very truly yours,

Joseph Chyrywaty

Supervisor of Tax Conferences

cc: Petitioner's Representative
Michael K. Benimowitz
299 Broadway
New York, NY 10007
Taxing Bureau's Representative

#### STATE OF NEW YORK

### STATE TAX COMMISSION

In the Matter of the Petition

of

:

5802 Bar & Grill, Inc.

DEFAULT ORDER

85-C-7

for Redetermination of a Deficiency or Revision :

of a Determination or Refund of Sales & Use Tax

under Article 28 & 29 of the Tax Law for the

Period 5/31/83.

Petitioner(s) 5802 Bar & Grill, Inc. filed a petition for redetermination of a deficiency or revision of a determination or refund of Sales & Use Tax under Article 28 & 29 of the Tax Law for the Period 5/31/83. File No. 46324.

A pre-hearing conference on the petition was scheduled before Kathleen

Beruard, at the offices of the State Tax Commission, 141 Livingston Street 
8th Fl., Brooklyn, New York 11201 on Wednesday, January 9, 1984 at 10:00 a.m.

Notice of said pre-hearing conference was given to petitioner(s) and the representative of petitioner(s). Petitioner(s) did not appear at the pre-hearing conference. A default has been duly noted.

Now on motion of the State Tax Commission, it is

ORDERED that the petition of 5802 Bar & Grill, Inc. be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
MAY 1, 1985

## P 693 166 429

### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

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| ★ U.S.G.P.O. 1983-403-517 | Streen and No. Donadway  P.O. State and ZIP Code              |          |  |
| P.O. 1                    | P.O., State and ZIP Code                                      |          |  |
| S.G.                      | Postage /   | \$       |  |
| *                         | Certified Fee   |          |  |
|                           | Special Delivery Fee  |          |  |
|                           | Restricted Delivery Fee                                       |          |  |
|                           | Return Receipt Showing to whom and Date Delivered             |          |  |
| 1982                      | Return receipt showing to whom, Date, and Address of Delivery |          |  |
| Feb.                      | TOTAL Postage and Fees  | \$       |  |
| S Form 3800,              | Postmark or Date  | <u> </u> |  |
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## P 693 166 428

# RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

| * U.S.G.P.O. 1983-403-517 | Sent to 5802 San G Street and No. (o Kh () P.O. State and ZIP Code Postage Certified Fee Special Delivery Fee | Shill of |
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|                           | Restricted Delivery Fee   |          |
|                           | Return Receipt Showing to whom and Date Delivered   |          |
| 1982                      | Return receipt showing to whom, Date, and Address of Delivery   |          |
| Feb.                      | TOTAL Postage and Fees  | \$       |
| PS Form 3800,             | Postmark or Date  | -        |