

Department of Health and Mental Hygiene  
Environmental Health Division  
125 Worth Street, 10<sup>th</sup> floor, room 1020,CN 59A  
New York, NY 10013-4006

Re: Summons Number:1132125F0

To whom it may concern:

My name is Pamela Anderson, the owner of the restaurant DBA " Spices Cuisine".  
My business address is **1199 Nostrand Avenue, Brooklyn, New York 11225** and not **119 Nostrand Avenue, Brooklyn, New York 11206**as incorrectly stated on the summons.  
I first became aware of the summons when inspector Okoro Nkama/1101 hand delivered it to me on 09/18/2025.  
He told me that my signature was missing on my application with the Department of Consumer Affairs. I thought I had signed my name on all papers given to me. After he told me that my signature was missing on one document, I returned and signed it on October 6, 2025. A copy of my signature on said document is attached herein.

Respectfully submitted,



Pamela Anderson

Sworn to before me this <sup>14<sup>th</sup></sup> day of October, 2025



**NEW YORK CITY LICENSING CENTER**  
42 BROADWAY  
NEW YORK, NY 10004  
TELEPHONE: 311

Receipt Number: 1019107

Application Number: APP-2025-0002818

Accela/CAMIS Number: 50166285

PIN: 004HB25LIC

Application Type: Food Service Establishment (general)

Class: H25

Sub Class: FS

Date of Submission: 03/06/2025

For: GGA CONSTRUCTIONS & ACCESSORIES INC

119 NOSTRAND AVE

BROOKLYN, NY 11206

Reference Number	Payment Method	Amount Due	Convenience Fees	Amount Paid
52975Z	Credit Card	\$280.00	5.60	\$285.60
<b>Total Payment:</b>				<b>\$285.60</b>

Thank you for applying for a permit or license from the Department of Health and Mental Hygiene. We will review your application, a process that may take a few days. We may need to contact you if additional information is required.

Want to check the status of your application?

Go to <http://nyc.gov/health> or call 311

*You will need the PIN number above to check on the status of your application.*

Want more information about application requirements?

Go to <http://nyc.gov/businessexpress> or call 311

Operating a restaurant and want to apply for an on-site, penalty free, non-graded consultative inspection conducted by trained DoHMH inspectors?

Go to: <http://nyc.gov/consultation>

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License your dog – it's the law and easy to do online – go to <http://nyc.gov/doglicense>

Want to know about air quality in your community? – go to <http://nyc.gov/health/nyccas>

Learn how to control rats in your home or community – go to <http://nyc.gov/rats>

New York State Department of Taxation and Finance

# Certificate of Authority

Identification number

**26-4827497**

*(Use this number on all returns and correspondence)*



**GGA CONSTRUCTIONS & ACCESSORIES, INC.**  
1799 NO STRAND AVE  
BROOKLYN, NY 11225-5911

**VALIDATED**

**2/10/2025**

Dept of Tax  
and Finance

is authorized to collect sales and Use taxes under Articles 28 and 29 of the New York State Tax Law  
Nontransferable  
This certificate must be prominently displayed at your place of business.  
Fraudulent or other improper use of this certificate will cause it to be revoked.  
The certificate may not be photocopied or reproduced.

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1D88L 0410625 R0000269F01

DTF572A (01/24)

App-2025-0002818

STANDARD APPLICATION FOR NEW LICENSE OR PERMIT



FOR OFFICE USE									
CAMIS/RECORD NUMBER					LICENSE/PERMIT				
					TYPE		FEE CLASS/ SUBCLASS		
					H				
EXPIRATION DATE					FEE AMOUNT		DOLLARS		CENTS
MO	DAY	YEAR			▶				

APPLICATION DATE		
MONTH	DAY	YEAR

NAME OF LICENSE/PERMIT  
 (For detailed instructions and information about what is required to apply for this permit, please go to [www.nyc.gov/healthpermits](http://www.nyc.gov/healthpermits))

RECEIVED

MAR 06 2025  
KN

IMPORTANT: Please type or print legibly in ink using capital letters. Allow spaces between completed words or numbers. Standard abbreviations are permitted. All section must be completed in ink.

**SECTION A - NAME, ADDRESS AND CONTACT INFORMATION OF ENTITY TO WHICH LICENSE/PERMIT IS TO BE ISSUED**

**READ CAREFULLY:** Enter the corporate name and location of business establishment. If not incorporated, enter your name(s) and location of business establishment.

NAME OF CORPORATION, PARTNERSHIP, PARTNERS OR INDIVIDUAL OWNER (Last Name First) GGA Constructions & Accessories Inc				TELEPHONE NUMBER (AREA CODE) 911 753 318 20	
TRADE NAME/Doing Business As (DBA) Spices Cuisine				FAX NUMBER (AREA CODE)	
BUILDING NUMBER 1199	STREET Nostrand Av			PREMISES LOCATION ( FLOOR, STORE #, BOOTH #)	
CITY OR TOWN Brooklyn		STATE NY	ZIP CODE 1112215		E-MAIL ADDRESS (REQUIRED) lornapke@gmail.com
DATE OF BIRTH (If applying as an individual)		MONTH	DAY	YEAR	OPTIONAL GENDER: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

**Language Preference for Inspections:** If the permit you are applying for requires an inspection by the Department of Health and Mental Hygiene, do you prefer that this inspection be conducted in, or translated to, a language other than English?  No  Yes  
 If "yes" that language is \_\_\_\_\_

- I agree to receive all official notices from the Department of Health only by email at the email address provided in this application form. An official notice is any correspondence from the Department of Health that requires a response by a date certain. These include, but are not limited to, permit or license renewal notices; notices of fines or fees owed; collection letters and Dunning Notices, and Notices of Violations.
- I would like to receive Department of Health publications, including information about new regulations, newsletters, fact sheets and other educational material, only by email at the email address provided in this application form.

SECTION B - DATE EXPECTED TO OPEN/START OPERATING			SECTION C - NYS SALES TAX ID#			SOCIAL SECURITY NUMBER (If applying as an individual)			ITIN NUMBER (If no SSN and applying as an individual)		
MONTH	DAY	YEAR									
06	19	2025	261-4827497								

**SECTION D - MAILING ADDRESS, IF DIFFERENT FROM PERMITTED/LICENSED ESTABLISHMENT'S ADDRESS (INCLUDE APARTMENT #, PO BOX #)**

STREET ADDRESS  
314 E 35th Street

CITY OR TOWN  
Brooklyn

STATE  
NY

ZIP CODE  
1112013

CITYWIDE LICENSING CENTER - DEPARTMENT OF HEALTH AND MENTAL HYGIENE - 42 BROADWAY, NEW YORK, NY 10004

**SECTION E - LIST NAMES (LAST, FIRST) OF OWNER - PARTNER - CORPORATE OFFICERS**

1	NAME	Pamela Alexander		PHONE NUMBER	9175331820		E-MAIL ADDRESS	Lornap68@ymail.com		TITLE	CFO	
	ADDRESS	STREET 314 E 35th Street			CITY Brooklyn		STATE	NY		ZIP CODE 1112013		
2	NAME	Amanda Alexander		PHONE NUMBER	3478795394		E-MAIL ADDRESS	alexanderaamandae302@gmail.com		TITLE	COO	
	ADDRESS	STREET 314 E 35th Street			CITY Brooklyn		STATE	NY		ZIP CODE 1112013		
3	NAME			PHONE NUMBER			E-MAIL ADDRESS			TITLE		
	ADDRESS	STREET			CITY		STATE			ZIP CODE		
4	NAME			PHONE NUMBER			E-MAIL ADDRESS			TITLE		
	ADDRESS	STREET			CITY		STATE			ZIP CODE		

**SECTION F**

ALL APPLICANTS (EXCEPT THOSE APPLICANTS FOR A MOBILE FOOD VENDING LICENSE, TATTOO LICENCE OR A HORSE LICENSE) MUST COMPLETE THIS SECTION REQUESTING WORKERS' COMPENSATION AND DISABILITY BENEFITS INSURANCE INFORMATION AND PROVIDE COPIES OF PROOF OF CURRENT INSURANCE IF IT IS REQUIRED.

YOUR APPLICATION FOR A PERMIT WILL NOT BE ACCEPTED IF YOU DO NOT COMPLETE THIS SECTION AND PROVIDE THIS INFORMATION AND PROOF IF YOU ARE REQUIRED TO HAVE THIS INSURANCE.

Please check the appropriate box:

The business described in this application has Workers' Compensation and Disability Benefits Insurance as identified below:

Workers' Compensation Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Disability Benefits Insurance Carrier: ShelterPoint Life Insurance company Policy #: DBL739113 Expiration Date: 02/28/2020

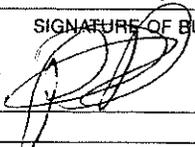
OR

Form CE-200 was submitted to the Worker's Compensation Board stating such coverage is not required for this business and a copy with the New York State-assigned Exemption Certificate Number is attached.

Certificate Number: \_\_\_\_\_ Issuance Date: \_\_\_\_\_

Form CE-200 attesting to an exemption of this requirement can be found at <http://www.wcb.ny.gov>

Legal reasons for an applicant to qualify for this exemption are listed on Form CE-200. Please review Form CE-200 to see if your business qualifies for this exemption and is not required to obtain Workers' Compensation and Disability Benefits Insurance.

By signing this application for a permit, I agree that I will comply with provisions of the Health Code and other laws that apply to the permitted activity, and that all the statements made in this application are true and complete. Making a false statement is an offense punishable by fines, imprisonment or both. (NYC Administrative Code § 10-154.)		TITLE	ARE YOU 18 YEARS OF AGE OR OVER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF BUSINESS OWNER, PARTNER, OR CORPORATE OFFICER 		TELEPHONE NUMBER	
SIGN HERE		9175331820	

**ARE YOU REGISTERED TO VOTE?**  
If not, you may request a Voter Registration form when you submit your application, or you can access [www.nycdcfb.info/register tovot e](http://www.nycdcfb.info/register tovot e) online.

CITYWIDE LICENSING CENTER - DEPARTMENT OF HEALTH AND MENTAL HYGIENE - 42 BROADWAY, NEW YORK, NY 10004  
314C (Rev. 9/14) Application for a New DOHMH License of Permit

