

# Final Submission - Company is out of Business

VEHICLE DISMANTLING FACILITY, MOTOR VEHICLE REPAIR SHOP AND MOBILE VEHICLE

## CRUSHER ANNUAL REPORT

SUBMITTED BY  
TABS CONSULTING GROUP  
(718) 492-6464

Submit the Annual Report no later than March 1, 2020. This

annual report is for the year of operation from January 01, 2019 to December 31, 2019

### SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: DAWNS AUTO SALES INC			
FACILITY LOCATION ADDRESS: 139-23 QUEENS BLVD		FACILITY CITY: QUEENS	STATE: ZIP CODE: NY 11435
FACILITY TOWN: CHRISTOPHER BENSON		FACILITY COUNTY: QUEENS	FACILITY PHONE NUMBER: 718-523-5751
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). NEW YORK CITY			NYSDEC REGION #: 2
FACILITY TYPE: <input checked="" type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Motor Vehicle Repair Shop <input type="checkbox"/> Mobile Vehicle Crusher			
DMV I.D. # 7066492			
FACILITY CONTACT: CHRISTOPHER BENSON		<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 718-523-5751
CONTACT FAX NUMBER: 718-658-7275			
CONTACT EMAIL ADDRESS: WAYSIDEAUTO@NYC.RR.COM			
OWNER INFORMATION			
OWNER NAME: DAWNS AUTO SALES INC		OWNER PHONE NUMBER: 718-523-5751	OWNER FAX NUMBER: 718-658-7275
OWNER ADDRESS: 139-23 QUEENS BLVD		OWNER CITY: QUEENS	STATE: ZIP CODE: NY 11435
OWNER CONTACT: CHRISTOPHER BENSON		OWNER CONTACT EMAIL ADDRESS: WAYSIDEAUTO@NYC.RR.COM	
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner CHRISTOPHER BENSON			<input checked="" type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

<p>Did you operate in 2019? <input type="checkbox"/> Yes; Complete this form.</p> <p style="padding-left: 100px;"><input checked="" type="checkbox"/> No; Complete and submit Sections 1 and 12.</p>
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