NYCServ Violation Copy

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NYC Department of Finance

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0208 164 560

ENFORCEMENT AGENCY: Dept. of Finance
AGENCY CONTACT INFORMATION: 311 DIVISION: Sheriff
LAST NAME OR COMPANY NAME (Print) FIRST NAME
The business operating at 345 Nostrand Avenue, BKNY 11216
STREET ADDRESS 345 Nostrand Avenue APT. NO.
CITY Brooklyn STATE NY ZIP 11216
ID NUMBER: N/A
TYPE OF ID/ISSUED BY: N/A

DATE OF OCCURRENCE: 03/27/25 TIME OF OCCURRENCE: 1150
PLACE OF OCCURRENCE: 345 Nostrand Avenue
BOROUGH OF OCCURRENCE: Brooklyn CB No. 79
☐ Alternative Service

You must respond to the Summons. You can appear on the hearing date and the location below or choose another option. For other options on how to respond, see the back of this page.

HEARING DATE: 04/03/25 **AT:** 8:30AM
OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
N/A [borough] See reverse side for address
Phone: (844)628-4692

FOR HEARING OPTIONS, SEE THE BACK OF THIS PAGE
REFER TO THE SUMMONS NUMBER ABOVE ON ALL CORRESPONDENCE

WARNING: If you do not respond, you may be found automatically responsible and you may owe larger penalties. If you do not pay any imposed penalties, you may lose your ability to keep or get a City license, permit or registration. The City might also take further legal action against you. See the back for more information.

Details of Violation(s)

Section/Rule AC 7-551(a) OATH Code 4 | 8 | 2 | 1
Mail-In Penalty: $ N/A Maximum Penalty: $25,000
☐ Respondent must appear in person ☐ ___ Offense: Seeking revocation / suspension

At T/P/O Cannabis and Cannabis marked products were observed for sale without the valid retail license. Sealing order # 88545 Nostrand Ven UE 03/27/25 was issued. OAH

☑ Property Removed ☐ 1-2 Family ☐ Multiple Dwelling ☑ Commercial

NYC Charter Sections 1048 and 1049-a and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings.

I, an employee of the enforcement agency named above, affirm under penalty of perjury that I personally observed the commission of the violation(s) charged above and/or verified their existence through a review of departmental records. False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law.

RANK (TITLE) SIGNATURE OF COMPLAINANT DS K. Tapa REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc.) 0837
COMPLAINANT'S NAME (Print) K. Tapa TAX REGISTRY NUMBER 684986 AGENCY NYC Sheriff
NOTICE ALSO SENT TO FIRST NAME
LAST NAME
STREET ADDRESS
CITY STATE ZIP

0208 164 560