NYCServ Violation Copy

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NYC Department of Finance

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0208 227 526

ENFORCEMENT AGENCY: Dept. of Finance
AGENCY CONTACT INFORMATION: 311 **DIVISION:** Sheriff

LAST NAME OR COMPANY NAME (Print): South Conduit Mini Mart | FIRST NAME:
CELL PHONE #:
STREET ADDRESS: 230-02 South Conduit Avenue APT. NO.:
CITY: Springfield Gardens STATE: NY ZIP: 11413
ID NUMBER: 727 1342
TYPE OF ID/ISSUED BY: NYS Department of State ID

DATE OF OCCURRENCE: 03/22/25 TIME OF OCCURRENCE: 12:56 p.m.
PLACE OF OCCURRENCE: 230-02 South Conduit Avenue
BOROUGH OF OCCURRENCE: Queens CB No. 116
☐ 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: 05/23/25 **AT:** 8:30a.m.
OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
N/A See reverse side for address
[borough]
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: A-C-7-551(a) OATH Code: A | B | E1

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 marketed products were observed for sale without a valid cannabis retail license.

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

OATH

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: Det. [signature] REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc): 0837

COMPLAINANT'S NAME (Printed): Det. Joarder TAX REGISTRY NUMBER: 1109317 AGENCY: NYC Sheriff

NOTICE ALSO SENT TO
FIRST NAME
LAST NAME
STREET ADDRESS
CITY STATE ZIP

0208 227 526