

NYCServ Violation Copy

Internet



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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)	FIRST NAME
South Conduit Mini Mart	
CELL PHONE #:	
STREET ADDRESS 230-02 South Conduit Avenue	
CITY Springfield Gardens	STATE NY ZIP 11114
ID NUMBER: 727 1342	
TYPE OF ID/ISSUED BY: NYS Department of State ID	
DATE OF OCCURRENCE: 03/22/25 TIME OF OCCURRENCE: 12:56pm	
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: 8:30am

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
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	REPORT LEVEL (FBI 4 spaces Comm'd, Sgt, Unit, etc)
Det. [Signature]	0837
COMPLAINANT'S NAME (Printed)	TAX REGISTRY NUMBER
Det. Jorner	1101931917
AGENCY	
NYC Sheriff	
NOTICE ALSO SENT TO	FIRST NAME
LAST NAME	
STREET ADDRESS	
CITY	STATE ZIP

OATH



0208 227 526