NYCServ Violation Copy

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NYC Department of Finance

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0215 098 410

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

LAST NAME OR COMPANY NAME: AK Convenience Market INC. FIRST NAME:
CELL PHONE #:
STREET ADDRESS: 3360B Atlantic Ave, APT. NO.
CITY: Brooklyn STATE: New York ZIP: 11208
ID NUMBER: 72751960
TYPE OF ID/ISSUED BY: NYS Dept of State.

DATE OF OCCURRENCE: 04 / 15 / 25 TIME OF OCCURRENCE: 1463
PLACE OF OCCURRENCE: 3360B Atlantic Avenue
BOROUGH OF OCCURRENCE: Brooklyn CB No. 75
☑ 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: 06 / 18 / 25 **AT:** 08:30AM
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: AC-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 the cannabis and cannabis marketing products were observed for sale in the A valid Retail License cease and desist was issued.

OATH

☑ 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 (Fill 4 spaces Comm'd, Sqd, Unit, etc.): 0837

COMPLAINANT'S NAME (Printed): DS Baquero TAX REGISTRY NUMBER: 1181789 7 AGENCY: NYC Sheriff

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

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