NYCServ Violation Copy

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NYC Department of Finance

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0215 099 950

ENFORCEMENT AGENCY: Dept. of Finance

AGENCY CONTACT INFORMATION: 311 DIVISION: Sheriff

LAST NAME OR COMPANY NAME (FIRM) FIRST NAME: Food Candy And Grocery Inc.

CELL PHONE #:

STREET ADDRESS: 1646 Madison Avenue APT. NO.

CITY: New York STATE: NY ZIP: 10029

ID NUMBER: 92-3336802

TYPE OF ID/ISSUED BY: NYS Dept of State

DATE OF OCCURRENCE: 07/29/25 TIME OF OCCURRENCE: 1540

PLACE OF OCCURRENCE: 1646 Madison Avenue

BOROUGH OF OCCURRENCE: Manhattan CB No. 23

☐ 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: 8/5/25 AT: 8:30 AM

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 T/P/O Cannabis and Cannabis marketed products were observed for sale without a retail license. Sealing order # MN1646 Madison Avenue 072925 was issued.

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

COMPLAINANT'S NAME (Printed): Falwer, M TAX REGISTRY NUMBER: 764249 AGENCY: NYC Sheriff

NOTICE ALSO SENT TO

LAST NAME FIRST NAME

STREET ADDRESS

CITY STATE ZIP

0215 099 950