

NYCServ Violation Copy

Internet



0219457188

0895000002002011



SUMMONS • FOR CIVIL PENALTIES ONLY

Department of Finance

SUMMONS NUMBER: 0219 457 188

ENFORCEMENT AGENCY: Dept. of Finance	
AGENCY CONTACT INFORMATION: <u>311</u> DIVISION: <u>Sheriff</u>	
LAST NAME OR COMPANY NAME (PRINT) <u>DELL MARY 8TH CORP.</u> FIRST NAME	
CELL PHONE #:	
STREET ADDRESS <u>8711 5TH AVENUE</u>	APT. NO.
CITY <u>BROOKLYN</u>	STATE <u>NY</u> ZIP <u>11210</u>
ID NUMBER: <u>7672950</u>	
TYPE OF ID/ISSUED BY: <u>NYS DEPT OF STATE</u>	
DATE OF OCCURRENCE: <u>11 / 04 / 2025</u> TIME OF OCCURRENCE: <u>1247</u>	
PLACE OF OCCURRENCE: <u>8711 5TH AVENUE</u>	
BOROUGH OF OCCURRENCE: <u>BROOKLYN</u> CB No. <u>068</u>	
☐ Alternative Service	

You must respond to the Summons. See the back of this page for options on how to appear.

HEARING DATE: 01 / 12 / 2026 AT: 08:30 A.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 <u>AC 7-551 (A)</u>	OATH Code <u>A</u> <u>B</u> <u>E2</u>
Mail-In Penalty: \$ <u>N/A</u>	Maximum Penalty: \$ <u>25,000</u>
☐ Offense: Seeking revocation / suspension	
<u>At TPO Cannabis and Cannabis Marketed products</u> <u>were observed for sale without the valid retail</u> <u>license for cannabis.</u>	
☒ 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 COMPLAINT <u>D.S. Kelly Herzog</u>	REPORT LEVEL (F# & SPACES) <u>108137</u>
COMPLAINANT'S NAME (PRINT) <u>HENRIQUEZ, R</u>	TAX REGISTRY NUMBER <u>1 B 9,913 6</u> AGENCY <u>NYC SHERIFF</u>
NOTICE ALSO SENT TO	FIRST NAME
LAST NAME	
STREET ADDRESS	
CITY	STATE ZIP

OATH



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