NYCServ Violation Copy
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NYC Department of Finance

SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0219 469 920

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

LAST NAME OR COMPANY NAME (Print) to the FIRST NAME business operating
CELL PHONE #: at 942 Winthrop Street DBA truly organic
STREET ADDRESS 942 Winthrop Street APT. NO.
CITY Brooklyn STATE ~~NY~~ NY ZIP 11212

ID NUMBER: N/A
TYPE OF ID/ISSUED BY: N/A

DATE OF OCCURRENCE: 7 / 1 / 26 TIME OF OCCURRENCE: 12:06
PLACE OF OCCURRENCE: 942 Winthrop Street
BOROUGH OF OCCURRENCE: Brooklyn CB No. 67
☐ Alternative Service

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

HEARING DATE: 07/09/26 **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 AC7-551(a) OATH Code A B E1

Mail-In Penalty: $ N/A Maximum Penalty: $ 25,000

☐ Offense: Seeking revocation / suspension

At T/P/O cannabis and cannabis marketed product were observed for sale without the valid Retail license seeking order # BK 942 Winthrop street 07/01/26 warehouse

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: Inv [signature]
REPORT LEVEL (Fill 4 spaces Comm'd, Sqd, Unit, etc): 0 8 1 7

COMPLAINANT'S NAME (Printed): Xavier Vega TAX REGISTRY NUMBER: 675052 AGENCY: NYC Sheriff

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

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