

PAYMENT

Date	Payment #	Pay Method	Check #
5/14/2019	38677	СС	

Bill To	Invoice For Facility				
MAX TO GO INC					
25 GIBBS STREET					
ROCHESTER, NY 14604					
ES FSE2016-009		Charged	Paid	Due	Credit
2010 2600	_	220.00		E0 00	

AUNT ROSIES FSE2016-009		Charged	Paid	Due	Credit
Invoice FS2019-2698		320.00		50.00	
Payment 38677			400.00		-100.00
	Customer Available Credits: \$50.00				
DOLLAR GENRAL TOB2016-001		Charged	Paid	Due	Credit
Invoice TR2019-0001		430.00		400.00	
Customer Amount Due: \$400.00				00.00	



INVOICE

Date	Invoice #	Due Date
5/14/2019	FS2019-2698	5/8/2019

Bill To	Invoice For Facility
MAX TO GO INC	
25 GIBBS STREET	
ROCHESTER, NY 14604	

Paid Date	Description	Amount
5/14/19	Seating 0-25	\$170.00
5/14/19	Level 1 Recertification Course	\$100.00
		\$50.00
	Total: \$320.0 0	

Customer Balance: \$-50.00

Failure to remit payment by the due date will result in a late fee added to your balance due. Late fees are \$50 if your balance due is \$100 or more; or \$25 if your balance due is under \$100.

> TO PROPERLY CREDIT YOUR ACCOUNT, PLEASE SEND IN THIS PAYMENT SLIP WITH YOUR PAYMENT PAY ONLINE: https://ehpermits.monroecounty.gov/dev/pay QUESTIONS/PAY BY PHONE: (585) 753-5064 Make checks payable to: Monroe County Department of Public Health

Facility: AUNT ROSIES FSE2016-009

FAC #:

Invoice #: FS2019-2698

Bill To

MAX TO GO INC 25 GIBBS STREET ROCHESTER, NY 14604

Monroe County Food Protection 111 Westfall Road, Room 832 Rochester, NY 14620

Total: \$320.00



INVOICE

Date	Invoice #	Due Date
5/14/2019	TR2019-0001	5/13/2019

Bill To	Invoice For Facility
DOLLAR GENERAL	
DOLGEN CORP	
100MISSION RIDGE	
GOODLETTSVILLE, TN 37072	

Paid Date	Permit Renewal Fee	Amount			
5/14/19	\$30	\$30.00			
		\$350.00			
		\$50.00			
	Total: \$430.00				
	Customer Balance: \$4	00.00			

Failure to remit payment by the due date will result in a late fee added to your balance due. Late fees are \$50 if your balance due is \$100 or more; or \$25 if your balance due is under \$100.

TO PROPERLY CREDIT YOUR ACCOUNT, PLEASE SEND IN THIS PAYMENT SLIP WITH YOUR PAYMENT

PAY ONLINE: https://ehpermits.monroecounty.gov/dev/pay

QUESTIONS/PAY BY PHONE: (585) 753-5571

Make checks payable to: Monroe County Department of Public Health

Facility: DOLLAR GENRAL TOB2016-001

FAC #:

Invoice #: TR2019-0001

Bill To

DOLLAR GENERAL DOLGEN CORP 100MISSION RIDGE

GOODLETTSVILLE, TN 37072

Monroe County Department of Public Health 111 Westfall Road, Room 828 Rochester, NY 14620

Total: \$430.00