



Monroe County Food Protection
111 Westfall Road, Room 1020
Rochester, NY 14620

PAYMENT

Date	Payment #	Pay Method	Check #
5/13/2019	38674	Cash	

Bill To

DEWEY AVENUE SMOKE SHOP
1405 DEWEY AVENUE
ROCHESTER, NY 14613

AUNT ROSIES FSE2016-009

FS2019-2698 Amount: \$395.00 Balance: \$170.00

LEAD2019-0001 Amount: \$720.00 Balance: \$560.00

DEWEY AVENUE SMOKE SHOP TOB2015-018

FS2019-2698 Amount: \$395.00 Balance: \$170.00

LEAD2019-0001 Amount: \$720.00 Balance: \$560.00



Monroe County Food Protection
111 Westfall Road, Room 832
Rochester, NY 14620
(585) 753-5064

INVOICE

Date	Invoice #	Due Date
5/13/2019	FS2019-2698	5/31/2019

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

Invoice For Facility

Paid Date	Description	Amount
5/13/19	Mobile Food Service, Bakery, Caterer or Commissary	\$225.00
	Seating 0-25	\$170.00
		Total: \$395.00
		Customer Balance: \$170.00

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: \$395.00



Monroe County Department of Public Health
 Childhood Lead Poisoning Prevention
 111 Westfall Road, Room 844
 Rochester, NY 14620

INVOICE

Date	Invoice #	Due Date
5/13/2019	LEAD2019-0001	5/25/2019
Risk Assessment Of: DEWEY AVENUE SMOKE SHOP TOB2015-018		

Bill To

DEWEY AVENUE SMOKE SHOP
 1405 DEWEY AVENUE
 ROCHESTER, NY 14613

Paid Date	Service Date	Description	Quantity	Rate	Amount
5/13/19		\$560		\$560.00	\$560.00
		\$160		\$160.00	\$160.00
					Total: \$720.00
					Customer Balance: \$515.00

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>

Make checks payable to: Monroe County Department of Public Health

Invoice #: LEAD2019-0001

Bill To
 DEWEY AVENUE SMOKE SHOP
 1405 DEWEY AVENUE
 ROCHESTER, NY 14613

Monroe County Department of Public Health
 Childhood Lead Poisoning Prevention
 111 Westfall Road, Room 844
 Rochester, NY 14620

Total: \$720.00