



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

INVOICE

Date	Invoice #	Due Date
4/1/2019	FS2019-2701	4/3/2019

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

Invoice For Facility

Description	Amount
Seating 26-50	\$230.00
Test Charge	\$111.00
	\$-55.50
LATE FEE	\$50.00
Total: \$335.50	
Customer Balance: \$335.50	

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 #: FS2019-2701

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 ROCHESTER, NY 14604

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