



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

INVOICE

Date	Invoice #	Due Date
5/14/2019	FS2019-2707	5/23/2019

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

Invoice For Facility

Description	Amount
Seating 0-25	\$170.00
Seating 26-50	\$230.00
Total: \$400.00	
Customer Balance: \$535.00	

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 #: FS2019-2707

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ROCHESTER, NY 14604

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Total: \$400.00