



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

INVOICE

Date	Invoice #	Due Date
4/23/2019	FS2019-2699	4/30/2019

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

Invoice For Facility

Paid Date	Description	Amount
4/23/19	Mobile Food Service, Bakery, Caterer or Commissary	\$225.00
		Total: \$225.00
		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 #: FS2019-2699

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 ROCHESTER, NY 14604

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Total: \$225.00