



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

PAYMENT

Date	Payment #	Pay Method	Check #
4/21/2019	38682	Cash	

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

Invoice For Facility

Paid Date	Description	Amount	Due
Invoice# 38673			
	Mobile Food Service, Bakery, Caterer or Commissary	\$225.00	\$225.00
	Seating 26-50	\$230.00	\$230.00
Invoice# 38673 Total:		\$455.00	\$455.00
Invoice# FS2019-2705			
4/21/19	Seating 26-50	\$230.00	
Invoice# FS2019-2705 Total:		\$230.00	\$0.00
Payment# 38682			
4/21/19	Payment Applied	\$230.00	
Payment# 38682 Total:		\$230.00	\$0.00
Payment Amount: \$230.00			
Remaining Customer Balance: \$455.00			



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INVOICE

Date	Invoice #	Due Date
4/21/2019	38673	4/30/2019

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

Invoice For Facility

Description	Amount
Mobile Food Service, Bakery, Caterer or Commissary	\$225.00
Seating 26-50	\$230.00
Total: \$455.00	

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 #: 38673

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

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Total: \$455.00



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INVOICE

Date	Invoice #	Due Date
4/21/2019	FS2019-2705	4/30/2019

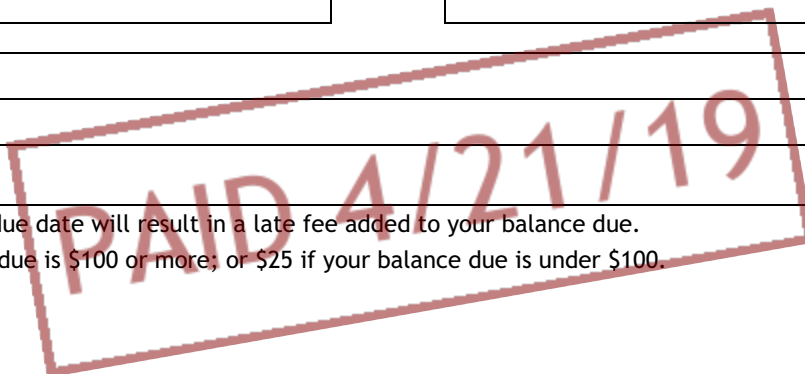
Bill To
MAX TO GO INC 25 GIBBS STREET ROCHESTER, NY 14604

Invoice For Facility

Description	Amount
Seating 26-50	\$230.00
Total: \$230.00	

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Facility: AUNT ROSIES FSE2016-009
 FAC #:
 Invoice #: FS2019-2705

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 ROCHESTER, NY 14604

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Total: \$230.00