



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

PAYMENT

Date	Payment #	Pay Method	Check #
4/23/2019	38675	CC	

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

Invoice For Facility

Paid Date	Description	Amount	Due
Invoice# FS2019-2699			
4/23/19	Mobile Food Service, Bakery, Caterer or Commissary	\$225.00	
Invoice# FS2019-2699 Total:		\$225.00	\$0.00
Payment# 38675			
4/23/19	Payment Applied	\$225.00	
Payment# 38675 Total:		\$225.00	\$0.00
Payment Amount: \$225.00			
Remaining Customer Balance: \$0.00			



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INVOICE

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

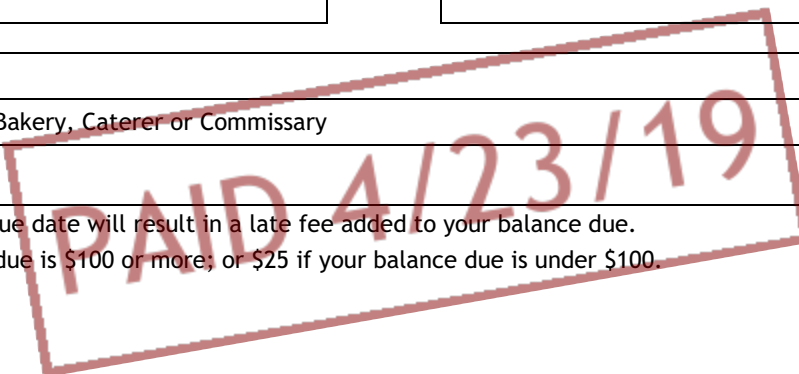
Bill To
MAX TO GO INC 25 GIBBS STREET ROCHESTER, NY 14604

Invoice For Facility

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

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

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

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Rochester, NY 14620

Total: \$225.00