



DSI RECEIPT

CITY OF SAINT PAUL

Department of Safety and Inspections
375 Jackson Street Suite 220
Saint Paul, Minnesota 55101-1806
Phone: (651) 266-8989 Fax: (651) 266-9124
www.stpaul.gov/dsi

Date: 05/03/2016

Received From: JEMAL OMER TAHIRO
554 CENTRAL AVE W APT 1204 ST PAUL MN 55103

Description:

| Invoice Details | Invoice Amount | Amount Paid |
|---|----------------|-------------|
| 954609 100001850 Taxicab Driver (Renew) Expires: 05/10/2016 @ 554 CENTRAL AVE ¹ | \$44.00 | \$44.00 |

TOTAL AMOUNT PAID: \$44.00

Paid By:

| Payment Type | Check # | Received Date | Amount |
|--------------|---------|---------------|---------|
| Cash | | 05/03/2016 | \$44.00 |