

LICENSE ID: 20050004212



Renewal Invoice

CITY OF SAINT PAUL

Check this box if making any name, mailing address or phone # corrections. Please write the changes on this form. If your business license address is changing, please request a new business license application

Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
PHONE: (651) 266-8989
FAX: (651) 266-9124
An Equal Opportunity Employer

March 10, 2011

DONALD L COURY
ST PAUL FLATBREAD CO
439 ROBERT ST S
ST PAUL MN 55107

Invoice # : 734501

Invoice Due Date : Upon Receipt

Account Balance: \$286.00

Pay this Amount: \$286.00

BUSINESS PHONE: 651-291-8700

Transaction Description	Transaction Total
Inv: 722017 050004212 Retail Fd (B) - Bakery 101-1000 sq ft Expires: 11/09/2010 @ 439 ROBERT ST S	109.00
Inv: 722017 050004212 Retail Food Grocery - Secondary Facility Expires: 11/09/2010	82.00
Inv: 722263 Late Fee 7-30 days late (10%)	19.00
Inv: 724308 Late Fee 31-60 days late (10%)	19.00
Inv: 728334 Late Fee 61-90 days late (10%)	19.00
Inv: 731513 Late Fee 91-120 days late (10%)	19.00
Late Fee 121+ days late (10%)	19.00

Requirements	Invoice Amount Due: \$286.00
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Your account is overdue. Please mail payment today!!

Please Give Us Your Email Address: _____

Please Return this invoice with your payment!