Fire Certificate of Occupancy
Fee Invoice

☐ **Check this box if making any name or mailing address corrections.**

CITY OF SAINT PAUL
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

THE SHARING KORNER
439 THOMAS AVE
SAINT PAUL MN 55103-1626

Bill Date: January 28, 2014
Customer #: 1366879

Amount Due: $180.00
Due Date: February 28, 2014

**** Late fees will be charged if not paid by due date ****

Property Address:
439 THOMAS AVE

Ref. # 116214
Folder RSN: 3302917

Date	Type of Fee	Amount
November 19, 2013	CO Commercial Initial Fee	$180.00

PAY THIS AMOUNT: $180.00

Mail to: Billing
Saint Paul Fire Inspection
375 Jackson Street, Suite 220
St. Paul, MN 55102-1806

Make Checks Payable to: City of St. Paul
** Return this document with payment **

Signature of Cardholder (required for all charges): _____

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION: Pay this Amount: $180.00

Customer #: 1366879 **Ref. #: 116214** **Folder RSN : 3302917**

☐ **Amex** ☐ **MasterCard**
☐ **Discover** ☐ **Visa**

Security Code:

Expiration Date: Month / Year

Enter Account Number