

LICENSE ID: 20070001341



# 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

October 19, 2011

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

AM PM GAS  
MARATHON MARKET  
CONTACT: MANAL RASHID  
719 PAYNE AVE  
ST PAUL MN 55130

**Invoice # : 771001**

Invoice Due Date : Upon Receipt

Account Balance: \$1,428.00

**Pay this Amount: \$1,403.00**

HOME PHONE: 952-892-3998 BUSINESS PHONE: 651-771-0477

Transaction Description	Transaction Total
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Inv: 740262 070001341 Retail Fd (C) - Grocery 1001-3000 sq ft Expires: 06/20/2011 @ 719 PAYNE AVE	408.00
Inv: 740262 070001341 Gas Station Expires: 06/20/2011	72.00
Inv: 740262 070001341 Cigarette/Tobacco Expires: 06/20/2011	431.00
Inv: 740262 070001341 Alarm Permit (Renew) 18245	27.00
Inv: 748983 Late Fee 7-30 days late (10%)	91.00
Inv: 751459 Late Fee 31-60 days late (10%)	91.00
Inv: 751459 Alarm Late Fee	10.00
Inv: 755985 Late Fee 61-90 days late (10%)	91.00
Inv: 760780 Late Fee 91-120 days late (10%)	91.00
Late Fee 121+ days late (10%)	91.00

Requirements	<b>Invoice Amount Due: \$1,403.00</b>
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Your account is overdue. Please mail payment today!!

Are cigarettes being sold over-the-counter? Y or N >>If sold by vending machine, how many machines?\_\_\_\_\_

PLEASE NOTE: If anyone under the age of 18 is allowed in the establishment, State of MN law forbids the sale of cigarettes via machine sales. All sales must be made over the counter by an employee of the establishment.

\*\* If this alarm permit is not paid within 30 days after the expiration date, a \$10.00 late fee will be added. \*\*

Is your alarm monitored by an alarm company? Yes or No

If Yes, which company?\_\_\_\_\_

If No, please provide keyholder information - include full name(s) and phone #(s) :

\_\_\_\_\_  
Please verify your name, address, and phone #. Provide us with your current phone number if not listed above\_\_\_\_\_

Please Give Us Your Email Address: \_\_\_\_\_

Please Return this invoice with your payment!