



**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

<input type="checkbox"/> Amex	<input type="checkbox"/> MasterCard			Expiration Date: Month / Year				
<input type="checkbox"/> Discover	<input type="checkbox"/> Visa	Security Code:						
Enter Account Number								