## **RECEIPT OF PAYMENT**

Receipt Number: Receipt Date: Date Paid: Full Amount: 2025201894 06/13/2025 06/13/2025 \$1,250.00

| Payment Details:                                  | <b>Payment Method</b><br>Check                            | <b>Amount Tendered</b><br>\$1,250.00 |                      |
|---|---|--------------------------------------|----------------------|
|   | Name on Credit Card /<br>Confirmation #                   |                                      |                      |
| Amount Tendered:<br>Change / Overage:<br>Contact: | \$1,250.00<br>\$0.00<br>5665 Bells Ferry Qs LLC, Address: | 5665 Bells Ferry Rd, I               | Phone:(943) 255-4436 |

## FEE DETAILS:

| Fee Description                 | <b>Reference Number</b> | Amount Owing | Amount Paid |
|---------------------------------|-------------------------|--------------|-------------|
| Beer License                    | LC20250000318           | \$1,000.00   | \$1,000.00  |
| Sunday Sales License Fee Retail | LC20250000318           | \$250.00     | \$250.00    |