

# RECEIPT OF PAYMENT

**Receipt Number:** 2019105117  
**Receipt Date:** 05/08/2019  
**Date Paid:** 05/08/2019  
**Full Amount:** \$100.00

| <b>Payment Details:</b> | <b>Payment Method</b> | <b>Amount Tendered</b> | <b>Check Number</b> |
|-------------------------|-----------------------|------------------------|---------------------|
|                         | Check                 | \$100.00               | 8197                |

**Amount Tendered:** \$100.00  
**Change / Overage:** \$0.00  
**Contact:** B & D RESTAURANTS INC., Address:1105 PARKSIDE LANE

## FEE DETAILS:

| <b>Fee Description</b> | <b>Reference Number</b> | <b>Amount Owing</b> | <b>Amount Paid</b> |
|------------------------|-------------------------|---------------------|--------------------|
| ABL Manager Permit Fee | LC1997070474            | \$100.00            | \$100.00           |