

# RECEIPT OF PAYMENT

**Receipt Number:** 2020126206  
**Receipt Date:** 11/23/2020  
**Date Paid:** 11/23/2020  
**Full Amount:** \$200.00

Payment Details:	Payment Method	Amount Tendered	Check Number
	Check	\$100.00	8943

<b>Name on Credit Card / Confirmation #</b>	
Check	\$100.00 8942

**Name on Credit Card / Confirmation #**

**Amount Tendered:** \$200.00  
**Change / Overage:** \$0.00  
**Contact:** B & D RESTAURANTS INC., Address:1105 PARKSIDE LANE, Phone:(770) 928-9494

## FEE DETAILS:

Fee Description	Reference Number	Amount Owing	Amount Paid
ABL Manager Permit Fee	LC1997070474	\$100.00	\$100.00
ABL Manager Permit Fee	LC1997070474	\$100.00	\$100.00