

# RECEIPT OF PAYMENT

**Receipt Number:** 2023161798  
**Receipt Date:** 01/03/2023  
**Date Paid:** 01/03/2023  
**Full Amount:** \$150.00

| Payment Details: | Payment Method | Amount Tendered | Check Number |
|------------------|----------------|-----------------|--------------|
|                  | Check          | \$150.00        | 4529         |

**Name on Credit Card /  
Confirmation #**

**Amount Tendered:** \$150.00  
**Change / Overage:** \$0.00  
**Contact:** TACOS EL DON, Address:5683 BELLS FERRY RD, Phone:(678) 634-6477

## FEE DETAILS:

| Fee Description            | Reference Number | Amount Owing | Amount Paid |
|----------------------------|------------------|--------------|-------------|
| Occupation Tax Certificate | LC2010031365     | \$150.00     | \$150.00    |