

# RECEIPT OF PAYMENT

**Receipt Number:** 2018091044  
**Receipt Date:** 04/17/2018  
**Date Paid:** 04/17/2018  
**Full Amount:** \$100.00

<b>Payment Details:</b>	<b>Payment Method</b>	<b>Amount Tendered</b>	<b>Check Number</b>
	Check	\$100.00	6151

**Amount Tendered:** \$100.00  
**Change / Overage:** \$0.00  
**Contact:** B & D RESTAURANTS INC., Address:1105 PARKSIDE LANE, Phone:(770) 928-9494

## 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