

Division of Safety and Health  
License and Certificate Unit  
1220 Washington Ave.  
Building 12, Room 161A  
Albany NY 12226



Bill No. \_\_\_\_\_

### Notice of Fee Due for Permit/Registration/Inspection

**Total Fee Due:** \_\_\_\_\_ **Location Name and Address Inspected/Certified:** \_\_\_\_\_ **Billing Database ID#** \_\_\_\_\_  
**Inspection Date:** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**District:** \_\_\_\_\_

The fee listed above is now due. Make your check or money order payable to the Commissioner of Labor. Include the duplicate copy of this bill. **Write the bill number shown above on your check.** Send all to the address given above. Your cancelled check is your receipt.

Amusement Device (§ 870-d) No. Inspected: \_\_\_\_\_  Public Assembly (§ 473.2)  Other: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Issued: \_\_\_\_\_

By

Date

For the Commissioner of Labor

**Note for places of public assembly:**

There are penalties for late payment of fees.

If you pay late, the total amount due is as follows:

After 45 days, you must pay 2 times the initial fee.

After 60 days, you must pay 3 times the initial fee.

After 180 days, you must pay 4 times the initial fee.

Division of Safety and Health  
License and Certificate Unit  
1220 Washington Ave.  
Building 12, Room 161A  
Albany NY 12226



Bill No. \_\_\_\_\_

### Notice of Fee Due for Permit/Registration/Inspection

**Total Fee Due:** \_\_\_\_\_ **Location Name and Address Inspected/Certified:** \_\_\_\_\_ **Billing Database ID#** \_\_\_\_\_  
**Inspection Date:** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**District:** \_\_\_\_\_

The fee listed above is now due. Make your check or money order payable to the Commissioner of Labor. Include the duplicate copy of this bill. **Write the bill number shown above on your check.** Send all to the address given above. Your cancelled check is your receipt.

Amusement Device (§ 870-d) No. Inspected: \_\_\_\_\_  Public Assembly (§ 473.2)  Other: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Issued: \_\_\_\_\_

By

Date

For the Commissioner of Labor

**Note for places of public assembly:**

There are penalties for late payment of fees.

If you pay late, the total amount due is as follows:

After 45 days, you must pay 2 times the initial fee.

After 60 days, you must pay 3 times the initial fee.

After 180 days, you must pay 4 times the initial fee.

Division of Safety and Health  
License and Certificate Unit  
1220 Washington Ave.  
Building 12, Room 161A  
Albany NY 12226



Bill No. \_\_\_\_\_

### Notice of Fee Due for Permit/Registration/Inspection

**Total Fee Due:** \_\_\_\_\_ **Location Name and Address Inspected/Certified:** \_\_\_\_\_ **Billing Database ID#** \_\_\_\_\_  
**Inspection Date:** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**District:** \_\_\_\_\_

The fee listed above is now due. Make your check or money order payable to the Commissioner of Labor. Include the duplicate copy of this bill. **Write the bill number shown above on your check.** Send all to the address given above. Your cancelled check is your receipt.

Amusement Device (§ 870-d) No. Inspected: \_\_\_\_\_  Public Assembly (§ 473.2)  Other: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Issued: \_\_\_\_\_

By

Date

For the Commissioner of Labor

**Note for places of public assembly:**

There are penalties for late payment of fees.

If you pay late, the total amount due is as follows:

After 45 days, you must pay 2 times the initial fee.

After 60 days, you must pay 3 times the initial fee.

After 180 days, you must pay 4 times the initial fee.

Division of Safety and Health  
License and Certificate Unit  
1220 Washington Ave.  
Building 12, Room 161A  
Albany NY 12226



Bill No. \_\_\_\_\_

### Notice of Fee Due for Permit/Registration/Inspection

**Total Fee Due:** \_\_\_\_\_ **Location Name and Address Inspected/Certified:** \_\_\_\_\_ **Billing Database ID#** \_\_\_\_\_  
**Inspection Date:** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**District:** \_\_\_\_\_

The fee listed above is now due. Make your check or money order payable to the Commissioner of Labor. Include the duplicate copy of this bill. **Write the bill number shown above on your check.** Send all to the address given above. Your cancelled check is your receipt.

Amusement Device (§ 870-d) No. Inspected: \_\_\_\_\_  Public Assembly (§ 473.2)  Other: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Issued: \_\_\_\_\_

By

Date

For the Commissioner of Labor

**Note for places of public assembly:**

There are penalties for late payment of fees.

If you pay late, the total amount due is as follows:

After 45 days, you must pay 2 times the initial fee.

After 60 days, you must pay 3 times the initial fee.

After 180 days, you must pay 4 times the initial fee.