



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041803
Receipt Date:	05/20/2019
Date Paid:	05/20/2019
Payment Method:	Check,
Check Number:	50024776,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MINUTE CLINIC DIAGNOSTIC OF KS P.A., Address:1 CVS DR MC1160, Phone:(866) 389-2727

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143622	\$50.00