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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041804
Receipt Date:	05/20/2019
Date Paid:	05/20/2019
Payment Method:	Check,
Check Number:	50024775,
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	LC300143621	\$50.00