



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041807
Receipt Date:	05/20/2019
Date Paid:	05/20/2019
Payment Method:	Check,
Check Number:	50024772,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	CVS PHARMACY #5719, Address:1 CVS DR MC1160, Phone:(816) 524-5084

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC700141787	\$50.00