

DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019042084
Receipt Date:	05/23/2019
Date Paid:	05/23/2019
Payment Method:	Check,
Check Number:	3334,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ROCKHILL WOMEN'S CARE INC, Address:20 NE SAINT LUKES BLVD, Unit 310, Phone:(816) 282-7809

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143547	\$50.00