



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043894
Receipt Date:	07/05/2019
Date Paid:	07/05/2019
Payment Method:	Check,
Check Number:	1629,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HEALTHCARE EXCLUSIVELY FOR WOMEN PA, Address:1000 SW BLUE PKWY, Phone:(816) 525-0061

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142223	\$50.00