



---

DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019044570
Receipt Date:	08/01/2019
Date Paid:	08/01/2019
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	VILLAGE MEDICINE LLC, Address:664 SE BAYBERRY LN, Unit 102, Phone:(913) 602-3538

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800180580	\$50.00