



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045363
Receipt Date:	09/05/2019
Date Paid:	09/05/2019
Payment Method:	Check,
Check Number:	1621,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	FLATLAND PHARMACY LLC, Address:202 NW OLDHAM PKWY, Phone:(844) 618-4379

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC700170445	\$50.00