



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045364
Receipt Date:	09/05/2019
Date Paid:	09/05/2019
Payment Method:	Check,
Check Number:	10203,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	FLATLAND PHARMACY, Address:13035 OLIVE BLVD @210, Phone:(844) 870-1080

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC700190593	\$50.00