



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045978
Receipt Date:	10/07/2019
Date Paid:	10/07/2019
Payment Method:	Check,
Check Number:	50021,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	BEACON SURGERY CENTER, Address:510 BERING DR STE 650, Phone:(262) 902-2116

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300190660	\$50.00