

RECEIPT OF PAYMENT

Receipt Number:	2020050662
Receipt Date:	06/22/2020
Date Paid:	06/22/2020
Payment Method:	Check,
Check Number:	50348647,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	CVS PHARMACY #8557, Address:1 CVS DR MC1160, Phone:(816) 554-9500

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC700141789	\$50.00