

RECEIPT OF PAYMENT

Receipt Number:	2021059509
Receipt Date:	06/04/2021
Date Paid:	06/04/2021
Payment Method:	Check,
Check Number:	50611115,
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	LC44141789	\$50.00