

RECEIPT OF PAYMENT

Receipt Number:	2025095083
Receipt Date:	02/25/2025
Date Paid:	02/25/2025
Payment Method:	Cash,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Revivify Wellness

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC81250105	\$50.00