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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2018038614
Receipt Date:	10/29/2018
Date Paid:	10/29/2018
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HAIRAPY / TASHA DULANEY, Address:618 SW 3RD ST, Unit F, Phone:(816) 277-7220

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800180662	\$50.00