



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2018038861
Receipt Date:	11/19/2018
Date Paid:	11/19/2018
Payment Method:	Check,
Check Number:	2384,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KIDZ FIRST THERAPY, Address:1429 NE WHISTONE DR, Phone:(816) 446-9018

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300180036	\$50.00