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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2018039037
Receipt Date:	12/04/2018
Date Paid:	12/04/2018
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LOTZ THERAPY, Address:529 SE 2ND ST, Unit D, Phone:(816) 612-8147

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800180077	\$50.00