



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2018039237
Receipt Date:	12/20/2018
Date Paid:	12/20/2018
Payment Method:	Check,
Check Number:	9073,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SAGEBRUSH INSURANCE SERVICES INC, Address:500 SW MARKET ST, Unit A, Phone:(913) 498-9090

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800180032	\$50.00