

## **DEVELOPMENT SERVICES**

## **RECEIPT OF PAYMENT**

| Receipt Number: | 2018039289  |
|-----------------|---|
| Receipt Date:   | 12/27/2018  |
| Date Paid:      | 12/27/2018  |
| Payment Method: | Credit Card,  |
| Check Number:   | ,   |
| Full Amount:    | \$50.00   |
| Amount Tendered | \$50.00   |
| Paid By:        | INNOVO COUNSELING LLC, Address:1605 B BLUEBERRY DR,<br>Phone:(816) 866-0412 |

## Fees:

| Fee Description          | Reference / Application | Amount Paid |
|--------------------------|-------------------------|-------------|
|                          | Number                  |             |
| 9110058-Business License | LC800180065             | \$50.00     |
|                          |                         |             |