



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019039388
Receipt Date:	01/07/2019
Date Paid:	01/07/2019
Payment Method:	Check,
Check Number:	502,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SUMMIT INTEGRATIVE DENTAL, Address:688 SE BAYBERRY LN, Unit 101, Phone:(816) 875-3391

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300190008	\$50.00