



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019039496
Receipt Date:	01/16/2019
Date Paid:	01/16/2019
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HAIRAPY/ROSA WORLEY, Address:724 SE 13TH ST, Phone:(816) 678-8151

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800190028	\$50.00