



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019039526
Receipt Date:	01/18/2019
Date Paid:	01/18/2019
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HAIRAPY SALON/KYRSTON BILLINGS, Address:929 NW LONG DR, Phone:(816) 536-7731

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800170046	\$50.00