



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019039541
Receipt Date:	01/22/2019
Date Paid:	01/22/2019
Payment Method:	Check,
Check Number:	3027,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HAIRAPY/GLAM DAY SPA, Address:713 NE SHENANDOAH DR, Phone:(816) 645-7516

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800190036	\$50.00