



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019039543
Receipt Date:	01/22/2019
Date Paid:	01/22/2019
Payment Method:	Check,
Check Number:	208150824354,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HAIRAPY/NICOLE REYNA, Address:501 E 164TH TERT APT A, Phone:(816) 645-7516

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800190037	\$50.00