



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019039630
Receipt Date:	01/29/2019
Date Paid:	01/29/2019
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LOVELL INSURANCE GROUP, Address:500 SW MARKET ST, Unit A, Phone:(816) 800-2250

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800170768	\$50.00