



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

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|-----------------|--|
| Receipt Number: | 2019041128 |
| Receipt Date: | 05/07/2019 |
| Date Paid: | 05/07/2019 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | AGAPE IN HOME & HEALTH CARE, Address:2801 SW CARLTON DR , Phone:(816) 548-3311 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC300140968 | \$50.00 |
| | | |