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 DEVELOPMENT SERVICES

## RECEIPT OF PAYMENT

Receipt Number:	2019041310
Receipt Date:	05/13/2019
Date Paid:	05/13/2019
Payment Method:	Check,
Check Number:	3645,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STATE FARM INSURANCE / ROD RICHEY, Address:613 SW 3RD ST, Unit A, Phone:(816) 525-2227

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800144215	\$50.00