



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041364
Receipt Date:	05/13/2019
Date Paid:	05/13/2019
Payment Method:	Check,
Check Number:	2128,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	DENTAL EXPRESSIONS, Address:521 SE 2ND ST, Unit B, Phone:(816) 525-7155

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142126	\$50.00