



---

DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

|                 |   |
|-----------------|---|
| Receipt Number: | 2019041480  |
| Receipt Date:   | 05/14/2019  |
| Date Paid:      | 05/14/2019  |
| Payment Method: | Check,  |
| Check Number:   | 1684,   |
| Full Amount:    | \$50.00   |
| Amount Tendered | \$50.00   |
| Paid By:        | WILSHIRE HILLS BEAUTY SALON, Address:713 N OSAGE TRAIL,<br>Phone:(816) 524-3130 |

**Fees:**

| Fee Description          | Reference / Application<br>Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC800142753                       | \$50.00     |
|                          |                                   |             |