



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041546
Receipt Date:	05/15/2019
Date Paid:	05/15/2019
Payment Method:	Check,
Check Number:	5745,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	GRIDER ORTHODONTICS, Address:101 SW 3RD ST, Phone:(816) 246-9995

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142165	\$50.00