



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041621
Receipt Date:	05/16/2019
Date Paid:	05/16/2019
Payment Method:	Check,
Check Number:	4385,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KATHI MATTHES DDS PC, Address:517 SW 3RD ST, Phone:(816) 524-3734

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142853	\$50.00