



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041643
Receipt Date:	05/16/2019
Date Paid:	05/16/2019
Payment Method:	Check,
Check Number:	2047,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON RITZ/AMY SIMPSON, Address:24002 POINDEXTER, Phone:(816) 525-4909

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800143515	\$50.00