



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041653
Receipt Date:	05/16/2019
Date Paid:	05/16/2019
Payment Method:	Check,
Check Number:	1445435,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT ANIMAL HOSPITAL NORTH, Address:29229 CANWOOD ST #100, Phone:(816) 554-1870

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800142613	\$50.00