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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041730
Receipt Date:	05/17/2019
Date Paid:	05/17/2019
Payment Method:	Check,
Check Number:	1343,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT FAMILY DENTISTRY, Address:511 SW JEFFERSON ST, Phone:(816) 554-7720

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142719	\$50.00