



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041838
Receipt Date:	05/20/2019
Date Paid:	05/20/2019
Payment Method:	Check,
Check Number:	2109,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TLC FAMILY DENTISTRY, Address:3568 SW MARKET ST, Phone:(816) 537-6161

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300144123	\$50.00