



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041919
Receipt Date:	05/21/2019
Date Paid:	05/21/2019
Payment Method:	Check,
Check Number:	8798,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TAS INSURANCE LLC, Address:PO BOX 1540, Phone:(816) 554-8162

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800144022	\$50.00