



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019042046
Receipt Date:	05/23/2019
Date Paid:	05/23/2019
Payment Method:	Check,
Check Number:	136061,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ENCOMPASS MEDICAL GROUP, Address:615 SW 3RD ST, Phone:(816) 524-3799

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300141662	\$50.00