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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019042141
Receipt Date:	05/28/2019
Date Paid:	05/28/2019
Payment Method:	Check,
Check Number:	1591,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	OATMAN FAMILY DENTISTRY, Address:500 NE JASPER CIR, Phone:(816) 524-7050

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300190326	\$50.00