



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019042253
Receipt Date:	05/29/2019
Date Paid:	05/29/2019
Payment Method:	Check,
Check Number:	7519,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STEPHEN W BRUMIT DDS, Address:519 SW 3RD ST, Unit E, Phone:(816) 554-0022

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300141440	\$50.00