



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019042346
Receipt Date:	05/30/2019
Date Paid:	05/30/2019
Payment Method:	Check,
Check Number:	1376194,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	THE URGENCY ROOM - LEE'S SUMMIT, Address:1138 N ALMA SCHOOL RD STE 120, Phone:(816) 554-2600

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300141636	\$50.00