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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019042475
Receipt Date:	06/03/2019
Date Paid:	06/03/2019
Payment Method:	Check,
Check Number:	1236,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LAKEWOOD ORTHODONTICS, Address:721 NE LAKEWOOD BLVD , Phone:(816) 373-0300

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300140391	\$50.00