

DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019042515
Receipt Date:	06/04/2019
Date Paid:	06/04/2019
Payment Method:	Check,
Check Number:	39350,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	AMERICAN FAMILY INSURANCE, Address:6000 AMERICAN PKWY, Phone:(816) 356-2100

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800150558	\$50.00