
 DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019042828
Receipt Date:	06/11/2019
Date Paid:	06/11/2019
Payment Method:	Check,
Check Number:	201568,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ADVANCED SURGICAL ASSOCIATES, Address:3460 NE RALPH POWELL RD , Phone:(816) 246-0800

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300140945	\$50.00