



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019042931
Receipt Date:	06/12/2019
Date Paid:	06/12/2019
Payment Method:	Check,
Check Number:	59951,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	PREMIER DENTAL ANESHESIOLOGY/PDA, Address:339 CONSORT DR, Phone:(636) 386-9224

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800190365	\$50.00