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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019042959
Receipt Date:	06/13/2019
Date Paid:	06/13/2019
Payment Method:	Check,
Check Number:	2456,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	JAMES L FLEMING MD, Address:618 SE 4TH ST, Phone:(816) 213-1885

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300141821	\$50.00