



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019042981
Receipt Date:	06/13/2019
Date Paid:	06/13/2019
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	VILLAGE SALON MASSAGE THERAPY, Address:1001 NW CHIPMAN RD

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1200140551	\$50.00