



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043162
Receipt Date:	06/18/2019
Date Paid:	06/18/2019
Payment Method:	Check,
Check Number:	21152,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	JAMES D SCHUETTE DDS PC, Address:220 NW MCNARY CT, Phone:(816) 554-7656

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143652	\$50.00