



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

| | |
|-----------------|--|
| Receipt Number: | 2019043169 |
| Receipt Date: | 06/18/2019 |
| Date Paid: | 06/18/2019 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | HAIR TAILORS/CINDY MELTON, Address:11715 BEACON AVE, Phone:(816) 246-4247 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC800142053 | \$50.00 |
| | | |