



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043177
Receipt Date:	06/18/2019
Date Paid:	06/18/2019
Payment Method:	Check,
Check Number:	5593,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ERIN NEILL BROMLEY DDS PC, Address:680 SE BAYBERRY LN, Unit 105, Phone:(816) 525-5257

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300141382	\$50.00