



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043232
Receipt Date:	06/19/2019
Date Paid:	06/19/2019
Payment Method:	Check,
Check Number:	223711,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	RAINTREE FAMILY DENTAL CARE, Address:1200 NETWORK CENTRE DR, Phone:(816) 623-3563

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143541	\$50.00