
 DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043395
Receipt Date:	06/24/2019
Date Paid:	06/24/2019
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MASSAGE HEIGHTS/KAHLEAH ALKIRE, Address:741 SW 800TH RD, Phone:(816) 554-3438

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100160477	\$50.00