



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043398
Receipt Date:	06/24/2019
Date Paid:	06/24/2019
Payment Method:	Check,
Check Number:	189,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SEVENTH WAVE INSURANCE, Address:410 SE 3RD ST 106D, Phone:(816) 207-0097

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800180351	\$50.00