



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043515
Receipt Date:	06/26/2019
Date Paid:	06/26/2019
Payment Method:	Check,
Check Number:	3710,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	JACOB LAUDIE DDS LLC, Address:622 SW 3RD ST, Unit M, Phone:(816) 524-3535

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142732	\$50.00