



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

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|-----------------|--|
| Receipt Number: | 2019043520 |
| Receipt Date: | 06/26/2019 |
| Date Paid: | 06/26/2019 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | TRANQUIL TOUCH MASSAGE LLC/STEPHANIE CRON , Address:612 SW 3RD ST, Unit A, Phone:(816) 588-9666 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC1100140494 | \$50.00 |
| | | |