



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043607
Receipt Date:	06/27/2019
Date Paid:	06/27/2019
Payment Method:	Check,
Check Number:	9143,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	T C WILSON INSURANCE AGENCY INC, Address:327 N RANDOLH, Phone:(816) 525-4255

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800144032	\$50.00