



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

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|-----------------|--|
| Receipt Number: | 2019043671 |
| Receipt Date: | 06/28/2019 |
| Date Paid: | 06/28/2019 |
| Payment Method: | Check, |
| Check Number: | 5090, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | LEE'S SUMMIT FAMILY EYECARE, Address:519 SW 3RD ST, Unit A, Phone:(816) 554-7747 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC300142724 | \$50.00 |
| | | |