



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043698
Receipt Date:	06/28/2019
Date Paid:	06/28/2019
Payment Method:	Check,
Check Number:	12693,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON & SPA DE CRIST, Address:905 SE LANGSFORD RD , Phone:(816) 525-9331

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1200140548	\$50.00