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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043778
Receipt Date:	07/02/2019
Date Paid:	07/02/2019
Payment Method:	Check,
Check Number:	5310,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	AMERICAN FAMILY INSURANCE/TERRI DIEHL, Address:500 SW MARKET ST STE B, Phone:(816) 524-2627

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800141267	\$50.00