



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043935
Receipt Date:	07/08/2019
Date Paid:	07/08/2019
Payment Method:	Check,
Check Number:	24384,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	FENDER FAMILY DENTISTRY, Address:519 SW 3RD ST, Unit G, Phone:(816) 524-3434

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300141705	\$50.00