



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043997
Receipt Date:	07/09/2019
Date Paid:	07/09/2019
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ELITE INSURANCE AGENCY LLC, Address:500 SW MARKET ST, Unit D, Phone:(816) 616-3207

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800141596	\$50.00