



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019044075
Receipt Date:	07/12/2019
Date Paid:	07/12/2019
Payment Method:	Check,
Check Number:	1001,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HEALTH HAVEN THERAPEUTIC MASSAGE/ROXANNE RENFRO, Address:407 W 86TH ST, Phone:(816) 277-5660

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100140592	\$50.00