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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019044270
Receipt Date:	07/22/2019
Date Paid:	07/22/2019
Payment Method:	Check,
Check Number:	8834,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HAIRAPY/CONTEMPORARY HAIR CONNECTION, Address:16322 GRAHAM RD, Phone:(816) 246-1960

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800170602	\$50.00