

## **DEVELOPMENT SERVICES**

## **RECEIPT OF PAYMENT**

| Receipt Number: | 2019044363   |
|-----------------|--|
| Receipt Date:   | 07/24/2019   |
| Date Paid:      | 07/24/2019   |
| Payment Method: | Credit Card,   |
| Check Number:   | ,  |
| Full Amount:    | \$50.00  |
| Amount Tendered | \$50.00  |
| Paid By:        | SPIRIT HALLOWEEN SUPER STORES, Address:6826 BLACK HORSE PIKE, Phone:(816) 379-8926 |

## Fees:

| Fee Description          | Reference / Application<br>Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC700160573                       | \$50.00     |
|                          |                                   |             |