



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019044479
Receipt Date:	07/30/2019
Date Paid:	07/30/2019
Payment Method:	Check,
Check Number:	5251,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SPLIT ENDS SALON, Address:656 SE BAYBERRY LN, Unit 103D, Phone:(816) 807-5187

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800170521	\$50.00