



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019044718
Receipt Date:	08/07/2019
Date Paid:	08/07/2019
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON ALLURE/TINA ARREGUIN, Address:1937 NE DILL DR, Phone:(816) 682-6736

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800190506	\$50.00