



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019044731
Receipt Date:	08/07/2019
Date Paid:	08/07/2019
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HAIRAPY/LIZ TIMBROOK, Address:5205 S. POWELL AVE, Phone:(816) 519-7496

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800140308	\$50.00