
 DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019044921
Receipt Date:	08/15/2019
Date Paid:	08/15/2019
Payment Method:	Check,
Check Number:	2068,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	A HEALTHY ALTERNATIVE MASSAGE THERAPY, Address:1280 NE TUDOR RD, Phone:(816) 554-8080

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1200140497	\$50.00