



---

DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045299
Receipt Date:	09/03/2019
Date Paid:	09/03/2019
Payment Method:	Check,
Check Number:	1068023,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SUMMIT FAIR DENTAL CARE, Address:6640 INTECH BLVD STE 270, Phone:(217) 540-5100

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143961	\$50.00