

DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045318
Receipt Date:	09/04/2019
Date Paid:	09/04/2019
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TERRA HEALTH & WELLNESS, Address:1134 NE DOUGLAS ST, Phone:(816) 550-4291

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC900190587	\$50.00