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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

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|-----------------|---|
| Receipt Number: | 2019045369  |
| Receipt Date:   | 09/05/2019  |
| Date Paid:      | 09/05/2019  |
| Payment Method: | Check,  |
| Check Number:   | 238,  |
| Full Amount:    | \$52.50   |
| Amount Tendered | \$52.50   |
| Paid By:        | SALON ALLURE/HAIR BY HALEY, Address:2704 SE 3RD ST,<br>Phone:(816) 524-2902 |

**Fees:**

| Fee Description                         | Reference / Application Number | Amount Paid |
|---|--------------------------------|-------------|
| 9110058-Business License                | LC800160482                    | \$50.00     |
| 9110052-Business License<br>Penalty Fee | LC800160482                    | \$2.50      |
|   |                                |             |