



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045658
Receipt Date:	09/20/2019
Date Paid:	09/20/2019
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ZEN MASSAGE AND FACIALS, Address:12715 SAGAMORE RD, Phone:(816) 600-5304

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1200190629	\$50.00