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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045659
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	LC800190630	\$50.00