



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045700
Receipt Date:	09/23/2019
Date Paid:	09/23/2019
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HAIRAPY, Address:618 SW 3RD ST, Unit F, Phone:(816) 645-7516

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800160763	\$50.00