



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045789
Receipt Date:	09/27/2019
Date Paid:	09/27/2019
Payment Method:	Check,
Check Number:	650153118,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	PROGRESSIVE CASUALTY INSURANCE, Address:P O BOX 89429, Phone:(440) 603-8885 Ext:CORP

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800143443	\$50.00