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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045790
Receipt Date:	09/27/2019
Date Paid:	09/27/2019
Payment Method:	Check,
Check Number:	34970113,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KANSAS CITY PULMONOLOGY PRACTICE, Address:2330 E MEYER #303, Phone:(816) 333-1919

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300180608	\$50.00