



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019046604
Receipt Date:	11/12/2019
Date Paid:	11/12/2019
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	RENEW YOU MEDICAL SPA, Address:500 SW 3RD ST, Unit B, Phone:(816) 875-0247

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300170056	\$50.00