



RECEIPT OF PAYMENT

Receipt Number:	2020052684
Receipt Date:	08/20/2020
Date Paid:	08/20/2020
Payment Method:	Check,
Check Number:	0596,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ERIN NEILL BROMLEY DDS PC, Address:680 SE BAYBERRY LN, Unit 105, Phone:(816) 525-5257

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300141382	\$50.00