



### RECEIPT OF PAYMENT

|                 |  |
|-----------------|--|
| Receipt Number: | 2021060078   |
| Receipt Date:   | 06/16/2021   |
| Date Paid:      | 06/16/2021   |
| Payment Method: | Check,   |
| Check Number:   | 0926,  |
| Full Amount:    | \$50.00  |
| Amount Tendered | \$50.00  |
| Paid By:        | ERIN NEILL BROMLEY DDS PC, Address:680 SE BAYBERRY LN,<br>Unit 105, Phone:(816) 525-5257 |

### **Fees:**

| Fee Description          | Reference / Application<br>Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC62141382                        | \$50.00     |
|                          |                                   |             |