



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

|                 |   |
|-----------------|---|
| Receipt Number: | 2018039066  |
| Receipt Date:   | 12/06/2018  |
| Date Paid:      | 12/06/2018  |
| Payment Method: | Check,  |
| Check Number:   | 1539,   |
| Full Amount:    | \$52.50   |
| Amount Tendered | \$52.50   |
| Paid By:        | LEES SUMMIT FAMILY CHIROPRACTIC, Address:618 SW 3RD ST,<br>Unit H, Phone:(816) 287-4044 |

**Fees:**

| Fee Description                         | Reference / Application<br>Number | Amount Paid |
|---|-----------------------------------|-------------|
| 9110058-Business License                | LC1200142004                      | \$50.00     |
| 9110052-Business License<br>Penalty Fee | LC1200142004                      | \$2.50      |
|   |                                   |             |