



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019039685
Receipt Date:	02/04/2019
Date Paid:	02/04/2019
Payment Method:	Check,
Check Number:	16785,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MIDWEST AUTO CLINIC, Address:190 NW OLDHAM PKWY, Phone:(816) 524-1969

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC700180183	\$50.00