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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041041
Receipt Date:	05/02/2019
Date Paid:	05/02/2019
Payment Method:	Check,
Check Number:	1018,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ESSENTIAL CHIROPRACTIC LLC, Address:419 SW WARD RD, Unit A, Phone:(816) 895-1800

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300190273	\$50.00