



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

| | |
|-----------------|---|
| Receipt Number: | 2019041126 |
| Receipt Date: | 05/07/2019 |
| Date Paid: | 05/07/2019 |
| Payment Method: | Check, |
| Check Number: | 10804, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | MIDWEST NEUROLOGY & CHIROPRACTIC CENTER PC, Address:1324 NE WINDSOR DR, Phone:(816) 525-8118 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC300141341 | \$50.00 |
| | | |