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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

|                 |   |
|-----------------|---|
| Receipt Number: | 2019041238  |
| Receipt Date:   | 05/10/2019  |
| Date Paid:      | 05/10/2019  |
| Payment Method: | Credit Card,  |
| Check Number:   | ,   |
| Full Amount:    | \$50.00   |
| Amount Tendered | \$50.00   |
| Paid By:        | BLUEBIRD WELLNESS CENTER, Address:676 SE BAYBERRY LN,<br>Unit 105, Phone:(816) 944-3654 |

**Fees:**

| Fee Description          | Reference / Application<br>Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC800190289                       | \$50.00     |
|                          |                                   |             |