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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041287
Receipt Date:	05/10/2019
Date Paid:	05/10/2019
Payment Method:	Check,
Check Number:	1533,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STROTHER DISTRICT CHIROPRACTIC, Address:410 SE 3RD ST STE 106C, Phone:(573) 680-5212

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300190292	\$50.00