



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

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|-----------------|--|
| Receipt Number: | 2019041423 |
| Receipt Date: | 05/14/2019 |
| Date Paid: | 05/14/2019 |
| Payment Method: | Check, |
| Check Number: | 1949, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | LAKEWOOD CHIROPRACTIC PC, Address:731 NE LAKEWOOD BLVD, Phone:(816) 373-3373 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC300142523 | \$50.00 |
| | | |