



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043848
Receipt Date:	07/05/2019
Date Paid:	07/05/2019
Payment Method:	Check,
Check Number:	1025,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LIFETIME FAT LOSS CENTER AT REJUVENATE, Address:400 SW LONGVIEW BLVD, Unit 160, Phone:(816) 761-3944

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300150644	\$50.00