



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043896
Receipt Date:	07/05/2019
Date Paid:	07/05/2019
Payment Method:	Check,
Check Number:	5842,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	NEW LIFE CHIROPRACTIC , Address:1008 SW BLUE PKWY, Phone:(816) 347-1515

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143252	\$50.00