



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043978
Receipt Date:	07/09/2019
Date Paid:	07/09/2019
Payment Method:	Check,
Check Number:	5235,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ADVANCED ORTHOPEDICS AND SPORTS MEDICINE, Address:2000 SE BLUE PKWY, Unit 230, Phone:(816) 525-2840

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300160543	\$50.00