



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019044003
Receipt Date:	07/09/2019
Date Paid:	07/09/2019
Payment Method:	Check,
Check Number:	3028,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	OUR FAMILY CHIROPRACTIC, Address:1332 NE WINDSOR DR, Phone:(816) 272-3559

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300190429	\$50.00