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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019044368
Receipt Date:	07/24/2019
Date Paid:	07/24/2019
Payment Method:	Check,
Check Number:	1611,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEES SUMMIT FAMILY CHIROPRACTIC, Address:618 3RD ST SW, Unit H, Phone:(816) 287-4044

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300140403	\$50.00