



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019044596
Receipt Date:	08/02/2019
Date Paid:	08/02/2019
Payment Method:	Check,
Check Number:	1041,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	F.I.T. MUSCLE & JOINT CLINIC, Address:22120 MIDLAND DR STE A, Phone:(816) 944-4244

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300150966	\$50.00