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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019044645
Receipt Date:	08/05/2019
Date Paid:	08/05/2019
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEES SUMMIT FAMILY CHIROPRACTIC/SAMI BALDWIN, Address:703 SAINT CHARLES ST, Phone:(816) 726-3363

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100190494	\$50.00