

DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019044922
Receipt Date:	08/15/2019
Date Paid:	08/15/2019
Payment Method:	Check,
Check Number:	841,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	A HEALTHY ALTERNATIVE/ALBERTA ADKINS, Address:316 SE Green St., Phone:(816) 405-8273

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100140486	\$50.00