

DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045204
Receipt Date:	08/28/2019
Date Paid:	08/28/2019
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MIDWEST PAIN MANAGEMENT CENTER, Address:200 NE MISSOURI RD, Unit 100, Phone:(816) 554-5427

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300151003	\$50.00