



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045205
Receipt Date:	08/28/2019
Date Paid:	08/28/2019
Payment Method:	Check,
Check Number:	1143,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	A HEALTHY ALTERNATIVE/AMANDA WOODROOF, Address:6600 W 149TH ST, Phone:(816) 797-5923

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100140727	\$50.00