



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045240
Receipt Date:	08/29/2019
Date Paid:	08/29/2019
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	CHIROPRACTIC HEALTH/ROBERT LEO PENNOCK, Address:1108 SW SUNSET ST, Phone:(801) 616-8052

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100151092	\$50.00