



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045260
Receipt Date:	08/30/2019
Date Paid:	08/30/2019
Payment Method:	Check,
Check Number:	216,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	AXIS CHIROPRACTIC AND WELLNESS LLC, Address:609 SW MERRITT ST, Phone:(816) 246-5300

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300180421	\$50.00