



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045697
Receipt Date:	09/23/2019
Date Paid:	09/23/2019
Payment Method:	Check,
Check Number:	1903,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	OUR FAMILY CHIROPRACTIC/MASSAGE FACILITY, Address:1332 NE WINDSOR DR, Phone:(816) 272-3559

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1200190637	\$50.00