

DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045732
Receipt Date:	09/24/2019
Date Paid:	09/24/2019
Payment Method:	Check,
Check Number:	2129,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	AXIS CHIROPRACTIC AND WELLNES LLC/JULIE VEST, Address:1901 NW BLUE PKWY, Phone:(816) 739-2128

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100180620	\$50.00