



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019045808
Receipt Date:	09/27/2019
Date Paid:	09/27/2019
Payment Method:	Check,
Check Number:	1622,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEES SUMMIT FAMILY CHIROPRACTIC, Address:618 SW 3RD ST, Unit H, Phone:(816) 287-4044

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1200142004	\$50.00