

RECEIPT OF PAYMENT

Receipt Number:	2020047664
Receipt Date:	02/04/2020
Date Paid:	02/04/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MIGHTY KIDS PEDIATRIC THERAPY, Address:914 SW GEORGETOWN DR, Phone:(816) 352-9271

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300200077	\$50.00