

## **RECEIPT OF PAYMENT**

Receipt Number:	2020053421	
Receipt Date:	09/14/2020	
Date Paid:	09/14/2020	
Payment Method:	Check,	
Check Number:	16662,	
Full Amount:	\$52.50	
Amount Tendered	\$52.50	
Paid By:	ETC PHYSICAL THERAPY INC, Address:PO BOX 320, Phone:(816) 347-9696	

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300141740	\$50.00
9110052-Business License Penalty Fee	LC300141740	\$2.50