



RECEIPT OF PAYMENT

Receipt Number:	2021056640
Receipt Date:	03/05/2021
Date Paid:	03/05/2021
Payment Method:	Check,
Check Number:	1270,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ESSENTIAL CHIROPRACTIC LLC, Address:419 SW WARD RD, Unit A, Phone:(816) 895-1800

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62190273	\$50.00