

RECEIPT OF PAYMENT

Receipt Number:	2022066482	
Receipt Date:	03/14/2022	
Date Paid:	03/14/2022	
Payment Method:	Check,	
Check Number:	17900,	
Full Amount:	\$2.50	
Amount Tendered	\$2.50	
Paid By:	MIDWEST AUTO CLINIC, Address:190 NW OLDHAM PKWY, Phone:(816) 524-1969	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110052-Business License Penalty Fee	LC81180183	\$2.50