



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041072
Receipt Date:	05/03/2019
Date Paid:	05/03/2019
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$3,915.00
Amount Tendered	\$3,915.00
Paid By:	ESSENTIAL CHIROPRACTIC LLC, Address:419 SW WARD RD, Unit A, Phone:(816) 895-1800

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
7232302-Commercial License Tax Fee	PRLT20190364	\$3,915.00