

220 SE Green Street | Lee's Summit, MO 64063 | P: 816.969.1000 | cityofls.net

RECEIPT OF PAYMENT

Receipt Number:	2017027419
Receipt Date:	06/08/2017
Date Paid:	06/08/2017
Payment Method:	Check,
Check Number:	1999,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	CORE BALANCE YOGA CENTER, Address:15600 E 76TH ST, Phone:(816) 213-1014

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC600160614	\$50.00