



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

| | |
|-----------------|---|
| Receipt Number: | 2019039950 |
| Receipt Date: | 02/26/2019 |
| Date Paid: | 02/26/2019 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | BRAIN BALANCE LEE'S SUMMIT, Address:413 NW MURRAY RD, Phone:(816) 393-0233 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC800170210 | \$50.00 |
| | | |