



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043250
Receipt Date:	06/19/2019
Date Paid:	06/19/2019
Payment Method:	Check,
Check Number:	2270,
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