



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019043791
Receipt Date:	07/02/2019
Date Paid:	07/02/2019
Payment Method:	Check,
Check Number:	240,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	AXIS CHIROPRACTIC AND WELLNESS LLC/YOUR BALANCED BODY LLC, Address:664 SE BAYBERRY LN, Unit 102, Phone:(913) 636-5631

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100180429	\$50.00