



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025103178
Receipt Date:	12/24/2025
Date Paid:	12/24/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ZEN MASSAGE AND FACIALS, Address:12715 SAGAMORE RD, Phone:(816) 600-5304

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC62250944	\$50.00