LEE'S SUMMIT
MISSOURI

DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019041320
Receipt Date:	05/13/2019
Date Paid:	05/13/2019
Payment Method:	Check,
Check Number:	30067,
Full Amount:	$50.00
Amount Tendered	$50.00
Paid By:	CENTRAL STATES MENTAL HEALTH CONSULTANTS INC, Address:1132 LUTTRELL SUTIE F, Phone:(816) 224-4417

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300141070	$50.00