

## **DEVELOPMENT SERVICES**

## **RECEIPT OF PAYMENT**

| Receipt Number: | 2019044281  |
|-----------------|---|
| Receipt Date:   | 07/22/2019  |
| Date Paid:      | 07/22/2019  |
| Payment Method: | Check,  |
| Check Number:   | 6392,   |
| Full Amount:    | \$50.00   |
| Amount Tendered | \$50.00   |
| Paid By:        | SCHOOL OF ROCK LEE'S SUMMIT, Address:1121 NE RICE RD,<br>Phone:(816) 272-5216 |

## Fees:

| Fee Description          | Reference / Application | Amount Paid |
|--------------------------|-------------------------|-------------|
|                          | Number                  |             |
| 9110058-Business License | LC800144294             | \$50.00     |
|                          |                         |             |