



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2019046749
Receipt Date:	11/21/2019
Date Paid:	11/21/2019
Payment Method:	Check,
Check Number:	16615,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ADVANCED FOOT CARE CENTER PC, Address:828 SW BLUE PKWY , Phone:(816) 525-2900

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300140941	\$50.00