



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

| | |
|-----------------|---|
| Receipt Number: | 2019046846 |
| Receipt Date: | 12/02/2019 |
| Date Paid: | 12/02/2019 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | ZEN MASSAGE/KRISTINE FOTLAND, Address:3828 W 76TH TERRACE, Phone:(816) 600-5304 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC1100190775 | \$50.00 |
| | | |