



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

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|-----------------|--|
| Receipt Number: | 2020048214 |
| Receipt Date: | 03/05/2020 |
| Date Paid: | 03/05/2020 |
| Payment Method: | Cash, |
| Check Number: | , |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | BODY WELLNESS, Address:419 SW WARD RD, Unit B, Phone:(816) 944-8601 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC700200151 | \$50.00 |
| | | |