

RECEIPT OF PAYMENT

Receipt Number:	2020049415	
Receipt Date:	05/18/2020	
Date Paid:	05/18/2020	
Payment Method:	Credit Card,	
Check Number:	,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	MASSAGE HEIGHTS/ANDREW LEE, Address:1732 OAK STREET #302, Phone:(816) 554-3438	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100170333	\$50.00