



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020050031
Receipt Date:	06/09/2020
Date Paid:	06/09/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SOLA SALON/KELLEY ACCURSO-SALON SPECIALIST, Address:471 SW TOWER PARK DR, APT 131, Phone:(816) 694-0485

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800143871	\$50.00