



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020050270
Receipt Date:	06/12/2020
Date Paid:	06/12/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	AGAPE IN HOME & HEALTH CARE, Address:2801 SW CARLTON DR , Phone:(816) 548-3311

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300140968	\$50.00