



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020050732
Receipt Date:	06/23/2020
Date Paid:	06/23/2020
Payment Method:	Check,
Check Number:	16633,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ADVANCED FOOT CARE CENTER PC, Address:828 SW BLUE PKWY , Phone:(816) 525-2900

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300140941	\$50.00