



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020051125
Receipt Date:	06/30/2020
Date Paid:	06/30/2020
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SALON ALLURE/CODY WALKER, Address:1207 BRADFORD, Phone:(816) 524-2902

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800140455	\$50.00