



### RECEIPT OF PAYMENT

Receipt Number:	2020051234
Receipt Date:	07/02/2020
Date Paid:	07/02/2020
Payment Method:	Check,
Check Number:	5509,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT FAMILY EYECARE, Address:519 SW 3RD ST, Unit A, Phone:(816) 554-7747

### **Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142724	\$50.00