



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020052362
Receipt Date:	08/13/2020
Date Paid:	08/13/2020
Payment Method:	Check,
Check Number:	2160,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HAIRY'S FAMILY HAIR CARE, Address:519 SW 3RD ST, Unit D, Phone:(816) 524-5000

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800142056	\$50.00