



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020052403
Receipt Date:	08/13/2020
Date Paid:	08/13/2020
Payment Method:	Check,
Check Number:	1797,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TERRA HEALTH & WELLNESS, Address:1134 NE DOUGLAS ST, Phone:(816) 795-9700

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC900190587	\$50.00