



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020052433
Receipt Date:	08/13/2020
Date Paid:	08/13/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$57.50
Amount Tendered	\$57.50
Paid By:	HEALTH HAVEN THERAPEUTIC MASSAGE, Address:407 W 86TH ST., Phone:(816) 277-5660

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1200180209	\$50.00
9110052-Business License Penalty Fee	LC1200180209	\$7.50