



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020052956
Receipt Date:	08/27/2020
Date Paid:	08/27/2020
Payment Method:	Check,
Check Number:	2344,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TLC FAMILY DENTISTRY, Address:3568 SW MARKET ST, Phone:(816) 537-6161

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300144123	\$50.00