



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020053254
Receipt Date:	09/04/2020
Date Paid:	09/04/2020
Payment Method:	Check,
Check Number:	131,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	F.I.T. MUSCLE & JOINT CLINIC, Address:22120 MIDLAND DR STE A, Phone:(816) 944-4244

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300150966	\$50.00