



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020053592
Receipt Date:	09/21/2020
Date Paid:	09/21/2020
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MASSAGE HEIGHTS/LAUREN BASS/CHIROPRACTIC HEALTH CENTER, Address:1821 NE KNOLLBROOK ST, Phone:(816) 466-5352

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100200674	\$50.00