



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020053594
Receipt Date:	09/21/2020
Date Paid:	09/21/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	VISONI SALON/BETH RILEY, Address:707 SW NEW ORLEANS CT, Phone:(816) 309-9128

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800150780	\$50.00