



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020054328
Receipt Date:	10/22/2020
Date Paid:	10/22/2020
Payment Method:	Check,
Check Number:	21724,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HEALTHYLOOKS MED SPA, Address:930 NW BLUE PKWY, Unit E, Phone:(816) 795-5262

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300190778	\$50.00