



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021058765
Receipt Date:	05/19/2021
Date Paid:	05/19/2021
Payment Method:	Check,
Check Number:	7891,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STEPHEN W BRUMIT DDS, Address:519 SW 3RD ST, Unit E, Phone:(816) 554-0022

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62141440	\$50.00