



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021059883
Receipt Date:	06/14/2021
Date Paid:	06/14/2021
Payment Method:	Check,
Check Number:	1222,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Kansas City Facial & Oral Surgery, Address:2931 INDEPENDENCE AVE NE, Phone:(816) 272-0327

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62200570	\$50.00