



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021060719
Receipt Date:	06/30/2021
Date Paid:	06/30/2021
Payment Method:	Check,
Check Number:	1449,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	FENDER FAMILY DENTISTRY, Address:519 SW 3RD ST, Unit G, Phone:(816) 524-3434

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62141705	\$50.00