



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021063716
Receipt Date:	10/22/2021
Date Paid:	10/22/2021
Payment Method:	Check,
Check Number:	39810755,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COLLEGE PARK FAMILY CARE CENTER PHYSICIANS GROUP, Address:11755 W 112TH , Phone:(913) 469-6447

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62200665	\$50.00