

RECEIPT OF PAYMENT

Receipt Number:	2021064130	
Receipt Date:	11/09/2021	
Date Paid:	11/09/2021	
Payment Method:	Credit Card,	
Check Number:	,	
Full Amount:	\$57.50	
Amount Tendered	\$57.50	
Paid By:	SAINT LUKES SURGICENTER LEE'S SUMMIT, Address:120 NE SAINT LUKES BLVD, Phone:(816) 347-5800	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62143790	\$50.00
9110052-Business License Penalty Fee	LC62143790	\$7.50