



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2022074334
Receipt Date:	12/01/2022
Date Paid:	12/01/2022
Payment Method:	Check,
Check Number:	2451,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KIDZ FIRST THERAPY, Address:2412 SW RIVER TRAIL RD, Phone:(816) 446-9018

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62180036	\$50.00