



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023074959
Receipt Date:	01/06/2023
Date Paid:	01/06/2023
Payment Method:	Check,
Check Number:	4049,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ZAK CHIROPRACTIC, Address:1208 SE 3RD ST, Phone:(816) 525-9900

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62230012	\$50.00