



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023076111
Receipt Date:	03/06/2023
Date Paid:	03/06/2023
Payment Method:	Cash,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LOTZ THERAPY, Address:529 SE 2ND ST, Unit D, Phone:(816) 612-8147

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62180077	\$50.00