

## **RECEIPT OF PAYMENT**

| Receipt Number:          | 2023077298  |
|--------------------------|---|
| Receipt Date:            | 04/26/2023  |
| Date Paid:               | 04/26/2023  |
| Payment Method:          | Check,  |
| Check Number:            | 156,  |
| Transaction Information: |   |
| Full Amount:             | \$50.00   |
| Amount Tendered          | \$50.00   |
| Paid By:                 | ONCE UPON A CHILD - LEES SUMMIT, Address:425 NW COTTONWOOD DR, Phone:(816) 246-8539 |

## Fees:

| Fee Description          | Reference / Application | Amount Paid |
|--------------------------|-------------------------|-------------|
|                          | Number                  |             |
| 9110058-Business License | LC44143132              | \$50.00     |
|                          |                         |             |