



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023079684
Receipt Date:	06/23/2023
Date Paid:	06/23/2023
Payment Method:	Check,
Check Number:	2417,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Kansas City Facial & Oral Surgery, Address:2931 INDEPENDENCE AVE NE, Phone:(816) 272-0327

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62200570	\$50.00