



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023080330
Receipt Date:	07/14/2023
Date Paid:	07/14/2023
Payment Method:	Check,
Check Number:	17099,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ADVANCED FOOT CARE CENTER PC, Address:828 SW BLUE PKWY , Phone:(816) 525-2900

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62140941	\$50.00