



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023082702
Receipt Date:	10/17/2023
Date Paid:	10/17/2023
Payment Method:	Check,
Check Number:	1957,
Transaction Information:	
Full Amount:	\$52.50
Amount Tendered	\$52.50
Paid By:	LEES SUMMIT FAMILY CHIROPRACTIC, Address:828 SW BLUE PKWY, Phone:(816) 287-4044

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62140403	\$50.00
9110052-Business License Penalty Fee	LC62140403	\$2.50