



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

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|--------------------------|--|
| Receipt Number: | 2024087618 |
| Receipt Date: | 05/14/2024 |
| Date Paid: | 05/14/2024 |
| Payment Method: | Check, |
| Check Number: | 1814, |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | SALON RITZ/LISA POYSER, Address:203 SW JEFFERSON ST, Phone:(816) 525-4909 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC81143523 | \$50.00 |
| | | |