



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

| | |
|--------------------------|---|
| Receipt Number: | 2024091324 |
| Receipt Date: | 08/21/2024 |
| Date Paid: | 08/21/2024 |
| Payment Method: | Check, |
| Check Number: | 3699, |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | VAPOR MAVEN, Address:312 NE M 291 HWY, Phone:(479) 790-4651 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC44150980 | \$50.00 |
| | | |