



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

|                          |   |
|--------------------------|---|
| Receipt Number:          | 2024091590  |
| Receipt Date:            | 08/29/2024  |
| Date Paid:               | 08/29/2024  |
| Payment Method:          | Cash,   |
| Check Number:            | ,   |
| Transaction Information: |   |
| Full Amount:             | \$50.00   |
| Amount Tendered          | \$50.00   |
| Paid By:                 | MASSAGE HEIGHTS/KATILYN SCHMITZ, Address:209 LEXINGTON RD, Phone:(660) 238-2687 |

**Fees:**

| Fee Description          | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC62230619                     | \$50.00     |
|                          |                                |             |